



Plan ID (80840) 911-52133-05

Member ID: 936512479 Group Number: 204475

Member:
AKIRA SHIMANUKI

DENTAL IDENTIFICATION CARD
Payer ID 52133

0502

Options PPO 30 - Product ID D0000091
Underwritten by UnitedHealthcare Insurance Company



KAISER PERMANENTE

HMO

Kaiser Foundation Health Plan, Inc.
Southern California Region

Prefix Medical Record Number

00 0024068636

Date of Birth

06/2016

Name: First M Last

HIKARI SHIMANUKI

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

kp.org

Printed 08/13/20



Provider should verify eligibility before providing treatment. To verify benefits, view claims or find a provider, visit the web site or call.

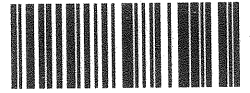
For Members: myuhc.com 877-816-3596

Network access in your market may also be provided by: CONNECTION Dental, MaximumCare, Diversified (NV), DentaNet (AL), Premier Dental (MN), or DentalGuard Preferred Select. Additional discounts may also be available through Zelis, an out-of-network network partner.

For Providers: dbp.com 800-822-5353
Dental Claims: P.O. Box 30567; Salt Lake City, UT 84130-0567



**Appointments or 24/7
medical advice: 1-833-KP4CARE
(1-833-574-2273) (TTY 711)**



If you think you have a medical or psychiatric emergency, call **911** or go to the nearest hospital. If you receive emergency care in a non-Plan hospital, please call us at **1-800-225-8883 (TTY 711)** as soon as your condition is stabilized so that a Kaiser Permanente physician can access your medical information to discuss your care with the treating physician. Your call to obtain authorization for post-stabilization care may also help protect you from financial responsibility.

This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.

03135-KH003 (02/19)