



KAISER PERMANENTE®

At the bottom of this page are reminders for some preventive services based on Kaiser Permanente's electronic records. If you have on-going health problems or are at high risk for certain diseases, you may need frequent preventive services and should consult your physician. If an appointment is necessary, please schedule it.

CHECK-IN RECEIPT

MRN: 110007897964

Name: ANDERSON, TIFFANY K

Visit Coverage:

Appt Date/Time: 12/2/13 3:05 PM
Appt With: LAB TECH - STK

Dept: STKLAB

Check-In Date/Time: 12/02/13 3:03 PM

Amount Due: \$ 0.00

Amount Paid: \$ 0.00

Source:

Ref:

Encounter: 32019305393

Acct: 32070238

Receipt:

Visit your doctor's home page at kp.org/mydoctor to view your Preventive Service reminders, check lab results, request refills, use online tools.

PERSONAL PHYSICIAN(S)

GENERAL: JASTI, HYMAVATHY (M.*OB/GYN PHYSI: OGUNJIMI, ESTHER OLUWAKEM
OB/GYN OTHER: WALKER, KATHRYN GAIL (N.P.)

PREVENTIVE	SERVICES	LAST	DUE
DUE	ADULT TDAP		8/22/81
DUE	MAMMOGRAPHY		8/22/10
DUE	INFLUENZA VACCINE		10/01/13
Current	CERVICAL SCREEN	7/16/12	7/16/15
Current	CHOLESTEROL SCREEN	10/17/10	10/17/15
Current	SHINGLES VACCINE		8/22/30
Current	PNEUMO VACCINE		8/22/35
Current	COLON CANCER SCREENING		
Current	BONE DENSITY TEST		NA

Return appointment: _____ days _____ weeks _____ months

You have paid the above amount toward your total charges for services you will receive today or during this hospital admission. If this does not cover your full financial liability, you will receive a bill for additional charges based on the specifics of your health coverage plan, your included benefits, and the actual services you receive. If you have questions or want more information about your benefits, limitations, exclusions, and charges, please call the telephone number on your identification card.