



**KAISER PERMANENTE®**

**HMO**

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

Prefix Medical Record Number

**00 0023462432**

Date of Birth

**01/2005**

Name: First M Last

**SEIMEI KANEHARA**

For information about your Health Plan benefits:

**1-800-464-4000/TTY 711**

**kp.org**