



**KAISER PERMANENTE®**

Kaiser Foundation Health Plan, Inc.  
Southern California Region

Prefix	Medical Record No.	Date of Birth
00	0022453078	01 07

Name: First M Last  
**KENSHO NISHIO**

Gender  
**M**

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

kp.org