



**KAISER PERMANENTE**

**HMO**

Kaiser Foundation Health Plan, Inc.  
Southern California Region

Prefix Medical Record Number

**00 0023417897**

Date of Birth

**08/2015**

Name: First M Last

**ASKA ANDERSON**

For information about your Health Plan benefits:  
**1-800-464-4000/TTY 711**

[kp.org](http://kp.org)