



**KAISER PERMANENTE**

**Kaiser Foundation Health Plan, Inc.  
Southern California Region**

Prefix

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Medical Record No.

0025004060

Date of Birth

08 12

Name: First M Last

SHOTA S YOSHIKAWA

Gender

M

For information about your Health Plan benefits:  
1-800-464-4000/TTY 1-800-777-1370

kp.org