



**KAISER PERMANENTE®**

Kaiser Foundation Health Plan, Inc.  
Southern California Region

Prefix

Medical Record No.

Date of Birth

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Name: First M Last

**MADLINE A KHA**

Gender

**F**

For information about your Health Plan benefits:

**1-800-464-4000/TTY 1-800-777-1370**

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