



KAISER PERMANENTE®

Kaiser Foundation Health Plan, Inc.
Southern California Region



Prefix

Medical Record No.

Date of Birth

00 0025112672 04 15

Name: First M Last

AYAKA S FERNANDEZ-OGAWA

Gender

F

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

kp.org