



# **Blue Shield TotalDual Plan (HMO D-SNP)**

2024 Provider Directory

County: San Diego

H2819\_23\_380B\_C 07172023

Blue Shield of California is an independent licensee of the Blue Shield Association



# Blue Shield TotalDual Plan | 2024 Provider Directory

## Introduction

This Provider Directory includes information about the provider types in Blue Shield TotalDual Plan and listings of all the plan's providers as of the date of this Directory. The listings contain address and contact information as well as other details such as days and hours of operations, specialties, and skills. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

## Table of Contents

<b>A. Disclaimers</b> .....	<b>5</b>
<b>B. Background Information about Blue Shield TotalDual Plan's Network Providers</b> .....	<b>6</b>
B1. Key terms.....	6
B2. Wait times for primary care and behavioral health.....	7
B3. How to choose a Primary Care Physician (PCP).....	8
B4. Long-term Services and Supports (LTSS) providers.....	8
B5. How to access Blue Shield TotalDual Plan's network providers.....	9
<b>C. Blue Shield TotalDual Plans' List of Network Providers</b> .....	<b>10</b>
C1. List of Network Providers.....	13
C3. Skilled Nursing Facilities (SNFs).....	780
<b>D. Blue Shield Promise Medi-Cal List of Network Providers</b> .....	<b>785</b>
D1. Federally Qualified Health Clinics .....	785
D2. Primary Care Directory.....	1003
D3. Specialist Provider Directory.....	1604
D4. Hospital Directory - General Acute Care Hospital.....	2236
D5. Long term Support Services (LTSS).....	2241
I. Long Term Care (LTC) and Skilled Nursing Facility (SNF).....	2241
II. County In-Home Support Services (IHSS).....	2257
III. Community-Based Adult Services (CBAS) - Adult Day Services.....	2258
D6. Mental Health Directory.....	2261
D7. Vision Provider Directory - Eye & Vision Services.....	2332
D8. Other Services Providers.....	2429
D9. Blue Shield Promise Urgent Care Facilities.....	2430
<b>E. Index of Providers</b> .....	<b>2455</b>

†DSNP Provider that is also Medi-Cal enrolled



**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [www.blueshieldca.com/medicare](https://www.blueshieldca.com/medicare)

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## A. Disclaimers

- ❖ This Directory lists health care professionals (such as doctors, nurse practitioners, and psychologists) and facilities (such as hospitals or clinics). This Directory also lists Long-term Services and Supports (LTSS) providers (such as Adult Day Health and Home Health providers) that you may use as a Blue Shield TotalDual Plan member. We also list the pharmacies that you may use to get your prescription drugs.
- ❖ These are referred to as “network providers” in this Directory. These providers signed a contract with us to provide you services. This is a list of Blue Shield TotalDual Plan’s network providers for San Diego County.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-800-452-4413 (TTY: 711) 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.
- ❖ We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter just call us at 1-800-452-4413. Someone that speaks English, Spanish, Arabic, Farsi, Armenian, Khmer, Korean, Russian, Tagalog, or Vietnamese can help you. This is a free service. You can make a standing request to get this document in a language other than English or in an alternate format now and in the future. To make a request, please contact Blue Shield TotalDual Plan and Customer Care will keep your preferred language and format on file for future communications. To make any updates on your preference, please contact Blue Shield TotalDual Plan.
- ❖ The list is up-to-date as of 05/03/2024, but you need to know that:
  - Some Blue Shield TotalDual Plan network providers may have been added or removed from our network after this Directory was published.
  - Some Blue Shield TotalDual Plan providers in our network may no longer be accepting new members. If you are having trouble finding a provider who will accept new members, call Customer Care 1-800-452-4413 (TTY: 711) and we will help you.
  - To get the most up-to-date information about Blue Shield TotalDual Plan network providers in your area, visit [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare) or call Customer Care at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.

Doctors and other health care professionals in Blue Shield TotalDual Plan’s network are listed on page 13-2454.

You can use the Index in the back of the Directory to find a page where a provider is listed.

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## B. Background Information about Blue Shield TotalDual Plan's Network Providers

### B1. Key terms

This section explains key terms in our Directory.

- **Providers** are professionals such as doctors, nurses, pharmacists, therapists, and other people who provide care and services. **Services** include medical care, Long-term Services and Supports (LTSS), supplies, prescription drugs, equipment, and other services.
  - The term providers includes facilities such as hospitals, clinics, and other places that provide medical services and medical equipment. It also includes LTSS providers that you may use as a Blue Shield TotalDual Plan member.
  - Providers that are a part of our plan's network are called network providers.
- **Network providers** have contracted with us to deliver services to members of our plan. Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. When you use a network provider, you usually pay nothing for covered services.
- A **Primary Care Physician (PCP)** is an internist, family practitioner, general practitioner, or specialist who gives you routine health care. Your PCP will keep your medical records and get to know your health needs over time. Your PCP will also give you a referral if you need a specialist or other provider.
- **Specialists** are doctors who provide health care services for a specific disease or part of the body. There are many kinds of specialists. Here are a few examples:
  - Oncologists care for patients with cancer.
  - Cardiologists care for patients with heart conditions.
  - Orthopedists care for patients with certain bone, joint, or muscle conditions.
- A Medical group or an Independent Physician Association (IPA) is an organization formed under California law that contracts with health plans to provide or arrange for the provisions of health care services to health plan enrollees. Please see section B3 for additional information.
- You may need a **referral** or **prior** authorization to see a specialist or someone that is not your PCP. A **referral** means that your network PCP must give you approval before you can use the other provider. A **prior authorization** is different than a referral. It means that Blue Shield TotalDual Plan (not your network PCP) must give you approval **before** we will cover a specific service, item, or drug or an out-of-network provider. If you don't get a referral or prior authorization, Blue Shield TotalDual Plan may not cover the service, item, or drug.

†DSNP Provider that is also Medi-Cal enrolled



If you have questions, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. For more information, visit [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare)

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- Referrals or prior authorization are **not** needed for:
    - emergency care;
    - urgently needed care;
    - kidney dialysis services that you get at a Medicare-certified dialysis facility when you are outside the plan’s service area;
    - services from a women’s health specialist; or
    - all preventive services covered by Medicare, including screenings and vaccines.
  - Additionally, if you are eligible to get services from Indian health providers, you may use these providers without a referral. We must pay the Indian health provider for those services even if they are out of our plan’s network.
  - More information on referrals and prior authorization is available in Chapter 3 of the *Evidence of Coverage*.
  - You will also be assigned a **Care Team**. Your **Care Team** begins with the relationship between you and your PCP. The Care Team may include a caregiver, Care Navigator, specialist, and others, based on the level of need demonstrated in your Care Plan. Everyone on the Care Team works together to make sure your care is coordinated. This means that they make sure that you get all the tests, labs, and other care that you need, and the results are shared with the appropriate providers. It also means that your PCP should know all medicines you take so that they can reduce any negative effects. Your PCP will always get your permission before sharing your medical information with other providers. Members of your Care Team may include:
    - A Care Navigator that helps you manage your medical providers and services.
    - Your **Primary Care Physician**

Your Care Team will also help you find other providers of medical, behavioral health, or Long-term Services and Supports (LTSS) if you need a specialist or other health care provider. That way, you will get the right provider to help you with your concerns.

## **B2. Wait times for primary care and behavioral health**

We must provide you with access to primary care and behavioral health services within the following timeframes:

- immediately for urgently needed services or an emergency;
- within 7 days for services that are not an emergency or urgently needed, but you require medical attention;

- 
- within 30 days for routine or preventative care.

### **B3. How to choose a Primary Care Physician (PCP)**

First, you will need to choose a Primary Care Physician (PCP). You may be able to have a specialist act as your PCP. You may choose a specialist as your PCP if the specialist agrees to provide all the services that PCPs traditionally provide. To request your specialist to be your PCP, contact Blue Shield TotalDual Plan Customer Care. You can choose any PCP in our network who is accepting new members.

Our plan's PCPs are affiliated with medical groups. When you choose your PCP, you are also choosing the affiliated medical group. This means that your PCP will be referring you to specialists and services that are also affiliated with their medical group.

- If there is a particular specialist or hospital that you want to use, it is important to find out if they are affiliated with your PCP's medical group. You can look in this Directory or ask Blue Shield TotalDual Plan Customer Care to check if the PCP you want makes referrals to that specialist or uses that hospital.
- If you don't stay within your PCP's medical group, Blue Shield TotalDual Plan may not cover the service.

To choose a PCP, refer to the list of physicians on page 13-2454 and choose a physician:

- that you use now, **or**
- who has been recommended by someone you trust, **or**
- whose offices are easy for you to get to.
- If you do not choose a PCP in our network, Blue Shield TotalDual Plan will choose one for you.
- If you want help in choosing a PCP, please call Customer Care at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. Or, visit [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare)
- If you have questions about whether any service or care that you want or need is covered, talk to your Care Team or call Customer Care at 1-800-452-4413 (TTY: 711) and ask **before** you get the service or care.

### **B4. Long-term Services and Supports (LTSS) providers**

As a Blue Shield TotalDual Plan member, you will be able to get Long-term Services and Supports (LTSS) if you need them, such as Community-Based Adult Day Services (CBAS) which provide nursing services, physical, occupational and speech therapy, therapeutic activities, and meals at centers in the community. Additionally, In-Home Supportive Services (IHSS) are in-home care for people that cannot safely remain in their home without care-giving assistance. LTSS helps people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.

<sup>†</sup>DSNP Provider that is also Medi-Cal enrolled



**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare)



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If you need LTSS, your Care Navigator or MSSP can help you and your Care Team determine what options are available to support you in the way you want.

## **B5. How to access Blue Shield TotalDual Plan's network providers**

You must get all your covered services from providers within our network that are affiliated with your PCP's medical group. If you use providers who are not in Blue Shield TotalDual Plan's network and are not affiliated with your PCP's medical group **(without prior authorization), you will have to pay the bill.**

A **prior authorization** is an approval from Blue Shield TotalDual Plan to seek services outside of our network or to get services not routinely covered by our network **before** you get the services.

The only exceptions to this rule are when you need urgent or emergency care or dialysis and cannot get to a provider in the plan, such as when you are away from home. You can also go outside the plan or your PCP's medical group for other non-emergency services if Blue Shield TotalDual Plan gives you permission first.

- You may change providers within the network at any time during the year. If you have been using one network provider, you do not have to keep using that same provider. For some providers, you may need a referral from your PCP. A PCP change will be effective on the first day of the following month, as long as we receive your request by the 20th of the current month. To change your PCP, call Customer Care. When you call, be sure to tell Customer Care whether you are using a specialist or receiving other covered services that require PCP approval (such as home health services and durable medical equipment). Customer Care will help make sure that you can continue your specialty care and other services when you change your PCP. Customer Care will also check whether the PCP you want to switch to is accepting new patients. Customer Care will change your membership record to show the name of your new PCP and tell you when the change to your new PCP will take effect. Customer Care will also send you a new membership card that shows the name and phone number of your new PCP.
- Remember, our plan's PCPs are affiliated with medical groups. If you change your PCP, you may also be changing medical groups. When you ask for the change, be sure to tell Customer Care if you are using a specialist or getting other covered services that require PCP approval. Customer Care will help make sure that you can continue your specialty care and other services when you change your PCP.
- Blue Shield TotalDual Plan works with all the providers in our network to accommodate the needs of people with disabilities. As applicable, the list of network providers in this Directory includes information about the accommodations they provide.
- If you need a provider and are not sure if they offer the accommodations you need, Blue Shield

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TotalDual Plan can help you. Talk to your Care Navigator for assistance.

## C. Blue Shield TotalDual Plans' List of Network Providers

This part of the Directory includes a list of Blue Shield TotalDual Plan's network providers who participate in and accept Blue Shield TotalDual Plan. It contains:

- **Health care professionals** including primary care providers, specialists, behavioral health providers, dental service providers, and vision service providers;
- **Facilities** including hospitals, nursing facilities, and behavioral health facilities; and
- **Support providers** including Long-term Services and Supports (LTSS) (for example, adult day health) and community support services (for example, peer supports).

Medi-Cal Dental Managed Care providers are listed on the Dental Managed Care Plans' websites. Currently the Dental Managed Care plan names are: Liberty Dental Plan, Access Dental Plan, and Health Net of California. A search can be done based off of provider name, address, city, zip code, specialty, or languages spoken. For current plan information, you may also contact Health Care Options for help at 1-800-430-4263 (TTY users call 1-800-430-7077) Monday through Friday, 8:00 a.m. to 6:00 p.m.

Medi-Cal Dental Fee-for-Service providers are listed in the *Provider Directory* on the Smile, California website: [www.dental.dhcs.ca.gov/find-a-dentist/home](http://www.dental.dhcs.ca.gov/find-a-dentist/home). A search can be done based off address, city, zip code, specialty, or languages spoken. In addition to the *Provider Directory* to search enrolled dental providers, there is a list of enrolled Registered Dental Hygienists listed by County on Smile, California.

Dental services in San Mateo are covered through the Health Plan of San Mateo (HPSM). The *Provider Directory* is listed on the Plan's website. A search can be done based off provider name or zip code.

**Cultural competence training** is additional instruction for our health care providers that helps them better understand your background, values, and

†DSNP Provider that is also Medi-Cal enrolled



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beliefs to adapt services to meet your social, cultural, and language needs.

**Providers are listed in alphabetical order by last name.** You can also find the provider's name and the page where the provider's additional contact information is in the Index at the end of the Directory. Providers are listed in alphabetical order by last name in the Index. In addition to contact information, provider listings also include specialties and skills, such as languages spoken or completion of cultural competence training.

**Blue Shield TotalDual Plan total network consists of the following:**

Total number of PCPs: 2754

Total number of specialists: 2858

Total number of hospitals: 20

Total number of Acupuncture & Chiropractors: providers: No Data

Total number of dental providers: No Data

Total number of home health services: 1

Total number of Mental health providers: 351

Total number of vision providers: 445

Total number of long-term services and supports providers: No Data

Total number of Mental health facilities: No Data

Total number of skilled nursing facilities: 84

Other Services Providers: 1

## C1. List of Network Providers

### Affiliated Hospitals

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#### **ALVARADO HOSPITAL LLC**

Effective as of 01-AUG-12

6655 ALVARADO RD  
SAN DIEGO, CA 92120

#### **ENCOMPASS HEALTH REHABILITATION HOSPITAL OF MURRIETA**

Effective as of 01-AUG-20

35470 WHITEWOOD RD  
MURRIETA, CA 92563

#### **HEMET GLOBAL MEDICAL CENTER**

Effective as of 01-JAN-20

1117 E DEVONSHIRE AVE  
HEMET, CA 92543

Birthing Friendly: Y

#### **HOAG HOSPITAL IRVINE**

Effective as of 01-FEB-14

16200 SAND CANYON AVE  
IRVINE, CA 92618

#### **HOAG ORTHOPEDIC INSTITUTE**

Effective as of 01-JAN-12

16250 SAND CANYON AVE  
IRVINE, CA 92618

#### **KINDRED HOSPITAL SAN DIEGO**

Effective as of 01-JAN-12

1940 EL CAJON BLVD  
SAN DIEGO, CA 92104

#### **MENIFEE GLOBAL MEDICAL CENTER**

Effective as of 01-JAN-20

28400 MCCALL BLVD  
SUN CITY, CA 92585

#### **MISSION HOSPITAL LAGUNA BEACH**

Effective as of 01-JAN-10

31872 COAST HWY  
LAGUNA BEACH, CA 92651

#### **PALOMAR HEALTH**

Effective as of 01-JAN-12

15615 POMERADO RD  
POWAY, CA 92064

Birthing Friendly: Y

#### **PALOMAR MEDICAL CENTER**

Effective as of 01-JAN-12

2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

#### **PARADISE VALLEY HOSPITAL**

Effective as of 01-AUG-12

2400 E 4TH ST  
NATIONAL CITY, CA 91950

#### **PROVIDENCE MISSION HOSPITAL**

Effective as of 01-JAN-10

27700 MEDICAL CENTER  
RD  
MISSION VIEJO, CA 92691

Birthing Friendly: Y

#### **SADDLEBACK MEMORIAL MED CTR**

Effective as of 01-JAN-12

24451 HEALTH CENTER DR  
LAGUNA HILLS, CA 92653

Birthing Friendly: Y

#### **SCRIPPS GREEN HOSPITAL**

Effective as of 01-JAN-12

10666 N TORREY PINES RD

MS 220

LA JOLLA, CA 92037

#### **SCRIPPS MEMORIAL HOSPITAL**

Effective as of 01-JAN-12

9888 GENESEE AVE  
LA JOLLA, CA 92037

Birthing Friendly: Y

#### **SCRIPPS MEMORIAL HOSPITAL ENCINITAS**

Effective as of 01-JAN-12

354 SANTA FE DR  
ENCINITAS, CA 92024

Birthing Friendly: Y

#### **SCRIPPS MERCY HOSPITAL**

Effective as of 01-JAN-12

4077 5TH AVE  
SAN DIEGO, CA 92103

Birthing Friendly: Y

#### **SCRIPPS MERCY HOSPITAL CHULA VISTA**

Effective as of 01-JAN-12

435 H ST  
CHULA VISTA, CA 91910

#### **SELECT SPECIALTY HOSPITAL SAN DIEGO**

Effective as of 01-JAN-12

555 WASHINGTON ST  
SAN DIEGO, CA 92103

#### **TRI CITY MEDICAL CTR**

Effective as of 01-JAN-12

4002 VISTA WAY  
OCEANSIDE, CA 92056

Birthing Friendly: Y

## C1. List of Network Providers

### Affiliated Hospitals

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#### **UCSD LA JOLLA JOHN SALLY THORNTON**

Effective as of 01-OCT-14

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

#### **UCSD MEDICAL CTR**

Effective as of 01-OCT-14

 200 W ARBOR DR  
SAN DIEGO, CA 92103

Birthing Friendly: Y




## CI. List of Network Providers

### Urgent Care Centers




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This plan provides coverage for urgently need services both in-network and out-of-network. For an up-to-date list of Urgent Care Centers in the network, please contact your medical group.




#### ACCELERATED URGENT CARE

 28110 CLINTON KEITH RD  
MURRIETA, CA 92563  
 (951) 436-0777  
 SU-SA 8:00AM-9:00PM




#### ACCELERATED URGENT CARE

 41540 WINCHESTER RD  
TEMECULA, CA 92590  
 (951) 365-5585  
 SU-SA 8:00AM-9:00PM

#### ACCELERATED URGENT CARE

 29400 RANCHO  
CALIFORNIA RD  
TEMECULA, CA 92591  
 (951) 595-8282  
 SU-SA 8:00AM-9:00PM

#### ACCELERATED URGENT CARE

 36290 HIDDEN SPRINGS  
RD  
WILDOMAR, CA 92595  
 (951) 483-2020  
 SU-SA 8:00AM-9:00PM

#### ANAHEIM URGENT CARE INC




 22855 LAKE FOREST DR  
LAKE FOREST, CA 92630  
 (949) 676-9991

#### BAHIA FAMILY MEDICAL GROUP INC




 584 E ST  
CHULA VISTA, CA 91910  
 (619) 420-1378

 M-F 8:00AM-5:30PM




#### CONCENTRA URGENT CARE

 5810 EL CAMINO REAL STE  
A  
CARLSBAD, CA 92008  
 (866) 944-6046  
 M-F 7:00AM-6:00PM




#### CONCENTRA URGENT CARE

 542 BROADWAY STE G  
CHULA VISTA, CA 91910  
 (866) 944-6046  
 M-F 8:00AM-6:00PM




#### CONCENTRA URGENT CARE

 860 W VALLEY PKWY STE  
150  
ESCONDIDO, CA 92025  
 (760) 740-0707  
 M-F 8:00AM-5:00PM




#### CONCENTRA URGENT CARE

 15751 ROCKFIELD BLVD  
IRVINE, CA 92618  
 (866) 944-6046  
 M-F 8:00AM-5:00PM

#### CONCENTRA URGENT CARE



 7862 EL CAJON BLVD  
LA MESA, CA 91942  
 (866) 944-6046  
 M-F 8:00AM-5:00PM

#### CONCENTRA URGENT CARE




 22741 LAMBERT ST STE  
1608  
LAKE FOREST, CA 92630  
 (866) 944-6046  
 M-F 8:00AM-5:00PM

#### CONCENTRA URGENT CARE




 25115 MADISON AVE  
MURRIETA, CA 92562

 (866) 944-6046  
 M-F 8:00AM-7:00PM




#### CONCENTRA URGENT CARE

 102 MILE OF CARS WAY  
NATIONAL CITY, CA 91950  
 (866) 944-6046  
 M-F 7:00AM-7:00PM



#### CONCENTRA URGENT CARE

 3910 VISTA WAY STE 106  
OCEANSIDE, CA 92056  
 (866) 944-6046  
 M-F 8:00AM-5:00PM




#### CONCENTRA URGENT CARE

 10350 BARNES CANYON  
RD STE 200  
SAN DIEGO, CA 92121  
 (858) 455-0044  
 M-F 8:00AM-5:00PM




#### CONCENTRA URGENT CARE

 5333 MISSION CENTER RD  
STE 100  
SAN DIEGO, CA 92108  
 (866) 944-6046

#### CONCENTRA URGENT CARE

 3930 4TH AVE STE 200  
SAN DIEGO, CA 92103  
 (866) 944-6046  
 M-F 8:00AM-5:00PM

#### CONCENTRA URGENT CARE

 7590 MIRAMAR RD STE C  
SAN DIEGO, CA 92126  
 (866) 944-6046  
 M-F 8:00AM-5:00PM

#### CONCENTRA URGENT CARE




 5575 RUFFIN RD STE 100  
SAN DIEGO, CA 92123  
 (866) 944-6046

## CI. List of Network Providers

### Urgent Care Centers

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#### CONCENTRA URGENT CARE

 5333 MISSION CENTER RD  
SAN DIEGO, CA 92108  
 (866) 944-6046  
 M-F 8:00AM-6:00PM




#### CONCENTRA URGENT CARE

 740 NORDAHL RD STE 130  
SAN MARCOS, CA 92069  
 (760) 432-9000




#### CONCENTRA URGENT CARE

 740 NORDAHL RD STE 131  
SAN MARCOS, CA 92069  
 (866) 944-6046  
 SU 8:00AM-5:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-5:00PM




#### CONCENTRA URGENT CARE

 9745 PROSPECT AVE STE  
100  
SANTEE, CA 92071  
 (866) 944-6046  
 M-F 7:00AM-5:00PM

#### DOCTORS EXPRESS OF OCEANSIDE INC



 4171 OCEANSIDE BLVD STE  
109  
OCEANSIDE, CA 92056  
 (760) 216-6253  
 SU-SA 8:00AM-8:00PM

#### EAST COUNTY URGENT CARE




 1625 E MAIN ST STE 100  
EL CAJON, CA 92021  
 (619) 442-9896  
 SU 9:00AM-4:00PM  
M-F 8:00AM-7:00PM  
SA 9:00AM-4:00PM

#### HOAG CLINIC




 26671 ALISO CREEK RD STE

101  
ALISO VIEJO, CA 92656  
 (949) 791-3107  
 SU 8:00AM-5:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-5:00PM




#### HOAG CLINIC

 26672 PORTOLA PKWY STE  
100  
FOOTHILL RANCH, CA  
92610  
 (949) 557-0710  
 SU 8:00AM-5:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-5:00PM




#### HOAG CLINIC

 8607 IRVINE CENTER DR  
IRVINE, CA 92618  
 (949) 557-0600  
 SU 8:00AM-5:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-5:00PM




#### HOAG CLINIC

 16205 SAND CANYON AVE  
STE 100D  
IRVINE, CA 92618  
 (949) 557-0000  
 SU 8:00AM-5:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-5:00PM




#### HOAG CLINIC

 21115 NEWPORT COAST DR  
NEWPORT BEACH, CA  
92657  
 (949) 557-0730  
 SU 8:00AM-5:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-5:00PM




#### INLAND URGENT CARE A MED CORP

 27168 NEWPORT RD STE 1  
MENIFEE, CA 92584  
 (951) 246-3033  
 SU-SA 9:00AM-9:00PM




#### INLAND URGENT CARE A MED CORP

 29738 RANCHO  
CALIFORNIA RD STE B  
TEMECULA, CA 92591  
 (951) 303-6440  
 SU-SA 9:00AM-6:00PM




#### INLAND URGENT CARE OF SUN CITY

 27168 NEWPORT RD STE 1  
MENIFEE, CA 92584  
 (951) 246-3033  
 SU-SA 9:00AM-9:00PM




#### MARQUE URGENT CARE

 25482 MARGUERITE PKWY  
STE 101  
MISSION VIEJO, CA 92692  
 (949) 760-9222  
 SU 8:00AM-8:00PM  
M-F 8:00AM-9:00PM  
SA 8:00AM-8:00PM

#### MARQUE URGENT CARE

 22461 ANTONIO PKWY  
RANCHO SANTA  
MARGARITA, CA 92688  
 (949) 760-9222  
 SU 8:00AM-6:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-8:00PM

#### MARQUE URGENT CARE

 4490 FANUEL ST  
SAN DIEGO, CA 92109  
 (949) 760-9222  
 SU 9:00AM-5:00PM  
M-F 9:00AM-8:00PM





## C1. List of Network Providers

### Urgent Care Centers




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SA 9:00AM-8:00PM

#### MISSION HERITAGE MED GRP

 27231 LA PAZ RD STE A  
LAGUNA NIGUEL, CA 92677  
 (949) 643-9111



#### MISSION HERITAGE MED GRP

 26800 CROWN VALLEY  
PKWY STE 150  
MISSION VIEJO, CA 92691  
 (949) 276-2111  
 SU 9:00AM-5:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-8:00PM



#### O C URGENT CARE MEDICAL GRP INC

 26781 PORTOLA PKWY STE  
4E  
FOOTHILL RANCH, CA  
92610  
 (949) 297-3888




#### OPTUM

 145 THUNDER DR  
VISTA, CA 92083  
 (760) 941-9002

#### RCH NORTH COUNTY URGENT CARE




 625 CITRACADO PKWY STE  
100  
ESCONDIDO, CA 92025  
 (760) 739-1543

#### SAND CANYON URGENT CARE MED CTR




 15775 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618  
 (949) 417-0272  
 SU 11:00AM-5:00PM  
M-F 8:00AM-8:00PM

SA 9:00AM-5:00PM

#### SOUTH COAST MEDICAL GROUP

 5 JOURNEY STE 130  
ALISO VIEJO, CA 92656  
 (949) 360-1069  
 SU 10:00AM-3:00PM  
M-F 8:00AM-7:00PM  
SA 9:00AM-3:00PM

#### SOUTHBAY URGENT CARE INC

 1628 PALM AVE  
SAN DIEGO, CA 92154  
 (619) 591-9999  
 SU 10:00AM-6:00PM  
M-F 9:00AM-8:00PM  
SA 10:00AM-6:00PM

## CI. List of Network Providers

### Primary Care Providers


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#### ***FAMILY PRACTICE***

##### **OCONNOR, SHANNON, MD<sup>F</sup>**

Provider ID: 100027672003

 5 JOURNEY STE 130  
ALISO VIEJO, CA 92656


 (949) 360-1069

Effective as of 01-JUL-12

##### **OCONNOR, SHANNON, MD<sup>F</sup>**

Provider ID: 100027672005

 5 JOURNEY STE 130  
ALISO VIEJO, CA 92656


 (949) 360-1069

Effective as of 01-JUL-12

##### **OCONNOR, SHANNON, MD<sup>F</sup>**

Provider ID: 100027672006

 5 JOURNEY STE 130  
ALISO VIEJO, CA 92656

 (949) 360-1069


Effective as of 01-OCT-07


#### ***GENERAL PRACTICE***

##### **THOMAS, SEAN, MD<sup>M†</sup>**

Provider ID: 100112751013

 15 MAREBLU STE 310  
ALISO VIEJO, CA 92656

 (949) 831-1001

 French, Spanish

Effective as of 01-APR-19


#### ***INTERNAL MEDICINE***

##### **HERMAN, SAM, MD<sup>M</sup>**

Provider ID: 100414181004

 26671 ALISO CREEK RD STE  
206

ALISO VIEJO, CA 92656

 (949) 791-3104


Effective as of 01-SEP-23

##### **KAYE, SHAWN, MD<sup>M</sup>**

Provider ID: 100347353012

 26671 ALISO CREEK RD STE  
206

ALISO VIEJO, CA 92656


 (949) 791-3104


Effective as of 01-JAN-21

#### ***FQHC***

##### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE,**

Provider ID: PG0094125003

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 (619) 662-4100


Teleservice


Effective as of 01-JAN-21


#### ***FAMILY PRACTICE***

##### **AJIR, MAHYAR, DO<sup>M†</sup>**

Provider ID: 100067406005

 2801 JEFFERSON ST  
CARLSBAD, CA 92008

 (760) 729-4952

 Farsi, Spanish


Effective as of 01-APR-16

##### **KORFF, GARY, MD<sup>M†</sup>**

Provider ID: 100021811011

 2910 JEFFERSON ST STE  
100

CARLSBAD, CA 92008

 (760) 729-7186

 Spanish


Effective as of 01-JAN-23

##### **PEREZ, RONALD, MD<sup>M†</sup>**

Provider ID: 100323488011

 1207 CARLSBAD VILLAGE  
DR STE A

CARLSBAD, CA 92008


 (760) 896-3030


 Spanish, Tagalog

Effective as of 01-JAN-20

##### **VOURLITIS, MELISSA, DO<sup>F\*</sup>**

Provider ID: 100090572021

 2855 CARLSBAD BLVD  
CARLSBAD, CA 92008

 (858) 832-2500

Teleservice

Effective as of 01-NOV-23


#### ***FQHC***

##### **TRUECARE,**

Provider ID: PG0092587007

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 (760) 736-6767

Teleservice

Effective as of 01-JUL-22


#### ***GENERAL PRACTICE***

##### **KREMER, ARNOLD, DO<sup>M</sup>**

Provider ID: 100023664010

 5814 VAN ALLEN WAY STE  
215

CARLSBAD, CA 92008

 (760) 444-5544

 French

Teleservice


Effective as of 01-APR-23


#### ***INTERNAL MEDICINE***

##### **CHONG, YOO JIN, MD<sup>M†</sup>**

Provider ID: 100055662004

 5930 PRIESTLY DR  
CARLSBAD, CA 92008

 (760) 434-6060

 Korean

Effective as of 01-NOV-21

##### **CHONG, MARIBETH, MD<sup>F</sup>**



Provider ID: 100092861004




 5930 PRIESTLY DR  
CARLSBAD, CA 92008




## C1. List of Network Providers



### Primary Care Providers

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 (760) 434-6060  
 Spanish, Tagalog  
Effective as of 01-NOV-21




**CHONG, YOO JIN, MD<sup>M†</sup>**  
Provider ID: 100055662003  
 5930 PRIESTLY DR  
CARLSBAD, CA 92008  
 (760) 434-6060  
 Korean  
Effective as of 01-NOV-21




**CHONG, MARIBETH, MD<sup>F</sup>**  
Provider ID: 100092861003  
 5930 PRIESTLY DR  
CARLSBAD, CA 92008  
 (760) 434-6060  
 Spanish, Tagalog  
Effective as of 01-NOV-21




**HALL, ANDREW, MD<sup>M†</sup>**  
Provider ID: 100089811012  
 2910 JEFFERSON ST STE  
100  
CARLSBAD, CA 92008  
 (760) 729-7186  
Effective as of 01-DEC-22




### ***FAMILY PRACTICE***




**ALANIZ, MATEO, MD<sup>M††</sup>**  
Provider ID: 100220769002  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 (619) 662-4100  
 Spanish  
Effective as of 01-NOV-14




**ALANIZ, MATEO, MD<sup>M†</sup>**  
Provider ID: 100220769006  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 (619) 662-4100  
 Spanish  
Effective as of 01-JAN-21


**ALB, SIMONA, MD<sup>F†</sup>**  
Provider ID: 100033656019  
 480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
 (619) 427-3361  
 Greek, Romanian, Spanish  
Effective as of 01-SEP-22



**ALB, OVIDIU, MD<sup>M†</sup>**  
Provider ID: 100034030006  
 480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
 (619) 427-3361  
 Romanian, Spanish,  
Tagalog  
Effective as of 01-JAN-14




**ALB, SIMONA, MD<sup>F†</sup>**  
Provider ID: 100033656006  
 480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
 (619) 427-3361  
 Greek, Romanian, Spanish  
Effective as of 01-JAN-14




**ALB, OVIDIU, MD<sup>M†</sup>**  
Provider ID: 100034030005  
 480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
 (619) 427-3361  
 Romanian, Spanish,  
Tagalog  
Effective as of 01-OCT-12




**ALB, SIMONA, MD<sup>F†</sup>**  
Provider ID: 100033656005  
 480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
 (619) 427-3361  
 Greek, Romanian, Spanish  
Effective as of 01-OCT-12




**ALB, OVIDIU, MD<sup>M†</sup>**  
Provider ID: 100034030017  
 480 4TH AVE STE 202



CHULA VISTA, CA 91910  
 (619) 427-3361  
 Romanian, Spanish,  
Tagalog  
Effective as of 01-NOV-20

**ALB, SIMONA, MD<sup>F†</sup>**  
Provider ID: 100033656016  
 480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
 (619) 427-3361  
 Greek, Romanian, Spanish  
Effective as of 01-SEP-22

**ALB, OVIDIU, MD<sup>M†</sup>**  
Provider ID: 100034030019  
 480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
 (619) 427-3361  
 Romanian, Spanish,  
Tagalog  
Effective as of 01-APR-22

**ALB, SIMONA, MD<sup>F†</sup>**  
Provider ID: 100033656018  
 480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
 (619) 427-3361  
 Greek, Romanian, Spanish  
Effective as of 01-APR-22

**ALB, OVIDIU, MD<sup>M†</sup>**  
Provider ID: 100034030016  
 480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
 (619) 427-3361  
 Romanian, Spanish,  
Tagalog  
Effective as of 01-JAN-21

**ALJAWADI, GEORGIA, DO<sup>F††</sup>**  
Provider ID: 100133625018  
 480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
 (619) 427-3361

## CI. List of Network Providers

### Primary Care Providers


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 Filipino, Spanish, Tagalog  
Effective as of 01-JAN-21

#### **ALJAWADI, GEORGIA, DO<sup>Ft</sup>**

Provider ID: 100133625021

 480 4TH AVE STE 202  
CHULA VISTA, CA 91910


 (619) 427-3361

 Filipino, Spanish, Tagalog  
Effective as of 01-APR-22

#### **ALJAWADI, GEORGIA, DO<sup>Ft</sup>**

Provider ID: 100133625005

 480 4TH AVE STE 202  
CHULA VISTA, CA 91910


 (619) 427-3361

 Filipino, Spanish, Tagalog  
Effective as of 01-NOV-12

#### **ALJAWADI, GEORGIA, DO<sup>Ft</sup>**

Provider ID: 100133625008

 480 4TH AVE STE 202  
CHULA VISTA, CA 91910


 (619) 427-3361

 Filipino, Spanish, Tagalog  
Effective as of 01-JAN-14

#### **ALJAWADI, GEORGIA, DO<sup>Ft</sup>**

Provider ID: 100133625022

 480 4TH AVE STE 202  
CHULA VISTA, CA 91910


 (619) 427-3361

 Filipino, Spanish, Tagalog  
Effective as of 01-SEP-22

#### **ALVAREZ-ESTRADA, MIGUEL, MD<sup>Mt</sup>**

Provider ID: 100360099015

 1637 3RD AVE  
CHULA VISTA, CA 91911

 (619) 662-4100


 Spanish

Effective as of 01-MAY-22

#### **ARCE GOMEZ, LAURA, MD<sup>F</sup>**

Provider ID: 100300002011

 678 3RD AVE  
CHULA VISTA, CA 91910

 (619) 662-4100


 Spanish, Tagalog

Effective as of 01-APR-23

#### **ELSAYED, MOHAMMED, MD<sup>Mt</sup>**

Provider ID: 100020910028

 330 OXFORD ST STE 106  
CHULA VISTA, CA 91911

 (619) 409-1802


 Arabic, German, Spanish

Effective as of 01-AUG-20

#### **ELSAYED, MOHAMMED, MD<sup>Mt</sup>**

Provider ID: 100020910031

 330 OXFORD ST STE 106  
CHULA VISTA, CA 91911

 (619) 409-1802


 Arabic, German, Spanish

Effective as of 01-JAN-21

#### **ELSAYED, MOHAMMED, MD<sup>Mt</sup>**

Provider ID: 100020910029

 330 OXFORD ST STE 106  
CHULA VISTA, CA 91911

 (619) 409-1802


 Arabic, German, Spanish


Effective as of 01-JAN-21

#### **ELSAYED, MOHAMMED, MD<sup>Mt</sup>**

Provider ID: 100020910030

 330 OXFORD ST STE 106  
CHULA VISTA, CA 91911

 (619) 409-1802


 Arabic, German, Spanish

Effective as of 01-JAN-21

#### **ELSAYED, MOHAMMED, MD<sup>Mt</sup>**

Provider ID: 100020910032

 330 OXFORD ST STE 106  
CHULA VISTA, CA 91911

 (619) 409-1802


 Arabic, German, Spanish

Effective as of 01-NOV-20

#### **ELSAYED, MOHAMMED, MD<sup>Mt</sup>**

Provider ID: 100020910015

 330 OXFORD ST STE 106  
CHULA VISTA, CA 91911

 (619) 409-1802


 Arabic, German, Spanish

Effective as of 01-MAY-18

#### **FARRIS, REUBEN, MD<sup>Mt</sup>**

Provider ID: 100105788004

 340 4TH AVE STE 2  
CHULA VISTA, CA 91910

 (619) 422-8338


 Spanish

Effective as of 01-OCT-12

#### **GARCIA, KARLA, MD<sup>Ft</sup>**

Provider ID: 100269760005

 678 3RD AVE  
CHULA VISTA, CA 91910

 (619) 662-4100

 Spanish


Teleservice

Effective as of 01-APR-23

#### **GARCIA, KARLA, MD<sup>Ft</sup>**

Provider ID: 100269760002

 678 3RD AVE  
CHULA VISTA, CA 91910

 (619) 662-4100

 Spanish


Teleservice

Effective as of 01-MAR-16

#### **HERNANDEZ, RALPH, MD<sup>Mt</sup>**

Provider ID: 100080408020

 880 3RD AVE STE A  
CHULA VISTA, CA 91911

 (619) 662-4100

 Spanish

Effective as of 01-AUG-22

#### **JIMENEZ, KRYSTAL, MD<sup>Ft</sup>**


## C1. List of Network Providers

### Primary Care Providers

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Provider ID: 100359300004

 678 3RD AVE  
CHULA VISTA, CA 91910


 (619) 662-4100

Effective as of 01-JAN-21

#### **LOZANO, JUAN, MD<sup>M</sup>**

Provider ID: 100419136002


 1637 THIRD AVE  
STE B  
CHULA VISTA, CA 91911


 (619) 662-4100

Effective as of 01-DEC-23

#### **LOZANO, JUAN, MD<sup>M</sup>**

Provider ID: 100419136007

 1637 THIRD AVE STE  
B-F-H-I  
CHULA VISTA, CA 91911


 (619) 662-4100

Effective as of 01-APR-24

#### **MARTINEZ, ELADIO, MD<sup>M</sup>**

Provider ID: 100415320011

 299 J ST  
CHULA VISTA, CA 91910

 (858) 554-1212

 Spanish


Teleservice

Effective as of 01-APR-24

#### **MARTINEZ, ELADIO, MD<sup>M</sup>**

Provider ID: 100415320005

 299 J ST  
CHULA VISTA, CA 91910

 (858) 554-1212

 Spanish


Teleservice

Effective as of 01-DEC-23

#### **MARTINEZ, ELADIO, MD<sup>M</sup>**

Provider ID: 100415320002

 299 J ST  
CHULA VISTA, CA 91910

 (858) 554-1212

 Spanish


Teleservice

Effective as of 01-OCT-23

#### **MATTHEWS, MERRITT, MD<sup>M†</sup>**

Provider ID: 100021162019

 752 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

 (619) 656-0206

 Spanish, Tagalog


Effective as of 01-FEB-21

#### **MATTHEWS, MERRITT, MD<sup>M†</sup>**

Provider ID: 100021162015

 752 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911

 (619) 656-0206


 Spanish, Tagalog

Effective as of 01-NOV-20

#### **MERRILL, SARAH, MD<sup>F†</sup>**

Provider ID: 100214679020

 678 3RD AVE  
CHULA VISTA, CA 91910

 (619) 662-4100

 Spanish

Effective as of 01-JAN-21


#### **MONDRAGON, GUSTAVO, MD<sup>M</sup>**

<sup>M</sup>

Provider ID: 100177550031

 855 THIRD AVE  
STE 2230  
CHULA VISTA, CA 91911

 (619) 656-5252

 Spanish


Effective as of 01-OCT-23

#### **MONDRAGON, GUSTAVO, MD<sup>M</sup>**

<sup>M</sup>

Provider ID: 100177550016

 855 THIRD AVE  
STE 2230  
CHULA VISTA, CA 91911

 (619) 656-5252


 Spanish


Effective as of 01-FEB-24

#### **MONDRAGON, GUSTAVO, MD<sup>M†</sup>**

<sup>M†</sup>

Provider ID: 100177550027

 480 4TH AVE STE 500  
CHULA VISTA, CA 91910

 (619) 656-5252

 Spanish


Effective as of 01-FEB-23

#### **MONDRAGON, GUSTAVO, MD<sup>M†</sup>**

<sup>M†</sup>

Provider ID: 100177550028

 480 4TH AVE STE 500  
CHULA VISTA, CA 91910

 (619) 656-5252


 Spanish

Effective as of 01-FEB-23

#### **MOYA, MARY, MD<sup>F\*</sup>**

Provider ID: 100099596009

 678 3RD AVE  
CHULA VISTA, CA 91910

 (619) 662-4100


 Spanish

Effective as of 01-APR-23

#### **NGUYEN, CARIE, MD<sup>F†</sup>**

Provider ID: 100099766010

 678 3RD AVE  
CHULA VISTA, CA 91910


 (619) 662-4100

Effective as of 01-APR-23

#### **NGUYEN, CARIE, MD<sup>F†</sup>**

Provider ID: 100099766005

 678 3RD AVE  
CHULA VISTA, CA 91910

 (619) 662-4100

Effective as of 01-NOV-20

#### **NOVENCIDO, JOSEPH, DO<sup>M†</sup>**

## CI. List of Network Providers


### Primary Care Providers

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Provider ID: 100244053017

 752 MEDICAL CENTER CT  
STE 210

CHULA VISTA, CA 91911

 (619) 527-7700


 Spanish

Effective as of 01-SEP-20


#### **ORTIZ ILIZALITURRI, ANA, MD**

**F†**

Provider ID: 100394347004

 678 3RD AVE

CHULA VISTA, CA 91910

 (619) 662-4100

 Spanish


Teleservice

Effective as of 01-OCT-22


#### **PALOMINO, MARY, MD**

**F†**

Provider ID: 100249271002

 678 3RD AVE

CHULA VISTA, CA 91910

 (619) 662-4100

 Spanish

Effective as of 01-JUL-15


#### **PATEL, PAAVAN, DO**

**M**

Provider ID: 100413256011

 752 MEDICAL CENTER CT  
STE 210

CHULA VISTA, CA 91911

 (619) 656-0206


Effective as of 01-DEC-23

#### **PATEL, PAAVAN, DO**

**M**

Provider ID: 100413256007

 752 MEDICAL CENTER CT  
CHULA VISTA, CA 91911


 (619) 527-7700

Effective as of 01-NOV-23


#### **PIEROS, JANELLE, DO**

**F†**

Provider ID: 100220799004

 678 3RD AVE

CHULA VISTA, CA 91910

 (619) 662-4100

 Faroese, Spanish

Effective as of 01-OCT-15


#### **RIZKALLAH, JEAN, MD**

**M†**

Provider ID: 100106136010

 450 4TH AVE STE 408

CHULA VISTA, CA 91910

 (619) 691-1990

 French, Spanish

Effective as of 01-MAR-16


#### **RIZKALLAH, JEAN, MD**

**M†**

Provider ID: 100106136009

 450 4TH AVE STE 408

CHULA VISTA, CA 91910

 (619) 691-1990

 French, Spanish

Effective as of 01-MAR-15


#### **ROSADO, IVAN, MD**

**M†**

Provider ID: 100365788004

 1637 3RD AVE STE H

CHULA VISTA, CA 91911


 (619) 662-4100

Effective as of 01-FEB-21


#### **ROSADO, IVAN, MD**

**M†**

Provider ID: 100365788003

 1635 3RD AVE

CHULA VISTA, CA 91911

 (619) 662-4100

Effective as of 01-JAN-21


#### **STILLWELL, CARLA, MD**


**F†**

Provider ID: 100147691017

 480 4TH AVE STE 202

CHULA VISTA, CA 91910

 (619) 427-3361

 Polish, Portuguese, Spanish

Effective as of 01-JAN-21


#### **STILLWELL, CARLA, MD**


**F†**

Provider ID: 100147691019

 480 4TH AVE STE 202

CHULA VISTA, CA 91910

 (619) 427-3361

 Polish, Portuguese, Spanish

Effective as of 01-APR-22


#### **STILLWELL, CARLA, MD**

**F†**

Provider ID: 100147691020

 480 4TH AVE STE 202

CHULA VISTA, CA 91910

 (619) 427-3361

 Polish, Portuguese, Spanish

Effective as of 01-SEP-22


#### **STILLWELL, CARLA, MD**

**F†**

Provider ID: 100147691005

 480 4TH AVE STE 202

CHULA VISTA, CA 91910

 (619) 427-3361

 Polish, Portuguese, Spanish

Effective as of 01-OCT-12


#### **STILLWELL, CARLA, MD**

**F†**

Provider ID: 100147691006

 480 4TH AVE STE 202

CHULA VISTA, CA 91910

 (619) 427-3361


 Polish, Portuguese, Spanish

Effective as of 01-JAN-14


#### **SWARTZ, JOHN, MD**

**M†**

Provider ID: 100097829004

 678 3RD AVE

CHULA VISTA, CA 91910

 (619) 662-4100


 Spanish

Effective as of 01-JAN-14


#### **TALAVERA, GREGORY, MD**

**M**

Provider ID: 100334847006

 678 3RD AVE

CHULA VISTA, CA 91910

 (619) 662-4100

 Spanish

Teleservice

Effective as of 01-APR-23

## CI. List of Network Providers


### Primary Care Providers

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#### **TREJO, RAUL, MD<sup>M</sup>**

Provider ID: 100088864004

 678 3RD AVE  
CHULA VISTA, CA 91910

 (619) 662-4100

 Spanish


Effective as of 01-JAN-14

#### **VAZQUEZ-BOJORQUEZ, ALEJANDRA, MD<sup>F</sup>**

Provider ID: 100391945011

 752 MEDICAL CENTER CT  
STE 200

CHULA VISTA, CA 91911

 (858) 554-1212


 Spanish

Effective as of 01-DEC-22

#### **VOURLITIS, MELISSA, DO<sup>F†</sup>**

Provider ID: 100090572020

 3302 BONITA RD  
CHULA VISTA, CA 91910

 (858) 832-2500


Teleservice

Effective as of 01-NOV-23

#### **WHITLEY, NICHOLAS, MD<sup>M†</sup>**

Provider ID: 100197848006

 678 3RD AVE  
CHULA VISTA, CA 91910

 (619) 662-4100

 Spanish


Effective as of 01-JAN-21

### ***FQHC***

#### **CHULA VISTA FAMILY HLTH CTR,**

Provider ID: PG0025044035

 251 LANDIS AVE  
CHULA VISTA, CA 91910


 (619) 515-2500

Effective as of 01-JAN-21

#### **CHULA VISTA PEDIATRICS,**

Provider ID: PG0092670003

 855 3RD AVE STE 2200  
CHULA VISTA, CA 91911

 (619) 662-4100


Teleservice

Effective as of 01-JAN-21

#### **FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,**

Provider ID: PG0082946004

 352 L ST  
CHULA VISTA, CA 91911


 (619) 515-2325

Effective as of 01-JAN-21

#### **SAN YSIDRO HEALTH CHULA VISTA, †**

Provider ID: PG0047560016

 678 3RD AVE  
CHULA VISTA, CA 91910

 (619) 662-4100


Teleservice

Effective as of 01-JAN-21

#### **SAN YSIDRO HEALTH SOUTH BAY LATINO RESEARCH CENTER,**

Provider ID: PG0120846002

 780 BAY BLVD STE 200  
CHULA VISTA, CA 91910

 (619) 662-4100


Effective as of 01-APR-23

### ***GENERAL PRACTICE***

#### **CEPIN, MONICA, MD<sup>F†</sup>**

Provider ID: 100090156004

 333 H ST STE 2000  
CHULA VISTA, CA 91910

 (619) 427-0665

 French, Italian, Romanian


Teleservice

Effective as of 01-JUL-15

#### **CEPIN, MONICA, MD<sup>F†</sup>**

Provider ID: 100090156007

 333 H ST STE 2000  
CHULA VISTA, CA 91910

 (619) 427-0665

 French, Italian, Romanian


Teleservice

Effective as of 01-JUL-15

#### **FARRIS, REUBEN, MD<sup>M†</sup>**

Provider ID: 100105788005

 340 4TH AVE STE 2  
CHULA VISTA, CA 91910

 (619) 422-8338


 Spanish

Effective as of 01-JAN-14

#### **GUEFEN, URI, MD<sup>M†</sup>**

Provider ID: 100072802015

 299 J ST  
CHULA VISTA, CA 91910

 (858) 779-2366

 Spanish


Teleservice

Effective as of 01-NOV-23

#### **GUEFEN, URI, MD<sup>M†</sup>**

Provider ID: 100072802029

 299 J ST  
CHULA VISTA, CA 91910

 (858) 779-2366

 Spanish


Teleservice

Effective as of 01-DEC-23

#### **GUEFEN, URI, MD<sup>M†</sup>**

Provider ID: 100072802018

 299 J ST  
CHULA VISTA, CA 91910

 (858) 779-2366

 Spanish

Teleservice

Effective as of 01-MAR-22

## CI. List of Network Providers

### Primary Care Providers

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#### **TOLEDO-NADER, CAROLL, MD**

M†

Provider ID: 100106153012

📍 678 3RD AVE  
CHULA VISTA, CA 91910  
☎ (619) 662-4100  
📱 Spanish

Effective as of 01-SEP-19

#### **INTERNAL MEDICINE**

#### **BALDERAS-MAGALLANES, RODOLFO, MD**

Provider ID: 100419155002

📍 678 THIRD AVE  
CHULA VISTA, CA 91910  
☎ (619) 662-4100  
📱 Spanish

Teleservice

Effective as of 01-DEC-23

#### **BRACE, ELION, MD**

Provider ID: 100159959035

📍 450 4TH AVE STE 408  
CHULA VISTA, CA 91910  
☎ (619) 691-1990  
📱 Albanian, Italian, Spanish

Effective as of 01-OCT-23

#### **BRACE, ELION, MD**

Provider ID: 100159959020

📍 450 4TH AVE STE 408  
CHULA VISTA, CA 91910  
☎ (619) 691-1990  
📱 Albanian, Italian, Spanish

Effective as of 01-AUG-20

#### **CHEN, TSUH YIN, MD**

Provider ID: 100187934012

📍 678 3RD AVE  
CHULA VISTA, CA 91910  
☎ (619) 662-4100  
📱 Portuguese, Spanish

Effective as of 01-APR-23

#### **DE LA ROSA, JOSE, MD**

Provider ID: 100357668004

📍 880 3RD AVE STE A  
CHULA VISTA, CA 91911  
☎ (619) 662-4100

Teleservice

Effective as of 01-FEB-23

#### **DE LA ROSA, RENATO, MD**

Provider ID: 100110262019

📍 754 MEDICAL CENTER CT  
STE 103  
CHULA VISTA, CA 91911  
☎ (619) 397-5001

📱 Spanish, Tagalog

Effective as of 01-JAN-21

#### **DE LA ROSA, RENATO, MD**

Provider ID: 100110262005

📍 754 MEDICAL CENTER CT  
STE 103  
CHULA VISTA, CA 91911  
☎ (619) 397-5001

📱 Spanish, Tagalog

Effective as of 01-FEB-18

#### **DE LA ROSA, RENATO, MD**

Provider ID: 100110262018

📍 754 MEDICAL CENTER CT  
STE 103  
CHULA VISTA, CA 91911  
☎ (619) 397-5001

📱 Spanish, Tagalog

Effective as of 01-JAN-21

#### **DE LA ROSA, RENATO, MD**

Provider ID: 100110262022

📍 754 MEDICAL CENTER CT  
STE 103  
CHULA VISTA, CA 91911  
☎ (619) 397-5001

📱 Spanish, Tagalog

Effective as of 01-SEP-22

#### **HAMMETT, ERIN, DO**

Provider ID: 100274639012

📍 678 3RD AVE  
CHULA VISTA, CA 91910  
☎ (619) 662-4100

📱 Spanish

Effective as of 01-MAR-21

#### **KAISEY, MUSHRIK, MD**

Provider ID: 100024815009

📍 340 4TH AVE STE 9  
CHULA VISTA, CA 91910  
☎ (619) 426-9731

📱 Arabic, Spanish

Effective as of 01-JAN-14

#### **KAISEY, MUSHRIK, MD**

Provider ID: 100024815021

📍 340 4TH AVE STE 9  
CHULA VISTA, CA 91910  
☎ (619) 426-9731

📱 Arabic, Spanish

Effective as of 01-SEP-22

#### **KAISEY, MUSHRIK, MD**

Provider ID: 100024815007

📍 340 4TH AVE STE 9  
CHULA VISTA, CA 91910  
☎ (619) 426-9731

📱 Arabic, Spanish

Effective as of 01-OCT-12

#### **KAISEY, MUSHRIK, MD**

Provider ID: 100024815019

📍 340 4TH AVE STE 9  
CHULA VISTA, CA 91910  
☎ (619) 426-9731

📱 Arabic, Spanish

Effective as of 01-JAN-21

#### **MAY, LOUIS, MD**

Provider ID: 100325305003

📍 1061 TIERRA DEL REY STE  
303 304 305  
CHULA VISTA, CA 91910  
☎ (619) 662-4100



## CI. List of Network Providers

### Primary Care Providers

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Spanish

Teleservice

Effective as of 01-JUN-21

#### **OLIVER, DEANNA, MD<sup>F</sup>**

Provider ID: 100328564040

2436 FENTON ST STE  
100-B

CHULA VISTA, CA 91914

(619) 264-1934



Effective as of 01-NOV-23

#### **OLIVER, DEANNA, MD<sup>F</sup>**

Provider ID: 100328564045

2436 FENTON ST STE  
100-B

CHULA VISTA, CA 91914

(619) 264-1934



Effective as of 01-MAR-24

#### **OLIVER, DEANNA, MD<sup>F†</sup>**

Provider ID: 100328564043

1323 3RD AVE  
CHULA VISTA, CA 91911

(619) 409-6900



Effective as of 01-MAR-24

#### **OLIVER, DEANNA, MD<sup>F†</sup>**

Provider ID: 100328564027

1323 3RD AVE  
CHULA VISTA, CA 91911

(619) 409-6900



Effective as of 01-SEP-21

#### **OLIVER, DEANNA, MD<sup>F†</sup>**

Provider ID: 100328564041

1323 3RD AVE  
CHULA VISTA, CA 91911

(619) 409-6900



Effective as of 01-NOV-23

#### **OLIVER, DEANNA, MD<sup>F†</sup>**

Provider ID: 100328564034

1323 3RD AVE  
CHULA VISTA, CA 91911

(619) 409-6900



Effective as of 01-SEP-22

#### **PENA, JOSE, MD<sup>M†</sup>**

Provider ID: 100104432023

333 H ST STE 1065  
CHULA VISTA, CA 91910

(619) 691-1766



Effective as of 01-MAY-21

#### **PENA, JOSE, MD<sup>M†</sup>**

Provider ID: 100104432022

333 H ST STE 1065  
CHULA VISTA, CA 91910

(619) 691-1766



Effective as of 01-MAY-21

#### **PENA, JOSE, MD<sup>M†</sup>**

Provider ID: 100104432025

333 H ST STE 1065  
CHULA VISTA, CA 91910

(619) 691-1766



Effective as of 01-FEB-23

#### **PENA, JOSE, MD<sup>M†</sup>**

Provider ID: 100104432024

333 H ST STE 1065  
CHULA VISTA, CA 91910

(619) 691-1766



Effective as of 01-JUL-21

#### **UWEDJOJEVWE, LETICIA, MD<sup>F†</sup>**

<sup>F†</sup>

Provider ID: 100110303015

340 4TH AVE STE 10

CHULA VISTA, CA 91910

(619) 934-2215



Effective as of 01-JAN-18

#### **UWEDJOJEVWE, LETICIA, MD<sup>F†</sup>**

<sup>F†</sup>

Provider ID: 100110303031

340 4TH AVE STE 10  
CHULA VISTA, CA 91910

(619) 934-2215



Effective as of 01-NOV-23

#### **UWEDJOJEVWE, LETICIA, MD<sup>F†</sup>**

<sup>F†</sup>

Provider ID: 100110303030

340 4TH AVE STE 10  
CHULA VISTA, CA 91910

(619) 934-2215



Effective as of 01-JAN-21

#### **UWEDJOJEVWE, LETICIA, MD<sup>F†</sup>**

<sup>F†</sup>

Provider ID: 100110303013

340 4TH AVE STE 10  
CHULA VISTA, CA 91910

(619) 934-2215



Effective as of 01-DEC-17

### ***PEDIATRICS***

#### **GARCIA, CARLOS, MD<sup>M†</sup>**

Provider ID: 100067783008

1392 E PALOMAR ST STE  
501

CHULA VISTA, CA 91913

(619) 271-4059



Effective as of 01-JAN-14

### ***INTERNAL MEDICINE***

## CI. List of Network Providers

### Primary Care Providers

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#### **ZAKI, MICHELLE, DO<sup>F</sup>**

Provider ID: 100360975007

3955 BEDFORD CANYON RD  
STE 103  
CORONA, CA 92883

(951) 293-4722

Teleservice

Effective as of 01-AUG-23

#### ***FAMILY PRACTICE***

#### **GAIKWAD, SHILPA, MD<sup>Ft</sup>**

Provider ID: 100113091011

32585 GOLDEN LANTERN ST STE E  
DANA POINT, CA 92629

(877) 696-3622

Hindi, Spanish

Effective as of 01-AUG-22

#### ***INTERNAL MEDICINE***

#### **PATHAK, RAJIV, MD<sup>M</sup>**

Provider ID: 100423996002

32585 GOLDEN LANTERN ST STE E  
DANA POINT, CA 92629

(949) 240-2555

Effective as of 01-MAR-24

#### ***GENERAL PRACTICE***

#### **KREMER, ARNOLD, DO<sup>Mt</sup>**

Provider ID: 100023664009

1349 CAMINO DEL MAR STE B  
DEL MAR, CA 92014

(858) 925-8233

French

Teleservice

Effective as of 01-JAN-21

#### ***FAMILY PRACTICE***

#### **ALMANSOUR, MUMTAZ, MD<sup>Mt</sup>**

Provider ID: 100107873025

330 S MAGNOLIA AVE STE 101  
EL CAJON, CA 92020

(619) 593-3007

Arabic, Kurdish, Spanish

Effective as of 01-JAN-21

#### **ALMANSOUR, MUMTAZ, MD<sup>Mt</sup>**

Provider ID: 100107873024

330 S MAGNOLIA AVE STE 101  
EL CAJON, CA 92020

(619) 593-3007

Arabic, Kurdish, Spanish

Effective as of 01-JUL-22

#### **ALMANSOUR, MUMTAZ, MD<sup>Mt</sup>**

Provider ID: 100107873026

165 S 1ST ST  
EL CAJON, CA 92019

(619) 312-0347

Arabic, Kurdish, Spanish

Effective as of 01-JAN-21

#### **BEYENE, YEMISRACH, MD<sup>Ft</sup>**

Provider ID: 100376573004

5442 SYCUAN RD  
EL CAJON, CA 92019

(619) 445-0707

Effective as of 01-SEP-22

#### **GREEN, HANNAH, MD<sup>F</sup>**

Provider ID: 100403549002

855 E MADISON AVE  
EL CAJON, CA 92020

(619) 440-2751

Spanish

Effective as of 01-APR-23

#### **JALISI, NEJAT, MD<sup>Ft</sup>**

Provider ID: 100114413018

1320 E MADISON AVE  
EL CAJON, CA 92021

(619) 456-9800

Arabic, Farsi, Spanish

Effective as of 01-JAN-21

#### **JALISI, NEJAT, MD<sup>Ft</sup>**

Provider ID: 100114413020

1320 E MADISON AVE  
EL CAJON, CA 92021

(619) 456-9800

Arabic, Farsi, Spanish

Effective as of 01-SEP-22

#### **KASAWA, JOHN, MD<sup>Mt</sup>**

Provider ID: 100039117021

875 EL CAJON BLVD  
EL CAJON, CA 92020

(619) 662-4100

Arabic, Spanish

Teleservice

Effective as of 01-JAN-21

#### **KASAWA, JOHN, MD<sup>Mt</sup>**

Provider ID: 100039117023

875 EL CAJON BLVD  
EL CAJON, CA 92020

(619) 662-4100

Arabic, Spanish

Teleservice

Effective as of 01-APR-23

#### **KUNIN-RIDA, TERI, MD<sup>Ft</sup>**

Provider ID: 100064070015

165 S 1ST ST  
EL CAJON, CA 92019

(619) 312-0347

Arabic, Armenian, Spanish

Teleservice

Effective as of 01-OCT-21

#### **MCHENRY, KATHRYN, DO<sup>F</sup>**

Provider ID: 100320650010

855 E MADISON AVE  
EL CAJON, CA 92020

(619) 440-2751

Spanish

## CI. List of Network Providers

### Primary Care Providers

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Effective as of 01-JAN-24

#### **MOULD, KEVIN, MD<sup>M†</sup>**

Provider ID: 100112431013

📍 855 E MADISON AVE  
EL CAJON, CA 92020

☎ (619) 440-2751

Effective as of 01-JAN-24

#### **MOULD, KEVIN, MD<sup>M†</sup>**

Provider ID: 100112431012

📍 855 E MADISON AVE  
EL CAJON, CA 92020

☎ (619) 440-2751

Effective as of 01-AUG-20

#### **PUTRUS, RAMIZ, MD<sup>M</sup>**

Provider ID: 100348831004

📍 183 S 1ST ST  
EL CAJON, CA 92019

☎ (619) 328-1335

Effective as of 01-AUG-22

#### **RONQUILLO, KAREN AN, DO<sup>F</sup>**

Provider ID: 100421622002

📍 855 E MADISON AVE  
EL CAJON, CA 92020

☎ (619) 440-2751

Effective as of 01-FEB-24

#### **RONQUILLO, KAREN AN, DO<sup>F</sup>**

Provider ID: 100421622004

📍 855 E MADISON AVE  
EL CAJON, CA 92020

☎ (619) 440-2751

Effective as of 01-APR-24

#### **ROUEL, LINDA, MD<sup>F†</sup>**

Provider ID: 100259719024

📍 860 JAMACHA RD STE 107  
EL CAJON, CA 92019

☎ (619) 456-9920

📱 Arabic, Mandarin, Syriac

Effective as of 01-AUG-21

#### **ROUEL, LINDA, MD<sup>F†</sup>**

Provider ID: 100259719007

📍 860 JAMACHA RD STE 107  
EL CAJON, CA 92019

☎ (619) 456-9920

📱 Arabic, Mandarin, Syriac

Effective as of 01-FEB-18

#### **ROUEL, LINDA, MD<sup>F†</sup>**

Provider ID: 100259719020

📍 860 JAMACHA RD STE 107  
EL CAJON, CA 92019

☎ (619) 456-9920

📱 Arabic, Mandarin, Syriac

Effective as of 01-JAN-21

#### **ROUEL, LINDA, MD<sup>F†</sup>**

Provider ID: 100259719021

📍 860 JAMACHA RD STE 107  
EL CAJON, CA 92019

☎ (619) 456-9920

📱 Arabic, Mandarin, Syriac

Effective as of 01-JAN-21

#### **ROUEL, LINDA, MD<sup>F†</sup>**

Provider ID: 100259719025

📍 860 JAMACHA RD STE 107  
EL CAJON, CA 92019

☎ (619) 456-9920

📱 Arabic, Mandarin, Syriac

Effective as of 01-SEP-22

#### **SALEM, RAMSEY, MD<sup>M†</sup>**

Provider ID: 100360207006

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020

☎ (858) 939-5864

Effective as of 01-AUG-21

#### **SAZEGAR, PAYAM, MD<sup>M†</sup>**

Provider ID: 100187888014

📍 1032 BROADWAY  
EL CAJON, CA 92021

☎ (619) 795-5991

Teleservice

Effective as of 01-JUL-21

#### **SAZEGAR, PAYAM, MD<sup>M†</sup>**

Provider ID: 100187888012

📍 165 S 1ST ST  
EL CAJON, CA 92019

☎ (619) 312-0347

Teleservice

Effective as of 01-JUL-21

#### **STONES, RACHEL, MD<sup>F</sup>**

Provider ID: 100387928010

📍 165 S 1ST ST  
EL CAJON, CA 92019

☎ (619) 312-0347

Teleservice

Effective as of 01-MAY-22

#### **STONES, RACHEL, MD<sup>F</sup>**

Provider ID: 100387928009

📍 1032 BROADWAY  
EL CAJON, CA 92021

☎ (619) 795-5991

Teleservice

Effective as of 01-MAY-22

#### **VOURLITIS, MELISSA, DO<sup>F\*</sup>**

Provider ID: 100090572018

📍 11588 VIA RANCHO SAN  
DIEGO

EL CAJON, CA 92019

☎ (858) 832-2500

Teleservice

Effective as of 01-NOV-23

### ***FQHC***

#### **CENTRO MEDICO EL CAJON,**

Provider ID: PG0010260015

📍 133 W MAIN ST STE 100  
EL CAJON, CA 92020

☎ (619) 873-8940

Effective as of 01-JAN-21

#### **CHASE AVENUE FAMILY**

## CI. List of Network Providers

### Primary Care Providers

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#### HEALTH CTRS INC,

Provider ID: PG0025044040

1111 W CHASE AVE  
EL CAJON, CA 92020  
(619) 515-2499

Effective as of 01-JAN-21

#### FAMILY HLTH CTR SAN DIEGO-EL CAJON,

Provider ID: PG0084245003

525 E MAIN ST  
EL CAJON, CA 92020  
(619) 515-2498

Effective as of 01-JAN-21

#### LA MAESTRA CHC EL CAJON BROADWAY, †

Provider ID: PG0085229003

1032 BROADWAY  
EL CAJON, CA 92021  
(619) 795-5991

Effective as of 01-JAN-21

#### LA MAESTRA FAMILY CLINIC INC, †

Provider ID: PG0053396002

165 S 1ST ST  
EL CAJON, CA 92019  
(619) 312-0347

Teleservice

Effective as of 01-JAN-21

#### SAN YSIDRO HEALTH EL CAJON,

Provider ID: PG0111464002

875 EL CAJON BLVD  
EL CAJON, CA 92020  
(619) 662-4100

Teleservice

Effective as of 01-JAN-21

#### GENERAL PRACTICE

MOOSAVI, MOHAMMAD, MD<sup>M†</sup>

Provider ID: 100339082002

343 E MAIN ST STE 102  
EL CAJON, CA 92020  
(619) 447-6001

Farsi

Effective as of 01-JUL-19

#### INTERNAL MEDICINE

AL-TAMEEMI, AHMED, MD<sup>M†</sup>

Provider ID: 100338426004

133 W MAIN ST STE 100  
EL CAJON, CA 92020  
(619) 401-0404

Effective as of 01-NOV-20

AWDISHO, ALAN, DO<sup>M†</sup>

Provider ID: 100381973002

875 EL CAJON BLVD  
EL CAJON, CA 92020  
(619) 662-4100

Teleservice

Effective as of 01-JAN-22

BENSON, JIMI, MD<sup>M†</sup>

Provider ID: 100149523029

1351 BROADWAY  
EL CAJON, CA 92021  
(619) 383-6703

Spanish, Vietnamese

Effective as of 01-APR-21

BENSON, JIMI, MD<sup>M†</sup>

Provider ID: 100149523023

1351 BROADWAY  
EL CAJON, CA 92021  
(619) 383-6703

Spanish, Vietnamese

Effective as of 01-JAN-21

BENSON, JIMI, MD<sup>M†</sup>

Provider ID: 100149523026

1351 BROADWAY  
EL CAJON, CA 92021  
(619) 383-6703

Spanish, Vietnamese  
Effective as of 01-JUN-21

BENSON, JIMI, MD<sup>M†</sup>

Provider ID: 100149523028

1351 BROADWAY  
EL CAJON, CA 92021  
(619) 383-6703

Spanish, Vietnamese

Effective as of 01-MAR-21

BENSON, JIMI, MD<sup>M†</sup>

Provider ID: 100149523031

1351 BROADWAY  
EL CAJON, CA 92021  
(619) 383-6703

Spanish, Vietnamese

Effective as of 01-OCT-23

EL GHONEIMY, AHMED, MD<sup>M†</sup>

Provider ID: 100103500015

165 S 1ST ST  
EL CAJON, CA 92019  
(619) 312-0347

Arabic

Teleservice

Effective as of 01-AUG-22

ELIAS, RAMIZ, MD<sup>M†</sup>

Provider ID: 100105850047

231 W MAIN ST FL 2  
EL CAJON, CA 92020  
(619) 631-7300

Spanish

Effective as of 01-SEP-22

JAHANPANA, FERESHTEH,  
MD<sup>F†</sup>

Provider ID: 100076454021

343 E MAIN ST STE 101  
EL CAJON, CA 92020  
(619) 447-6001

Arabic, Faroese, Farsi

Effective as of 01-SEP-22

## C1. List of Network Providers

### Primary Care Providers

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#### **JAHANPANA, FERESHTEH, MD<sup>F†</sup>**

Provider ID: 100076454017

📍 343 E MAIN ST STE 101  
EL CAJON, CA 92020

☎ (619) 447-6001

🗣 Arabic, Faroese, Farsi

Effective as of 01-AUG-20

#### **JAHANPANA, FERESHTEH, MD<sup>F†</sup>**

Provider ID: 100076454007

📍 343 E MAIN ST STE 101  
EL CAJON, CA 92020

☎ (619) 447-6001

🗣 Arabic, Faroese, Farsi

Effective as of 01-JUL-19

#### **MANSOUR, DAVID, DO<sup>M†</sup>**

Provider ID: 100390972007

📍 855 E MADISON AVE  
EL CAJON, CA 92020

☎ (619) 440-2751

🗣 Arabic

Effective as of 01-NOV-22

#### **MICHAEL, RAMI, MD<sup>M†</sup>**

Provider ID: 100341876009

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020

☎ (619) 662-4100

🗣 Arabic

Teleservice

Effective as of 01-DEC-22

#### **NASSIR, BASSAM, MD<sup>M††</sup>**

Provider ID: 100159191015

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020

☎ (619) 662-4100

🗣 Arabic

Effective as of 01-MAY-21

#### **NASSIR, BASSAM, MD<sup>M††</sup>**

Provider ID: 100159191011

📍 436 S MAGNOLIA AVE STE  
101

EL CAJON, CA 92020

☎ (619) 662-4100

🗣 Arabic

Effective as of 01-MAR-16

#### **REDDY, ARJUN, MD<sup>M†</sup>**

Provider ID: 100050929006

📍 5442 SYCUAN RD  
EL CAJON, CA 92019

☎ (619) 445-0707

🗣 Spanish

Effective as of 01-JAN-21

#### **ROUEL, WADI, MD<sup>M†</sup>**

Provider ID: 100246050008

📍 860 JAMACHA RD STE 107  
EL CAJON, CA 92019

☎ (619) 456-9920

🗣 Arabic, Spanish, Syriac

Effective as of 01-JAN-21

#### **ROUEL, WADI, MD<sup>M†</sup>**

Provider ID: 100246050009

📍 860 JAMACHA RD STE 107  
EL CAJON, CA 92019

☎ (619) 456-9920

🗣 Arabic, Spanish, Syriac

Effective as of 01-JAN-21

#### **ROUEL, WADI, MD<sup>M†</sup>**

Provider ID: 100246050015

📍 860 JAMACHA RD STE 107  
EL CAJON, CA 92019

☎ (619) 456-9920

🗣 Arabic, Spanish, Syriac

Effective as of 01-SEP-22

#### **ROUEL, WADI, MD<sup>M†</sup>**

Provider ID: 100246050016

📍 860 JAMACHA RD STE 107  
EL CAJON, CA 92019

☎ (619) 456-9920

🗣 Arabic, Spanish, Syriac  
Effective as of 01-SEP-22

#### **TCHAKMAKJIAN, LEVON, MD<sup>M†</sup>**

Provider ID: 100353414007

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020

☎ (619) 662-4100

🗣 Armenian, Hebrew

Effective as of 01-NOV-21

#### **ZAYED, AHMAD, MD<sup>M</sup>**

Provider ID: 100373969005

📍 133 W MAIN ST STE 100  
EL CAJON, CA 92020

☎ (619) 401-0404

🗣 Arabic, Chinese, Mandarin

Effective as of 01-NOV-23

### ***FAMILY PRACTICE***

#### **CLOTFELTER, CHRISTINE, DO<sup>F†</sup>**

Provider ID: 100065251012

📍 477 N EL CAMINO REAL  
STE A306

ENCINITAS, CA 92024

☎ (760) 942-0118

🗣 Spanish

Effective as of 01-SEP-21

#### **DUCK, CRAIG, MD<sup>M</sup>**

Provider ID: 100086514008

📍 477 N EL CAMINO REAL  
STE A306

ENCINITAS, CA 92024

☎ (760) 942-0118

Effective as of 01-SEP-21

#### **FARSAD, RAMIN, MD<sup>M</sup>**

Provider ID: 100028293005

📍 477 N EL CAMINO REAL  
STE A100

ENCINITAS, CA 92024

☎ (760) 943-9111



## CI. List of Network Providers

### Primary Care Providers




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 Farsi, Fataleka, Turkish  
Effective as of 01-APR-02




#### **KAKIMOTO, AMY, MD<sup>F†</sup>**

Provider ID: 100113530009  
 477 N EL CAMINO REAL  
STE A306  
ENCINITAS, CA 92024  
 (760) 942-0118  
Effective as of 01-SEP-21




#### **MERCER, SCOTT, MD<sup>M\*</sup>**

Provider ID: 100030142008  
 320 SANTA FE DR STE 205  
ENCINITAS, CA 92024  
 (760) 944-8484  
 Spanish  
Effective as of 01-SEP-21




#### **PAYNE, RICHARD, MD<sup>M†</sup>**

Provider ID: 100069305009  
 477 N EL CAMINO REAL  
STE A306  
ENCINITAS, CA 92024  
 (760) 942-0118  
 Spanish  
Effective as of 01-SEP-21

#### **SEXTON, PERRY, MD<sup>M††</sup>**



Provider ID: 100099693003  
 351 SANTA FE DR STE 101  
ENCINITAS, CA 92024  
 (760) 274-1385  
 Spanish  
Effective as of 01-FEB-11

#### **WILLIE, KADEN, DO<sup>M</sup>**

Provider ID: 100350661007  
 1130 2ND ST  
ENCINITAS, CA 92024  
 (760) 736-6767  
 Portuguese  
Effective as of 01-SEP-23




### **FQHC**

#### **TRUECARE,**

Provider ID: PG0092584007  
 1130 2ND ST  
ENCINITAS, CA 92024  
 (760) 753-7842  
Teleservice  
Effective as of 01-JUL-22




#### **GENERAL PRACTICE**

#### **FARSAD, RAMIN, MD<sup>M</sup>**




Provider ID: 100028293009  
 477 N EL CAMINO REAL  
STE A100  
ENCINITAS, CA 92024  
 (760) 943-9111  
 Farsi, Fataleka, Turkish  
Effective as of 01-JAN-21

#### **INTERNAL MEDICINE**

#### **STEPHENSON, ROBERT, MD<sup>M††</sup>**



Provider ID: 100031646009  
 320 SANTA FE DR STE 303  
ENCINITAS, CA 92024  
 (760) 943-6730  
 Spanish  
Effective as of 01-SEP-21

#### **TAGDIRI, KEVEN, MD<sup>M\*</sup>**

Provider ID: 100064987002  
 4401 MANCHESTER AVE  
STE 103  
ENCINITAS, CA 92024  
 (858) 756-3021  
 Farsi, Spanish  
Effective as of 01-MAR-03



#### **FAMILY PRACTICE**

#### **AVILA, MICHAEL, MD<sup>M††</sup>**




Provider ID: 100369494002  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 (833) 867-4642

Effective as of 01-JUN-21




#### **COX, VICTORIA, MD<sup>F†</sup>**

Provider ID: 100374049005  
 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 (619) 662-4100  
Teleservice  
Effective as of 01-AUG-22




#### **DE ROTH, GEORGINE, MD<sup>F</sup>**

Provider ID: 100409222006  
 362 W MISSION AVE STE  
105  
ESCONDIDO, CA 92025  
 (760) 741-1224  
 French, Hungarian, Spanish  
Effective as of 01-DEC-23




#### **DE ROTH, GEORGINE, MD<sup>F</sup>**

Provider ID: 100409222004  
 362 W MISSION AVE STE  
105  
ESCONDIDO, CA 92025  
 (760) 741-1224  
 French, Hungarian, Spanish  
Effective as of 01-AUG-23

#### **DE ROTH, GEORGINE, MD<sup>F</sup>**

Provider ID: 100409222002  
 362 W MISSION AVE STE  
105  
ESCONDIDO, CA 92025  
 (760) 741-1224  
 French, Hungarian, Spanish  
Effective as of 01-JUL-23

#### **ESPARZA, SOPHIA, MD<sup>F</sup>**

Provider ID: 100402893002  
 488 E VALLEY PKWY STE  
411  
ESCONDIDO, CA 92025  
 (760) 466-9800  
 Spanish  
Effective as of 01-MAR-23

## CI. List of Network Providers

### Primary Care Providers

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#### **KAUR, JATINDER, MD<sup>F</sup>**

Provider ID: 100315025010  
📍 460 N ELM ST  
ESCONDIDO, CA 92025  
☎ (760) 520-8100  
📱 Hindi, Urdu  
Effective as of 01-AUG-21

#### **MCHENRY, KATHRYN, DO<sup>Ft</sup>**

Provider ID: 100320650005  
📍 460 N ELM ST  
ESCONDIDO, CA 92025  
☎ (760) 520-8100  
📱 Spanish  
Effective as of 01-APR-21

#### **MCHENRY, KATHRYN, DO<sup>Ft</sup>**

Provider ID: 100320650009  
📍 460 N ELM ST  
ESCONDIDO, CA 92025  
☎ (760) 520-8100  
📱 Spanish  
Effective as of 01-JAN-24

#### **MCHENRY, KATHRYN, DO<sup>F</sup>**

Provider ID: 100320650016  
📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
☎ (760) 737-6900  
📱 Spanish  
Effective as of 01-FEB-24

#### **PATEL, JITENBHAI, MD<sup>M</sup>**

Provider ID: 100339325007  
📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
☎ (760) 737-6900  
Effective as of 01-JAN-24

#### **PATEL, JITENBHAI, MD<sup>M</sup>**

Provider ID: 100339325006  
📍 460 N ELM ST  
ESCONDIDO, CA 92025  
☎ (760) 520-8100

Effective as of 01-JAN-24

#### **RASHCOVSKY SCHIFF, KARIN, MD<sup>F</sup>**

Provider ID: 100331220005  
📍 460 N ELM ST  
ESCONDIDO, CA 92025  
☎ (760) 520-8100  
📱 French  
Effective as of 01-AUG-20

#### **RASHCOVSKY SCHIFF, KARIN, MD<sup>F</sup>**

Provider ID: 100331220007  
📍 460 N ELM ST  
ESCONDIDO, CA 92025  
☎ (760) 520-8100  
📱 French  
Effective as of 01-JAN-24

#### **SCHULTZ, JAMES, MD<sup>M</sup>**

Provider ID: 100030577026  
📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
☎ (760) 737-6900  
📱 Farsi, Greek, Spanish  
Effective as of 01-MAR-23

#### **SCHULTZ, JAMES, MD<sup>Mt</sup>**

Provider ID: 100030577016  
📍 460 N ELM ST  
ESCONDIDO, CA 92025  
☎ (760) 520-8100  
📱 Farsi, Greek, Spanish  
Effective as of 01-AUG-20

#### **SCHULTZ, JAMES, MD<sup>Mt</sup>**

Provider ID: 100030577028  
📍 460 N ELM ST  
ESCONDIDO, CA 92025  
☎ (760) 520-8100  
📱 Farsi, Greek, Spanish  
Effective as of 01-JAN-24

#### **SCHULTZ, JAMES, MD<sup>M</sup>**

Provider ID: 100030577030  
📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
☎ (760) 737-6900  
📱 Farsi, Greek, Spanish  
Effective as of 01-JAN-24

#### **SIVA, TENAYA, MD<sup>M</sup>**

Provider ID: 100418703004  
📍 704 E GRAND AVE  
ESCONDIDO, CA 92025  
☎ (619) 662-4100  
Teleservice  
Effective as of 01-NOV-23

#### **SNYDER, CHRISTOPHER, DO<sup>Mt</sup>**

Provider ID: 100024789048  
📍 704 E GRAND AVE  
ESCONDIDO, CA 92025  
☎ (619) 662-4100  
📱 Spanish  
Teleservice  
Effective as of 01-FEB-22

#### **VOURLITIS, MELISSA, DO<sup>F\*</sup>**

Provider ID: 100090572019  
📍 710 W 13TH AVE  
ESCONDIDO, CA 92025  
☎ (858) 832-2500  
Teleservice  
Effective as of 01-NOV-23

### ***FQHC***

#### **CENTRO MEDICO ESCONDIDO,**

Provider ID: PG0083717004  
📍 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025  
☎ (760) 871-0606  
Teleservice  
Effective as of 01-JAN-21

#### **ESCONDIDO FAMILY HEALTH CENTER,**

## C1. List of Network Providers

### Primary Care Providers

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Provider ID: PG0125224002

📍 128 N BROADWAY  
ESCONDIDO, CA 92025  
☎ (619) 515-2474

Effective as of 01-NOV-23

#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO,

Provider ID: PG0024990052

📍 460 N ELM ST  
ESCONDIDO, CA 92025  
☎ (760) 520-8100

Teleservice

Effective as of 01-JUL-22

#### NEIGHBORHOOD

#### HEALTHCARE PEDIATRICS

#### AND PRENATAL,

Provider ID: PG0087195004

📍 426 N DATE ST  
ESCONDIDO, CA 92025  
☎ (760) 690-5900

Effective as of 01-JUL-22

#### NEIGHBORHOOD

#### HEALTHCARE PEDIATRICS

#### AND PRENATAL,

Provider ID: PG0024990050

📍 425 N DATE ST  
ESCONDIDO, CA 92025  
☎ (760) 520-8340

Teleservice

Effective as of 01-JUL-22

#### NEIGHBORHOOD

#### HEALTHCARE VALLEY

#### PARKWAY,

Provider ID: PG0024990046

📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
☎ (760) 737-6900

Teleservice

Effective as of 01-JUL-22

#### PALOMAR FAMILY

#### COUNSELING SERVICES,

Provider ID: PG0125237002

📍 1002 E GRAND AVE  
ESCONDIDO, CA 92025  
☎ (760) 741-2660

Effective as of 01-DEC-23

#### SAN YSIDRO HEALTH

#### ESCONDIDO FAMILY

#### MEDICINE,

Provider ID: PG0094132003

📍 704 E GRAND AVE  
ESCONDIDO, CA 92025  
☎ (619) 662-4100

Effective as of 01-JUN-22

#### GENERAL PRACTICE

#### LOPEZ, IRMA, MD<sup>Ft</sup>

Provider ID: 100082249016

📍 1035 E GRAND AVE STE 101  
ESCONDIDO, CA 92025  
☎ (760) 480-4747

📱 Spanish

Effective as of 01-JAN-21

#### INTERNAL MEDICINE

#### CARRERA, JORGE, MD<sup>Mt</sup>

Provider ID: 100075629010

📍 704 E GRAND AVE  
ESCONDIDO, CA 92025  
☎ (619) 662-4100

📱 Spanish

Teleservice

Effective as of 01-FEB-22

#### CHEN, MARGARET, MD<sup>Ft</sup>

Provider ID: 100184661008

📍 460 N ELM ST  
ESCONDIDO, CA 92025  
☎ (760) 520-8100

📱 Greek, Spanish

Effective as of 01-AUG-20

#### PEDIATRICS

#### STRAZICICH, KARLA, MD<sup>F</sup>

Provider ID: 100080501007

📍 426 N DATE ST  
ESCONDIDO, CA 92025  
☎ (760) 690-5900

Effective as of 01-JAN-24

#### FAMILY PRACTICE

#### CHRISTIE, PATRICIA, MD<sup>F</sup>

Provider ID: 100407567004

📍 1328 S MISSION RD  
FALLBROOK, CA 92028  
☎ (760) 451-4720

Effective as of 01-AUG-23

#### DEEL, MARGARET, MD<sup>Ft</sup>

Provider ID: 100027747012

📍 593 E ELDER ST STE B  
FALLBROOK, CA 92028  
☎ (760) 723-5900

📱 Spanish

Effective as of 01-AUG-20

#### DEEL, MARGARET, MD<sup>Ft</sup>

Provider ID: 100027747004

📍 593 E ELDER ST STE B  
FALLBROOK, CA 92028  
☎ (760) 723-5900

📱 Spanish

Effective as of 01-OCT-14

#### DEEL, MARGARET, MD<sup>Ft</sup>

Provider ID: 100027747014

📍 593 E ELDER ST STE B  
FALLBROOK, CA 92028  
☎ (760) 723-5900

📱 Spanish

Effective as of 01-NOV-20

#### DEEL, MARGARET, MD<sup>Ft</sup>



## C1. List of Network Providers

### Primary Care Providers

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Provider ID: 100027747016  
📍 593 E ELDER ST STE B  
FALLBROOK, CA 92028  
☎ (760) 723-5900  
📄 Spanish  
Effective as of 01-MAR-24

**DEEL, MARGARET, MD<sup>Ft</sup>**  
Provider ID: 100027747015  
📍 593 E ELDER ST STE B  
FALLBROOK, CA 92028  
☎ (760) 723-5900  
📄 Spanish  
Effective as of 01-SEP-22

**MILLER, BRANDON, DO<sup>Mt</sup>**  
Provider ID: 100148562018  
📍 521 E ELDER ST STE 103  
FALLBROOK, CA 92028  
☎ (760) 728-8344  
Effective as of 01-NOV-20

**MILLER, BRANDON, DO<sup>Mt</sup>**  
Provider ID: 100148562015  
📍 521 E ELDER ST STE 105  
FALLBROOK, CA 92028  
☎ (760) 728-8344  
Effective as of 01-DEC-18

### **FQHC**

**FALLBROOK FAMILY HLTH  
CTR,**  
Provider ID: PG0009519020  
📍 1328 S MISSION RD  
FALLBROOK, CA 92028  
☎ (760) 451-4720  
Teleservice  
Effective as of 01-JUL-22

**VISTA COMMUNITY CLINIC,**  
Provider ID: PG0072409011  
📍 321 E ALVARADO ST  
FALLBROOK, CA 92028  
☎ (760) 723-6200

Teleservice  
Effective as of 01-MAR-23

### **INTERNAL MEDICINE**

**CVIJANOVIC, GORAN, MD<sup>Mt</sup>**  
Provider ID: 100370457002  
📍 1328 S MISSION RD  
FALLBROOK, CA 92028  
☎ (760) 451-4720  
Effective as of 01-JUN-21

**STRUTZ, PETER, MD<sup>M\*</sup>**  
Provider ID: 100092315007  
📍 605 E ALVARADO ST STE  
100  
FALLBROOK, CA 92028  
☎ (760) 728-8489  
📄 Spanish  
Effective as of 01-SEP-21

### **FAMILY PRACTICE**

**ARMANIOUS, NANCY, MD<sup>Ft</sup>**  
Provider ID: 100379442002  
📍 26795 PORTOLA PKWY  
FOOTHILL RANCH, CA  
92610  
☎ (949) 829-9403  
Effective as of 01-NOV-21

**DECOCK, JAMES, MD<sup>Mt</sup>**  
Provider ID: 100051324014  
📍 26795 PORTOLA PKWY  
FOOTHILL RANCH, CA  
92610  
☎ (949) 829-9403  
Effective as of 01-APR-15

**ESKANDARI, HAMID, MD<sup>Mt</sup>**  
Provider ID: 100110778009  
📍 26730 TOWNE CENTRE DR  
STE 102  
FOOTHILL RANCH, CA  
92610

☎ (949) 559-5153  
📄 Farsi  
Effective as of 01-JUN-18

**ESKANDARI, HAMID, MD<sup>Mt</sup>**  
Provider ID: 100110778010  
📍 26730 TOWNE CENTRE DR  
STE 102  
FOOTHILL RANCH, CA  
92610  
☎ (949) 559-5153  
📄 Farsi  
Effective as of 01-JUN-18

**ESKANDARI, HAMID, MD<sup>Mt</sup>**  
Provider ID: 100110778005  
📍 26730 TOWNE CENTRE DR  
STE 102  
FOOTHILL RANCH, CA  
92610  
☎ (949) 559-5153  
📄 Farsi  
Effective as of 01-NOV-17

**ESKANDARI, HAMID, MD<sup>Mt</sup>**  
Provider ID: 100110778016  
📍 26730 TOWNE CENTRE DR  
STE 102  
FOOTHILL RANCH, CA  
92610  
☎ (949) 559-5153  
📄 Farsi  
Effective as of 01-FEB-21

**ESKANDARI, HAMID, MD<sup>Mt</sup>**  
Provider ID: 100110778017  
📍 26730 TOWNE CENTRE DR  
STE 102  
FOOTHILL RANCH, CA  
92610  
☎ (949) 559-5153  
📄 Farsi  
Effective as of 01-OCT-22

### **INTERNAL MEDICINE**

## CI. List of Network Providers

### Primary Care Providers

#### **PATEL, BAKULKUMAR, MD<sup>M†</sup>**

Provider ID: 100034722006

26740 TOWNE CENTRE DR  
BLDG C  
FOOTHILL RANCH, CA  
92610

(949) 588-9293

Gujarati, Hindi, Spanish  
Effective as of 01-JAN-18

#### **PEYMAN, HELYA, DO<sup>F</sup>**

Provider ID: 100414352003

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

(949) 557-0750

Effective as of 01-SEP-23

#### **VALADEZ, JESUS, MD<sup>M†</sup>**

Provider ID: 100098540068

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

(949) 557-0750

Effective as of 01-JAN-21

### ***FAMILY PRACTICE***

#### **ANDERSON, ALBERT, MD<sup>M†</sup>**

Provider ID: 100079441012

1000 E LATHAM AVE STE G  
HEMET, CA 92543

(951) 391-0580

Spanish

Teleservice

Effective as of 01-AUG-22

#### **ARIF, MUHAMMAD, MD<sup>M</sup>**

Provider ID: 100114105043

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

(951) 414-4011

Punjabi, Spanish, Urdu  
Effective as of 01-OCT-23

#### **ARIF, MUHAMMAD, MD<sup>M</sup>**

Provider ID: 100114105042

2390 E FLORIDA AVE STE  
104

HEMET, CA 92544

(951) 414-4011

Punjabi, Spanish, Urdu  
Effective as of 01-OCT-23

#### **ASHRAF, HADIA, MD<sup>F†</sup>**

Provider ID: 100094934002

903 E DEVONSHIRE AVE  
STE F

HEMET, CA 92543

(951) 929-1611

Farsi, Hindi, Persian  
Effective as of 01-OCT-98

#### **ASHRAF, HADIA, MD<sup>F†</sup>**

Provider ID: 100094934008

903 E DEVONSHIRE AVE  
STE F

HEMET, CA 92543

(951) 929-1611

Farsi, Hindi, Persian  
Effective as of 01-OCT-20

#### **CARSON, MIA, MD<sup>F</sup>**

Provider ID: 100384377002

949 CALHOUN PL STE G  
HEMET, CA 92543

(951) 765-5594

Effective as of 01-MAR-22

#### **CASSADAY, DONALD, MD<sup>M†</sup>**

Provider ID: 100048311004

2390 E FLORIDA AVE STE  
101

HEMET, CA 92544

(951) 925-1449

Effective as of 01-NOV-17

#### **CHAMBI-HERNANDEZ, RUTH, MD<sup>F</sup>**

Provider ID: 100113399019

1035 SAINT JOHN PL  
HEMET, CA 92543

(951) 223-4833

Spanish

Effective as of 01-SEP-23

#### **COMBS, MATTHEW, MD<sup>M†</sup>**

Provider ID: 100337168008

3853 W STETSON AVE STE  
200

HEMET, CA 92545

(951) 225-6802

Effective as of 01-NOV-20

#### **GANTA, SANYASI, MD<sup>M†</sup>**

Provider ID: 100113069005

225 LAURSEN ST  
HEMET, CA 92543

(951) 925-6657

Hindi, Spanish, Telugu

Effective as of 01-JAN-17

#### **GANTA, SANYASI, MD<sup>M†</sup>**

Provider ID: 100113069011

225 LAURSEN ST  
HEMET, CA 92543

(951) 925-6657

Hindi, Spanish, Telugu

Effective as of 01-APR-21

#### **GOHIL, RAJIT, MD<sup>M†</sup>**

Provider ID: 100391418004

2390 E FLORIDA AVE STE  
104

HEMET, CA 92544

(951) 414-4011

Effective as of 01-OCT-22

#### **GOHIL, RAJIT, MD<sup>M†</sup>**

Provider ID: 100391418005

2390 E FLORIDA AVE STE  
104

## CI. List of Network Providers

### Primary Care Providers

---

HEMET, CA 92544  
☎ (951) 414-4011  
Effective as of 01-OCT-22

**HARRISON, AMY, MD<sup>F†</sup>**  
Provider ID: 100047360075  
📍 2390 E FLORIDA AVE STE 104  
HEMET, CA 92544  
☎ (951) 414-4011  
Effective as of 01-OCT-22

**HARRISON, AMY, MD<sup>F†</sup>**  
Provider ID: 100047360074  
📍 2390 E FLORIDA AVE STE 104  
HEMET, CA 92544  
☎ (951) 414-4011  
Effective as of 01-OCT-22

**HARRISON, AMY, MD<sup>F</sup>**  
Provider ID: 100410706005  
📍 2390 E FLORIDA AVE STE 104  
HEMET, CA 92544  
☎ (951) 414-4011  
📱 Spanish  
Effective as of 01-AUG-23

**HARRISON, AMY, MD<sup>F</sup>**  
Provider ID: 100410706006  
📍 2390 E FLORIDA AVE STE 104  
HEMET, CA 92544  
☎ (951) 414-4011  
📱 Spanish  
Effective as of 01-AUG-23

**HEIN, PETER, MD<sup>M†</sup>**  
Provider ID: 100169562038  
📍 603 E LATHAM AVE  
HEMET, CA 92543  
☎ (951) 502-3500  
📱 German, Russian, Spanish  
Effective as of 01-NOV-22

**HOWARD, NATHAN, MD<sup>M</sup>**  
Provider ID: 100053015006  
📍 850 E LATHAM AVE STE E  
HEMET, CA 92543  
☎ (951) 658-7205  
Effective as of 01-JUL-23

**HOWARD, NATHAN, MD<sup>M</sup>**  
Provider ID: 100053015004  
📍 850 E LATHAM AVE  
HEMET, CA 92543  
☎ (951) 658-7205  
Effective as of 10-SEP-10

**HUGHES, LARRY, MD<sup>M†</sup>**  
Provider ID: 100049939002  
📍 4020 W FLORIDA AVE STE H  
HEMET, CA 92545  
☎ (951) 925-9565  
Effective as of 01-SEP-09

**HUGHES, HEATHER, MD<sup>F\*</sup>**  
Provider ID: 100050011003  
📍 4020 W FLORIDA AVE  
HEMET, CA 92545  
☎ (951) 925-9565  
Effective as of 01-NOV-13

**HUNT, TYRELLE, MD<sup>F</sup>**  
Provider ID: 100417653002  
📍 1701 E FLORIDA AVE  
HEMET, CA 92544  
☎ (951) 658-4486  
📱 Spanish  
Effective as of 01-NOV-23

**MEHARDA, SANJIWANI, MD<sup>F</sup>**  
Provider ID: 100327486019  
📍 255 N GILBERT ST STE C2  
HEMET, CA 92543  
☎ (951) 694-8549  
📱 Hindi, Punjabi, Urdu  
Effective as of 01-DEC-23

**OBRIEN, KATHARINE, DO<sup>F†</sup>**  
Provider ID: 100319273003  
📍 1600 E FLORIDA AVE STE 103  
HEMET, CA 92544  
☎ (951) 929-8121  
Effective as of 01-DEC-17

**YUN, JONATHAN, DO<sup>M†</sup>**  
Provider ID: 100025475025  
📍 255 N GILBERT ST STE C2  
HEMET, CA 92543  
☎ (951) 599-8532  
📱 Korean, Spanish  
Effective as of 01-NOV-20

**YUN, JONATHAN, DO<sup>M†</sup>**  
Provider ID: 100025475023  
📍 255 N GILBERT ST STE C2  
HEMET, CA 92543  
☎ (951) 599-8532  
📱 Korean, Spanish  
Effective as of 01-AUG-20

### **GENERAL PRACTICE**

**EL-HENAWI, IGLAL, MD<sup>F</sup>**  
Provider ID: 100107885007  
📍 4020 W FLORIDA AVE  
HEMET, CA 92545  
☎ (951) 765-5000  
Effective as of 01-AUG-20

**EL-HENAWI, IGLAL, MD<sup>F</sup>**  
Provider ID: 100107885003  
📍 4020 W FLORIDA AVE  
HEMET, CA 92545  
☎ (951) 765-5000  
Effective as of 01-JAN-14

**EL-HENAWI, IGLAL, MD<sup>F</sup>**  
Provider ID: 100107885005  
📍 4020 W FLORIDA AVE  
HEMET, CA 92545  
☎ (951) 765-5000

## CI. List of Network Providers

### Primary Care Providers

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Effective as of 01-SEP-15

#### **INTERNAL MEDICINE**

##### **BARVE, PRANAV, MD<sup>Mt</sup>**

Provider ID: 100318437028

📍 2390 E FLORIDA AVE STE 104  
HEMET, CA 92544

☎ (951) 414-4011

🗣 Hindi, Marathi

Effective as of 01-AUG-21

##### **BARVE, PRANAV, MD<sup>Mt</sup>**

Provider ID: 100318437029

📍 2390 E FLORIDA AVE STE 104  
HEMET, CA 92544

☎ (951) 414-4011

🗣 Hindi, Marathi

Effective as of 01-AUG-21

##### **BASAK, RYAN, MD<sup>Mt</sup>**

Provider ID: 100378970004

📍 2390 E FLORIDA AVE STE 104  
HEMET, CA 92544

☎ (951) 414-4011

Effective as of 01-NOV-21

##### **BATIN, FRANCES, MD<sup>F</sup>**

Provider ID: 100075999009

📍 1001 S STATE ST  
HEMET, CA 92543

☎ (951) 925-2525

🗣 Spanish

Effective as of 01-NOV-23

##### **CHING, TSUNG, MD<sup>Mt</sup>**

Provider ID: 100380049002

📍 1278 E LATHAM AVE  
HEMET, CA 92543

☎ (951) 925-6625

🗣 Mandarin

Effective as of 01-DEC-21

##### **CHODAY, PRITHI, MD<sup>F</sup>**

Provider ID: 100419896004

📍 1030 E FLORIDA AVE  
HEMET, CA 92543

☎ (833) 867-4642

🗣 Telugu

Effective as of 01-DEC-23

##### **CHODAY, PRITHI, MD<sup>F</sup>**

Provider ID: 100419896003

📍 422 N SAN JACINTO ST STE A  
HEMET, CA 92543

☎ (833) 867-4642

🗣 Telugu

Effective as of 01-DEC-23

##### **HUSSAIN, ABID, MD<sup>Mt</sup>**

Provider ID: 100108449003

📍 255 N GILBERT ST BLDG B4  
HEMET, CA 92543

☎ (951) 652-0060

🗣 Punjabi, Spanish, Urdu

Effective as of 01-SEP-15

##### **KONDAPALLY, YAMUNA, MD**

<sup>Ft</sup>

Provider ID: 100364194002

📍 1701 E FLORIDA AVE  
HEMET, CA 92544

☎ (951) 658-4486

Effective as of 01-DEC-20

##### **KONDAPALLY, YAMUNA, MD**

<sup>Ft</sup>

Provider ID: 100364194003

📍 1701 E FLORIDA AVE  
HEMET, CA 92544

☎ (951) 658-4486

Effective as of 01-DEC-20

##### **MAPLETON, SHARINA, DO<sup>F</sup>**

Provider ID: 100384944006

📍 1030 E FLORIDA AVE

HEMET, CA 92543

☎ (833) 867-4642

Effective as of 01-FEB-24

##### **MATHIAS, HERMAN, MD<sup>Mt</sup>**

Provider ID: 100037216007

📍 391 N SAN JACINTO ST  
HEMET, CA 92543

☎ (951) 929-6003

Effective as of 01-AUG-95

##### **PATEL, REENABEN, MD<sup>F</sup>**

Provider ID: 100380064003

📍 2390 E FLORIDA AVE STE 101  
HEMET, CA 92544

☎ (951) 925-1449

Effective as of 01-JAN-22

##### **RAJA, MANIKANDA, MD<sup>Mt</sup>**

Provider ID: 100113362004

📍 1701 E FLORIDA AVE  
HEMET, CA 92544

☎ (951) 658-4486

🗣 Tamil, Telugu

Effective as of 01-AUG-02

##### **SALEH, HANA, MD<sup>Ft</sup>**

Provider ID: 100246071008

📍 391 N SAN JACINTO ST  
HEMET, CA 92543

☎ (951) 533-5123

🗣 Spanish

Effective as of 01-APR-24

##### **SALEH, HANA, MD<sup>Ft</sup>**

Provider ID: 100246071007

📍 391 N SAN JACINTO ST  
HEMET, CA 92543

☎ (951) 533-5123

🗣 Spanish

Effective as of 01-OCT-23


##### **SALEH, HANA, MD<sup>Ft</sup>**


Provider ID: 100246071002

## C1. List of Network Providers

### Primary Care Providers

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 391 N SAN JACINTO ST  
HEMET, CA 92543

 (951) 533-5123


 Spanish


Effective as of 01-SEP-15

#### **SHALABY, MOHSEN, MD<sup>M†</sup>**

Provider ID: 100306246002

 1023 E FLORIDA AVE  
HEMET, CA 92543

 (951) 599-8403


 Arabic


Effective as of 01-MAR-17

#### **TAECHARVONGPHAIROJ, VEERAVAT, MD<sup>M†</sup>**

Provider ID: 100226243007

 903 E DEVONSHIRE AVE  
HEMET, CA 92543

 (951) 216-6100

 Thai


Effective as of 01-AUG-20


#### **TAECHARVONGPHAIROJ, VEERAVAT, MD<sup>M</sup>**

Provider ID: 100226243030

 850 E LATHAM AVE STE  
205

HEMET, CA 92543

 (951) 658-7205

 Thai


Effective as of 01-MAR-24


#### **TAECHARVONGPHAIROJ, VEERAVAT, MD<sup>M†</sup>**

Provider ID: 100226243015

 422 N SAN JACINTO ST STE  
A

HEMET, CA 92543

 (951) 665-1100

 Thai


Effective as of 01-APR-21


#### **TAECHARVONGPHAIROJ, VEERAVAT, MD<sup>M†</sup>**

Provider ID: 100226243014

 903 E DEVONSHIRE AVE  
STE D

HEMET, CA 92543

 (808) 578-3911


 Thai


Effective as of 01-APR-21

#### **TAECHARVONGPHAIROJ, VEERAVAT, MD<sup>M†</sup>**

Provider ID: 100226243018

 1525 W FLORIDA AVE  
HEMET, CA 92543

 (951) 929-6777


 Thai


Effective as of 01-OCT-21

### ***PEDIATRICS***

#### **SEYED, KAZEM, MD<sup>M†</sup>**

Provider ID: 100028573009

 750 E LATHAM AVE STE 1  
HEMET, CA 92543


 (951) 766-6696

Effective as of 01-AUG-20

#### **SEYED, KAZEM, MD<sup>M†</sup>**

Provider ID: 100028573003

 750 E LATHAM AVE STE 1  
HEMET, CA 92543

 (951) 766-6696


Effective as of 01-OCT-10

### ***FQHC***

#### **IMPERIAL BEACH HEALTH CENTER,**

Provider ID: PG0005455007

 949 PALM AVE  
IMPERIAL BEACH, CA 91932

 (619) 429-3733


Teleservice

Effective as of 01-JUL-22


### ***FAMILY PRACTICE***


#### **CHANG, ALBERT, MD<sup>M†</sup>**

Provider ID: 100086039014

 15825 LAGUNA CANYON  
RD STE 202

IRVINE, CA 92618


 (949) 585-9870

 Korean, Spanish


Effective as of 01-JAN-17


#### **CHANG, ALBERT, MD<sup>M†</sup>**

Provider ID: 100086039013

 15825 LAGUNA CANYON  
RD STE 202

IRVINE, CA 92618


 (949) 585-9870

 Korean, Spanish


Effective as of 01-JAN-17


#### **CHANG, ALBERT, MD<sup>M†</sup>**

Provider ID: 100086039015

 15825 LAGUNA CANYON  
RD STE 202

IRVINE, CA 92618


 (949) 585-9870

 Korean, Spanish


Effective as of 01-JAN-17


#### **CHANG, ALBERT, MD<sup>M</sup>**

Provider ID: 100086039033

 15825 LAGUNA CANYON  
RD STE 104

IRVINE, CA 92618

 (949) 585-9870


 Korean, Spanish


Effective as of 01-OCT-23

#### **HUANG, JANET, DO<sup>F</sup>**

Provider ID: 100007711005

 18 ENDEAVOR STE 203  
IRVINE, CA 92618

 (949) 733-0168

 Chinese, Mandarin,  
Taiwanese

Effective as of 01-JUL-20

## CI. List of Network Providers

### Primary Care Providers

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#### **MACAULEY, TODD, DO<sup>M†</sup>**

Provider ID: 100337131058

8607 IRVINE CENTER DR  
IRVINE, CA 92618

(949) 557-0600

Effective as of 01-JAN-21

#### **NILI, ALAN, DO<sup>M</sup>**

Provider ID: 100093992004

18 ENDEAVOR STE 307  
IRVINE, CA 92618

(949) 260-0106

Farsi, Spanish

Effective as of 01-JUL-12

#### **NILI, ALAN, DO<sup>M</sup>**

Provider ID: 100093992002

18 ENDEAVOR STE 307  
IRVINE, CA 92618

(949) 260-0106

Farsi, Spanish

Effective as of 01-JUL-12

#### **SAAM, SHIDA, DO<sup>F†</sup>**

Provider ID: 100093095027

16300 SAND CANYON AVE  
STE 602  
IRVINE, CA 92618

(949) 783-1911

Farsi

Effective as of 01-JUN-19

#### **SAAM, SHIDA, DO<sup>F†</sup>**

Provider ID: 100093095030

16300 SAND CANYON AVE  
STE 602  
IRVINE, CA 92618

(949) 783-1911

Farsi

Effective as of 01-JUN-19

#### **SAAM, SHIDA, DO<sup>F†</sup>**

Provider ID: 100093095026

16300 SAND CANYON AVE  
STE 602

IRVINE, CA 92618

(949) 783-1911

Farsi

Effective as of 01-JUN-19

#### **SAAM, SHIDA, DO<sup>F†</sup>**

Provider ID: 100093095032

16300 SAND CANYON AVE  
STE 602  
IRVINE, CA 92618

(949) 783-1911

Farsi

Effective as of 01-JUN-19

#### **SAAM, SHIDA, DO<sup>F†</sup>**

Provider ID: 100093095029

16300 SAND CANYON AVE  
STE 602  
IRVINE, CA 92618

(949) 783-1911

Farsi

Effective as of 01-JUN-19

#### **SHEIDAYI, PERRY, DO<sup>M†</sup>**

Provider ID: 100090804009

18 ENDEAVOR STE 201  
IRVINE, CA 92618

(949) 650-5771

Farsi, Persian, Spanish

Effective as of 01-JAN-17

#### **SHEIDAYI, PERRY, DO<sup>M†</sup>**

Provider ID: 100090804011

18 ENDEAVOR STE 201  
IRVINE, CA 92618

(949) 650-5771

Farsi, Persian, Spanish

Effective as of 01-JAN-18

#### **SHEIDAYI, PERRY, DO<sup>M†</sup>**

Provider ID: 100090804015

18 ENDEAVOR STE 201  
IRVINE, CA 92618

(949) 650-5771

Farsi, Persian, Spanish

Effective as of 01-JUL-19

#### **SHEIDAYI, PERRY, DO<sup>M†</sup>**

Provider ID: 100090804007

18 ENDEAVOR STE 201  
IRVINE, CA 92618

(949) 650-5771

Farsi, Persian, Spanish

Effective as of 01-MAR-15

#### **SHEIDAYI, PERRY, DO<sup>M†</sup>**

Provider ID: 100090804017

18 ENDEAVOR STE 201  
IRVINE, CA 92618

(949) 650-5771

Farsi, Persian, Spanish

Effective as of 01-APR-22

#### **SHEIDAYI, PERRY, DO<sup>M†</sup>**

Provider ID: 100090804016

18 ENDEAVOR STE 201  
IRVINE, CA 92618

(949) 650-5771

Farsi, Persian, Spanish

Effective as of 01-SEP-20

#### **TONG, ELAIN, DO<sup>F†</sup>**

Provider ID: 100328017002

18 ENDEAVOR STE 304  
IRVINE, CA 92618

(714) 556-8664

Chinese, Mandarin

Effective as of 01-MAY-18

#### **YACOOB, MARLENE, MD<sup>F</sup>**

Provider ID: 100010305009

22 ODYSSEY STE 115  
IRVINE, CA 92618

(949) 988-7550

French, Spanish

Teleservice

Effective as of 01-OCT-16




#### **YACOOB, MARLENE, MD<sup>F</sup>**

Provider ID: 100010305018




## C1. List of Network Providers




### Primary Care Providers

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 22 ODYSSEY STE 115  
IRVINE, CA 92618  
 (949) 988-7550  
 French, Spanish  
Teleservice  
Effective as of 01-JUN-19




#### **GENERAL PRACTICE**




**ZAHEDI, MARCO, MD<sup>M</sup>**  
Provider ID: 100308797011  
 16520 BAKE PKWY STE 115  
IRVINE, CA 92618  
 (949) 857-4444  
 Farsi, Spanish  
Effective as of 01-MAR-23




**ZAHEDI, MARCO, MD<sup>M</sup>**  
Provider ID: 100308797010  
 16520 BAKE PKWY STE 115  
IRVINE, CA 92618  
 (949) 857-4444  
 Farsi, Spanish  
Effective as of 01-MAR-23



#### **INTERNAL MEDICINE**



**COUNCELBAUM, NANCY, MD<sup>F†</sup>**  
Provider ID: 100061502007  
 16300 SAND CANYON AVE  
STE 311  
IRVINE, CA 92618  
 (949) 791-3101  
Effective as of 01-JAN-21




**HUANG, CHARLIE, DO<sup>M</sup>**  
Provider ID: 100325520007  
 16300 SAND CANYON AVE  
STE 311  
IRVINE, CA 92618  
 (949) 791-3101  
 Mandarin, Taiwanese  
Effective as of 01-JAN-21

**KAMADA, SATOSHI, MD<sup>M</sup>**  
Provider ID: 100048942004  
 15775 LAGUNA CANYON  
RD STE 280  
IRVINE, CA 92618  
 (949) 453-1201  
 Japanese  
Effective as of 01-JUL-12




**KAMADA, SATOSHI, MD<sup>M</sup>**  
Provider ID: 100048942006  
 15775 LAGUNA CANYON  
RD STE 280  
IRVINE, CA 92618  
 (949) 453-1201  
 Japanese  
Effective as of 01-JUL-12



**MEHTA, SHILPA, MD<sup>F†</sup>**  
Provider ID: 100332508009  
 22 ODYSSEY STE 115  
IRVINE, CA 92618  
 (949) 916-9100  
Teleservice  
Effective as of 01-JUN-19




**MEHTA, SHILPA, MD<sup>F†</sup>**  
Provider ID: 100332508010  
 22 ODYSSEY STE 115  
IRVINE, CA 92618  
 (949) 916-9100  
Teleservice  
Effective as of 01-JUN-19




**MIKHAIL, EMAD, MD<sup>M</sup>**  
Provider ID: 100072526014  
 22 ODYSSEY STE 140  
IRVINE, CA 92618  
 (949) 653-5810  
 Arabic, Farsi  
Effective as of 01-JUL-16




**MIKHAIL, EMAD, MD<sup>M</sup>**  
Provider ID: 100072526012


 22 ODYSSEY STE 140  
IRVINE, CA 92618  
 (949) 653-5810  
 Arabic, Farsi  
Effective as of 01-JUL-16

**NAZARY, AREZOU, MD<sup>F</sup>**  
Provider ID: 100411174002  
 16300 SAND CANYON AVE  
STE 311  
IRVINE, CA 92618  
 (949) 791-3101  
Effective as of 01-AUG-23

**POURBABAK, SAM, MD<sup>M</sup>**  
Provider ID: 100114265021  
 22 ODYSSEY STE 115  
IRVINE, CA 92618  
 (949) 988-7550  
 Farsi, French, Spanish  
Teleservice  
Effective as of 01-APR-24

**POURBABAK, SAM, MD<sup>M</sup>**  
Provider ID: 100114265020  
 22 ODYSSEY STE 115  
IRVINE, CA 92618  
 (949) 988-7550  
 Farsi, French, Spanish  
Teleservice  
Effective as of 01-APR-24

**RASHID, AHSAN, MD<sup>M†</sup>**  
Provider ID: 100036910003  
 113 WATERWORKS WAY  
STE 250  
IRVINE, CA 92618  
 (949) 753-1522  
 Spanish, Urdu  
Effective as of 01-JAN-18

**SAISHO, ALBERT, MD<sup>M\*</sup>**  
Provider ID: 100077651004  
 15785 LAGUNA CANYON  
RD STE 340

## CI. List of Network Providers

### Primary Care Providers

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IRVINE, CA 92618  
☎ (949) 262-0080  
📄 Japanese  
Effective as of 01-JUL-12

**SAISHO, ALBERT, MD<sup>M\*</sup>**  
Provider ID: 100077651006  
📄 15785 LAGUNA CANYON  
RD STE 340  
IRVINE, CA 92618  
☎ (949) 262-0080  
📄 Japanese  
Effective as of 01-OCT-22

**SERAG, RANDA, MD<sup>F†</sup>**  
Provider ID: 100136797017  
📄 16300 SAND CANYON AVE  
STE 311  
IRVINE, CA 92618  
☎ (949) 791-3101  
Effective as of 01-JAN-21

**SHUNE, HONG, MD<sup>F†</sup>**  
Provider ID: 100196968014  
📄 16300 SAND CANYON AVE  
STE 311  
IRVINE, CA 92618  
☎ (949) 791-3101  
📄 Chinese, Mandarin  
Effective as of 01-JAN-21

**SUN, YEMING, MD<sup>F\*</sup>**  
Provider ID: 100022013010  
📄 113 WATERWORKS WAY  
STE 125  
IRVINE, CA 92618  
☎ (949) 552-6788  
📄 Mandarin  
Effective as of 01-AUG-20

**WANG, WEI, MD<sup>M</sup>**  
Provider ID: 100345175004  
📄 16300 SAND CANYON AVE  
STE 311  
IRVINE, CA 92618

☎ (949) 791-3101  
Effective as of 01-JAN-21

### **PEDIATRICS**

**BILLECI, BARTON, MD<sup>M†</sup>**  
Provider ID: 100022620005  
📄 16300 SAND CANYON AVE  
STE 614  
IRVINE, CA 92618  
☎ (949) 653-1173  
Effective as of 01-JAN-18

**BILLECI, BARTON, MD<sup>M†</sup>**  
Provider ID: 100022620004  
📄 16300 SAND CANYON AVE  
STE 614  
IRVINE, CA 92618  
☎ (949) 653-1173  
Effective as of 01-OCT-15

### **FAMILY PRACTICE**

**AHMED, HEBA, DO<sup>F</sup>**  
Provider ID: 100405870003  
📄 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
☎ (858) 554-1212  
📄 Hindi, Urdu  
Teleservice  
Effective as of 01-JUN-23

**AHMED, HEBA, DO<sup>F</sup>**  
Provider ID: 100405870002  
📄 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
☎ (858) 554-1212  
📄 Hindi, Urdu  
Teleservice  
Effective as of 01-MAY-23

**AHMED, HEBA, DO<sup>F\*</sup>**  
Provider ID: 100405870005

📄 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
☎ (858) 554-1212  
📄 Hindi, Urdu  
Teleservice  
Effective as of 01-NOV-23

**AHMED, HEBA, DO<sup>F</sup>**  
Provider ID: 100405870007  
📄 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
☎ (858) 554-1212  
📄 Hindi, Urdu  
Teleservice  
Effective as of 01-DEC-23

**DEMBO-SMEATON, ELENA,  
MD<sup>F</sup>**  
Provider ID: 100112789010  
📄 8950 VILLA LA JOLLA DR  
STE C129  
LA JOLLA, CA 92037  
☎ (858) 450-5900  
📄 Russian  
Teleservice  
Effective as of 01-MAY-21

**DEMBO-SMEATON, ELENA,  
MD<sup>F</sup>**  
Provider ID: 100112789012  
📄 8950 VILLA LA JOLLA DR  
STE C129  
LA JOLLA, CA 92037  
☎ (858) 450-5900  
📄 Russian  
Teleservice  
Effective as of 01-JUL-21



**DEMBO-SMEATON, ELENA,  
MD<sup>F</sup>**  
Provider ID: 100112789011  
📄 8950 VILLA LA JOLLA DR








## C1. List of Network Providers




### Primary Care Providers




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STE C129  
LA JOLLA, CA 92037  
 (858) 450-5900  
 Russian  
Teleservice  
Effective as of 01-JUL-21




**GOLD, MARGARET, MD<sup>M</sup>**  
Provider ID: 100231182005  
 8950 VILLA LA JOLLA DR  
STE C129  
LA JOLLA, CA 92037  
 (858) 450-5900  
Teleservice  
Effective as of 01-APR-24




**RIVERA, MIDORI, MD<sup>F</sup>**  
Provider ID: 100111732028  
 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
 (858) 554-1212  
 Japanese, Spanish  
Effective as of 01-DEC-23

**VAZQUEZ-BOJORQUEZ,  
ALEJANDRA, MD<sup>F</sup>**  
Provider ID: 100391945014  
 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
 (858) 554-1212  
 Spanish  
Effective as of 01-APR-23




**WU, ARMANDO, MD<sup>M</sup>**  
Provider ID: 100381137002  
 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
 (858) 864-9800  
 French, Italian, Spanish  
Teleservice  
Effective as of 01-DEC-21

**WU, ARMANDO, MD<sup>M</sup>**  
Provider ID: 100381137007  
 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
 (858) 864-9800  
 French, Italian, Spanish  
Teleservice  
Effective as of 01-MAR-22

**WU, ARMANDO, MD<sup>M</sup>**  
Provider ID: 100381137006  
 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
 (858) 864-9800  
 French, Italian, Spanish  
Teleservice  
Effective as of 01-MAR-22




**WU, ARMANDO, MD<sup>M</sup>**  
Provider ID: 100381137010  
 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
 (858) 864-9800  
 French, Italian, Spanish  
Teleservice  
Effective as of 01-OCT-23




### ***GENERAL PRACTICE***




**WU, ARMANDO, MD<sup>M</sup>**  
Provider ID: 100381137005  
 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
 (858) 864-9800  
 French, Italian, Spanish  
Teleservice  
Effective as of 01-FEB-22



### ***INTERNAL MEDICINE***



**AL-SALEH, YADANI, MD<sup>Ft</sup>**


Provider ID: 100358544010  
 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
 (858) 864-9800  
 Spanish  
Effective as of 01-NOV-22

**BADALYAN, SEDA, MD<sup>Ft</sup>**  
Provider ID: 100032508021  
 9850 GENESEE AVE STE  
740  
LA JOLLA, CA 92037  
 (858) 457-5555  
 Armenian, Russian  
Effective as of 01-DEC-21

**BADALYAN, SEDA, MD<sup>Ft</sup>**  
Provider ID: 100032508023  
 9850 GENESEE AVE STE  
740  
LA JOLLA, CA 92037  
 (858) 457-5555  
 Armenian, Russian  
Effective as of 01-SEP-22

**RANA, SHAUNAK, MD<sup>Mt</sup>**  
Provider ID: 100194770021  
 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
 (858) 554-1212  
Effective as of 01-FEB-22


**RANA, SHAUNAK, MD<sup>Mt</sup>**  
Provider ID: 100194770013  
 7855 IVANHOE AVE STE 110  
LA JOLLA, CA 92037  
 (858) 799-0933  
Effective as of 01-JAN-21

**RANA, SHAUNAK, MD<sup>Mt</sup>**  
Provider ID: 100194770022  
 7855 IVANHOE AVE STE 110  
LA JOLLA, CA 92037

## CI. List of Network Providers


### Primary Care Providers


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 (858) 799-0933  
Effective as of 01-SEP-22

#### **RANA, SHAUNAK, MD<sup>M†</sup>**

Provider ID: 100194770019


 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037


 (858) 554-1212  
Effective as of 01-NOV-21

#### ***FAMILY PRACTICE***

#### **KISKILA, NATHAN, MD<sup>M</sup>**

Provider ID: 100138189015

 6136 LAKE MURRAY BLVD  
LA MESA, CA 91942

 (949) 760-9222


 Spanish

Effective as of 01-JAN-24

#### **PATEL, HEMANSHU, MD<sup>M</sup>**

Provider ID: 100282252013

 7339 EL CAJON BLVD STE I  
LA MESA, CA 91942


 (619) 698-0606


Effective as of 01-MAR-24

#### ***FQHC***

#### **LA MESA PEDIATRICS,**

Provider ID: PG0092627004

 8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942


 (619) 464-6434



Effective as of 01-JAN-21

#### ***INTERNAL MEDICINE***

#### **ALAMAR, ALI, MD<sup>M†</sup>**

Provider ID: 100106664014


 5565 GROSSMONT  
CENTER DR BLDG 1 STE 105  
LA MESA, CA 91942


 (619) 724-6644  
 Arabic, Spanish  
Effective as of 01-SEP-20

#### **NGUYEN, DAT, MD<sup>M</sup>**

Provider ID: 100047564021

 5565 GROSSMONT  
CENTER DR STE 229  
LA MESA, CA 91942

 (858) 349-3760


 Spanish, Vietnamese


Effective as of 01-MAR-24

#### **SHAHBAZ, MAJID, MD<sup>M</sup>**

Provider ID: 100090790018

 8851 CENTER DR STE 408  
LA MESA, CA 91942

 (619) 583-1174


 Faroese, Farsi, Tagalog


Effective as of 01-JAN-21

#### **SHAHBAZ, MAJID, MD<sup>M</sup>**

Provider ID: 100090790019

 8851 CENTER DR STE 408  
LA MESA, CA 91942

 (619) 583-1174


 Faroese, Farsi, Tagalog


Effective as of 01-JAN-21

#### **SHAHBAZ, MAJID, MD<sup>M</sup>**

Provider ID: 100090790008

 8851 CENTER DR STE 408  
LA MESA, CA 91942

 (619) 583-1174


 Faroese, Farsi, Tagalog


Effective as of 01-MAR-18

#### **SHAHBAZ, MAJID, MD<sup>M</sup>**

Provider ID: 100090790020

 8851 CENTER DR STE 408  
LA MESA, CA 91942

 (619) 583-1174

 Faroese, Farsi, Tagalog


Effective as of 01-MAR-23

#### ***FAMILY PRACTICE***

#### **WAINWRIGHT, MITCHELL, MD<sup>M</sup>**

Provider ID: 100096772018

 800 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694

 (949) 364-9112

 Spanish


Effective as of 01-SEP-18


#### ***INTERNAL MEDICINE***

#### **ELSANADI, RAEF, MD<sup>M†</sup>**

Provider ID: 100040631004

 333 CORPORATE DR STE  
210  
LADERA RANCH, CA 92694

 (949) 364-3582


 Arabic


Effective as of 01-SEP-19

#### ***FAMILY PRACTICE***

#### **PANITCH, JILL, MD<sup>F\*</sup>**

Provider ID: 100059699012

 370 OCEAN AVE  
LAGUNA BEACH, CA 92651


 (949) 557-0610

Effective as of 01-JAN-21

#### **SZYMANSKI, JARED, DO<sup>M</sup>**

Provider ID: 100369042016

 370 OCEAN AVE  
LAGUNA BEACH, CA 92651


 (949) 557-0610

Effective as of 01-AUG-21

#### ***INTERNAL MEDICINE***

#### **DEWING, JANNE, MD<sup>F</sup>**


Provider ID: 100105400007

 31862 COAST HWY STE 200  
LAGUNA BEACH, CA 92651

## CI. List of Network Providers

### Primary Care Providers


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 (949) 340-5454  
Effective as of 01-AUG-18

#### **FAMILY PRACTICE**

**CHANG, MICHAEL, DO<sup>M†</sup>**  
Provider ID: 100294076006


 26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653

 (949) 448-0656  
Effective as of 01-AUG-18

**CHANG, MICHAEL, DO<sup>M††</sup>**


Provider ID: 100294076007


 26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653

 (949) 448-0656  
Effective as of 01-AUG-18

**FOSTER, MARK, MD<sup>M</sup>**


Provider ID: 100108418005


 24411 HEALTH CENTER DR  
STE 460  
LAGUNA HILLS, CA 92653

 (949) 373-7799  
Effective as of 01-JAN-18

**GEE, KELLY, DO<sup>F†</sup>**


Provider ID: 100358387006


 23521 PASEO DE VALENCIA  
STE 311  
LAGUNA HILLS, CA 92653

 (949) 305-2660  
Effective as of 01-FEB-22

**HICKS, TOMMY, MD<sup>M††</sup>**


Provider ID: 100093348004


 23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653

 (949) 588-7262  
Effective as of 01-JAN-18

**HUYNH, JUDY, DO<sup>F†</sup>**


Provider ID: 100065290005


 25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

 (949) 768-4850  
Effective as of 01-JAN-18

**HUYNH, JUDY, DO<sup>F†</sup>**

Provider ID: 100065290003


 25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

 (949) 768-4850  
Effective as of 01-APR-12

**IERARDI, STEPHEN, MD<sup>M</sup>**


Provider ID: 100017573010


 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

 (949) 916-9100  
Effective as of 01-APR-22

**IERARDI, STEPHEN, MD<sup>M</sup>**

Provider ID: 100017573009



 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

 (949) 916-9100  
Effective as of 01-APR-22

**KHOSHREZA, HALEH, MD<sup>F†</sup>**

Provider ID: 100383918002

 26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653


 (949) 448-0656  
 Farsi, German

Effective as of 01-MAR-22

**LEISH, BRIAN, MD<sup>M</sup>**

Provider ID: 100103119055

 24411 HEALTH CENTER DR  
STE 460  
LAGUNA HILLS, CA 92653


 (949) 373-7799

Effective as of 01-JAN-18

**MANDEL, RONALD, DO<sup>M†</sup>**

Provider ID: 100034539004

 25411 CABOT RD STE 115  
LAGUNA HILLS, CA 92653

 (949) 362-2121


 Spanish


Effective as of 01-JAN-18

**MOHINDRA, SUCHITRA, MD<sup>F†</sup>**

Provider ID: 100025171005


 26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653


 (949) 448-0656

 Hindi, Hindustani, Punjabi  
Effective as of 01-AUG-18

**MUNIB, SABEEN, MD<sup>F†</sup>**

Provider ID: 100168805028


 23181 LA CADENA DR STE  
101  
LAGUNA HILLS, CA 92653


 (949) 647-5234

Effective as of 01-OCT-20

**MUNIB, SABEEN, MD<sup>F†</sup>**

Provider ID: 100168805025


 23181 LA CADENA DR STE  
101  
LAGUNA HILLS, CA 92653


 (949) 647-5234

Effective as of 01-FEB-20

**MUNIB, SABEEN, MD<sup>F†</sup>**

Provider ID: 100168805030

 23181 LA CADENA DR STE  
101  
LAGUNA HILLS, CA 92653

 (949) 647-5234

Effective as of 01-MAR-21




**RIVERO, JORGE, MD<sup>M</sup>**

Provider ID: 100059240008

## CI. List of Network Providers



### Primary Care Providers

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 23521 PASEO VALENCIA  
108  
LAGUNA HILLS, CA 92653  
 (949) 588-7262  
 Spanish  
Effective as of 01-JAN-18



#### **SY, JOAN, DO<sup>F</sup>**

Provider ID: 100090936014

 24953 PASEO DE  
VALENCIA STE 1A  
LAGUNA HILLS, CA 92653  
 (949) 460-9200  
Effective as of 01-JAN-18




#### **SY, JOAN, DO<sup>F</sup>**

Provider ID: 100090936012

 24953 PASEO DE  
VALENCIA STE 1A  
LAGUNA HILLS, CA 92653  
 (949) 460-9200  
Effective as of 01-JAN-17




#### **YACOOB, MARLENE, MD<sup>F</sup>**

Provider ID: 100010305008

 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
 (949) 916-9100  
 French, Spanish  
Teleservice  
Effective as of 01-APR-18

#### **YACOOB, MARLENE, MD<sup>F</sup>**




Provider ID: 100010305019

 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
 (949) 916-9100  
 French, Spanish  
Teleservice  
Effective as of 01-JUL-19

### **GENERAL PRACTICE**




#### **COOKE, LAWRENCE, MD<sup>M\*</sup>**

Provider ID: 100030436004

 23521 PASEO DE VALENCIA  
LAGUNA HILLS, CA 92653  
 (949) 215-1511  
 Spanish  
Effective as of 01-NOV-19




#### **HARMS, MONICA, MD<sup>F</sup>**

Provider ID: 100088859016

 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
 (949) 916-9100  
 Spanish  
Effective as of 01-JUN-19



#### **HARMS, MONICA, MD<sup>F</sup>**

Provider ID: 100088859020

 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
 (949) 916-9100  
 Spanish  
Effective as of 01-SEP-20



#### **NAPOLI, LYNN, MD<sup>F</sup>**

Provider ID: 100069369009

 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
 (949) 916-9100  
Teleservice  
Effective as of 01-AUG-18

#### **NAPOLI, LYNN, MD<sup>F</sup>**




Provider ID: 100069369008

 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
 (949) 916-9100  
Teleservice  
Effective as of 01-JUL-18

### **INTERNAL MEDICINE**




#### **AFSHAR, YAMA, DO<sup>M</sup>**

Provider ID: 100395461002

 24321 AVENIDA DE LA  
CARLOTA  
LAGUNA HILLS, CA 92653  
 (949) 204-3006  
 Korean  
Effective as of 01-OCT-22




#### **ARTHUR, KRISTINE, MD<sup>F†</sup>**

Provider ID: 100108743004

 24268 EL TORO RD  
LAGUNA HILLS, CA 92637  
 (657) 241-8455  
 French  
Effective as of 01-FEB-20




#### **ASHTARI, MOZHGAN, MD<sup>F†</sup>**

Provider ID: 100114417022

 23141 MOULTON PKWY STE  
202  
LAGUNA HILLS, CA 92653  
 (949) 600-6334  
 Farsi  
Effective as of 01-JAN-18




#### **BANDUKWALA, RAHIL, DO<sup>M†</sup>**

Provider ID: 100036312009

 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
 (949) 916-9100  
 Spanish  
Effective as of 01-APR-18

#### **BANDUKWALA, RAHIL, DO<sup>M†</sup>**

Provider ID: 100036312016

 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
 (949) 916-9100  
 Spanish  
Effective as of 01-JUN-19

#### **BROWN, HOSEA, MD<sup>M†</sup>**

## C1. List of Network Providers

### Primary Care Providers

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Provider ID: 100017878015  
📍 25431 CABOT RD STE 118  
LAGUNA HILLS, CA 92653  
☎ (949) 362-8877  
📱 Spanish  
Effective as of 01-JUN-17

#### **BROWN, HOSEA, MD<sup>M†</sup>**

Provider ID: 100017878018  
📍 25431 CABOT RD STE 118  
LAGUNA HILLS, CA 92653  
☎ (949) 362-8877  
📱 Spanish  
Effective as of 01-JUN-18

#### **BROWN, HOSEA, MD<sup>M††</sup>**

Provider ID: 100017878005  
📍 25431 CABOT RD STE 118  
LAGUNA HILLS, CA 92653  
☎ (949) 362-8877  
📱 Spanish  
Effective as of 01-DEC-11

#### **BROWN, HOSEA, MD<sup>M†</sup>**

Provider ID: 100017878016  
📍 25431 CABOT RD STE 118  
LAGUNA HILLS, CA 92653  
☎ (949) 362-8877  
📱 Spanish  
Effective as of 01-JAN-18

#### **BROWN, HOSEA, MD<sup>M†</sup>**

Provider ID: 100017878007  
📍 25431 CABOT RD STE 118  
LAGUNA HILLS, CA 92653  
☎ (949) 362-8877  
📱 Spanish  
Effective as of 01-JAN-14

#### **CHANG, KU JUEY, MD<sup>M</sup>**

Provider ID: 100079645013  
📍 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
☎ (949) 916-9100

📱 Chinese  
Effective as of 01-JUN-19

#### **CHANG, KU JUEY, MD<sup>M</sup>**

Provider ID: 100079645006  
📍 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
☎ (949) 916-9100  
📱 Chinese  
Effective as of 01-NOV-16

#### **CLARK, LORI, MD<sup>F††</sup>**

Provider ID: 100054653006  
📍 23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653  
☎ (949) 588-7262  
📱 Spanish  
Effective as of 01-JAN-18

#### **COVARRUBIAS, GRACIA, MD<sup>F†</sup>**

Provider ID: 100109548017  
📍 24268 EL TORO RD  
LAGUNA HILLS, CA 92637  
☎ (657) 241-8455  
📱 Spanish  
Effective as of 01-SEP-21

#### **COVARRUBIAS, GRACIA, MD<sup>F†</sup>**

Provider ID: 100109548016  
📍 24268 EL TORO RD  
LAGUNA HILLS, CA 92637  
☎ (657) 241-8455  
📱 Spanish  
Effective as of 01-MAR-20

#### **DABESTANI, ALI, MD<sup>M†</sup>**

Provider ID: 100009145010  
📍 25401 CABOT RD STE 107  
LAGUNA HILLS, CA 92653  
☎ (949) 770-4858  
Effective as of 01-JUL-14

#### **DAIGNEAULT, ARTHUR, MD<sup>M</sup>**

Provider ID: 100099113005  
📍 24221 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
☎ (949) 588-8700  
📱 Spanish  
Effective as of 01-JAN-18

#### **EDRIS, MARWAN, MD<sup>M</sup>**

Provider ID: 100083033005  
📍 25283 CABOT RD STE 106  
LAGUNA HILLS, CA 92653  
☎ (949) 364-9080  
📱 Arabic, Hebrew  
Effective as of 01-JAN-18

#### **FELDMAN, ROBERT, MD<sup>M\*</sup>**

Provider ID: 100016238005  
📍 23961 CALLE DE LA  
MAGDALENA STE 429  
LAGUNA HILLS, CA 92653  
☎ (949) 452-1930  
Effective as of 01-MAR-19

#### **FERNANDEZ, RAYMOND, MD<sup>M</sup>**

Provider ID: 100067842005  
📍 24221 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
☎ (949) 420-5985  
Effective as of 01-JAN-18

#### **HENRY, BRIAN, MD<sup>M</sup>**

Provider ID: 100063427004  
📍 24221 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
☎ (949) 588-8700  
Effective as of 01-JAN-18


#### **HUSEBY, DAVID, MD<sup>M</sup>**

Provider ID: 100091780005  
📍 24411 HEALTH CENTER DR  
STE 460  
LAGUNA HILLS, CA 92653

## CI. List of Network Providers

### Primary Care Providers


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 (949) 373-7799


Effective as of 01-JAN-18

#### **JAVAHERI, MANIJEH, MD**<sup>F†</sup>

Provider ID: 100111565009

 23961 CALLE DE LA  
MAGDALENA STE 430  
LAGUNA HILLS, CA 92653


 (949) 770-8100


 Farsi, Turkish


Effective as of 01-JAN-18

#### **KAURA, MAYA, MD**<sup>F</sup>

Provider ID: 100011471005

 24953 PASEO DE  
VALENCIA STE 22A  
LAGUNA HILLS, CA 92653

 (949) 770-7333


 Hindi


Effective as of 01-MAR-21

#### **LEW, HOMER, DO**<sup>M†</sup>

Provider ID: 100088621006

 23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653

 (949) 588-7262


 Cantonese, Chinese

Effective as of 01-JAN-18

#### **LIN, CHI WHEI, MD**<sup>M\*</sup>

Provider ID: 100090449006

 23521 PASEO DE VALENCIA  
STE 310  
LAGUNA HILLS, CA 92653


 (949) 716-4555


 Chinese, Mandarin, Spanish

Effective as of 01-JAN-18

#### **LO, ALAN, MD**<sup>M\*</sup>

Provider ID: 100022892004

 25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653


 (949) 768-4850


Effective as of 01-JAN-18

#### **MANASSON, KATHERINE, MD**

<sup>F†</sup>

Provider ID: 100113316013

 24422 AVENIDA DE LA  
CARLOTA STE 272  
LAGUNA HILLS, CA 92653

 (949) 446-6783


 Russian


Effective as of 01-NOV-22

#### **MANASSON, KATHERINE, MD**

<sup>F†</sup>

Provider ID: 100113316016

 24422 AVENIDA DE LA  
CARLOTA STE 272  
LAGUNA HILLS, CA 92653

 (949) 446-6783


 Russian


Effective as of 01-NOV-22

#### **MANASSON, KATHERINE, MD**

<sup>F†</sup>

Provider ID: 100113316014

 24422 AVENIDA DE LA  
CARLOTA STE 272  
LAGUNA HILLS, CA 92653


 (949) 446-6783


 Russian

Effective as of 01-NOV-22

#### **MEHTA, SHILPA, MD**<sup>F†</sup>

Provider ID: 100332508007

 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653


 (949) 916-9100


Teleservice

Effective as of 01-JUN-19

#### **MEHTA, SHILPA, MD**<sup>F†</sup>

Provider ID: 100332508008

 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653


 (949) 916-9100


Teleservice

Effective as of 01-JUN-19

#### **PACE, SARAH, MD**<sup>F†</sup>

Provider ID: 100322536002

 24321 AVENIDA DE LA  
CARLOTA  
LAGUNA HILLS, CA 92653

 (949) 204-3006


 Spanish

Effective as of 01-AUG-22

#### **POURBABAK, SAM, MD**<sup>M</sup>

Provider ID: 100114265008

 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

 (949) 855-2279


 Farsi, French, Spanish


Teleservice

Effective as of 01-APR-18

#### **POURBABAK, SAM, MD**<sup>M</sup>

Provider ID: 100114265015

 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

 (949) 855-2279


 Farsi, French, Spanish


Teleservice

Effective as of 01-JUN-19

#### **SADEGHI TARI, MAHYAR, MD**<sup>F†</sup>

Provider ID: 100107614005

 24411 HEALTH CENTER DR  
STE 460  
LAGUNA HILLS, CA 92653

 (949) 334-8200

 Farsi, Spanish, Swedish

Effective as of 01-JAN-18

#### **SIU, CURTIS, MD**<sup>M\*</sup>

Provider ID: 100082780005

 24221 CALLE DE LA LOUISA

## C1. List of Network Providers

### Primary Care Providers

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STE 200  
LAGUNA HILLS, CA 92653  
☎ (949) 420-5988  
📄 Chinese  
Effective as of 01-JAN-18

#### **STALLWORTH, ROXANNE, MD**<sup>F†</sup>

Provider ID: 100185861010  
📄 24321 AVENIDA DE LA CARLOTA  
LAGUNA HILLS, CA 92653  
☎ (949) 204-3006  
📄 Farsi, Spanish  
Effective as of 01-AUG-22

#### **STERNS, DANIEL, MD**<sup>M</sup>

Provider ID: 100081005004  
📄 24411 HEALTH CENTER DR  
STE 460  
LAGUNA HILLS, CA 92653  
☎ (949) 373-7799  
📄 Spanish  
Effective as of 01-JAN-18

#### **STRODTBECK, PAUL, MD**<sup>M</sup>

Provider ID: 100033007005  
📄 24411 HEALTH CENTER DR  
STE 460  
LAGUNA HILLS, CA 92653  
☎ (949) 373-7799  
Effective as of 01-JAN-18

#### **TRAN, CECILIA, MD**<sup>F\*</sup>

Provider ID: 100105245004  
📄 24221 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
☎ (949) 420-5980  
📄 Vietnamese  
Effective as of 01-JAN-18

#### **ZAMANI, MAZIAR, MD**<sup>M\*</sup>

Provider ID: 100086365005  
📄 24221 CALLE DE LA LOUISA

STE 400  
LAGUNA HILLS, CA 92653  
☎ (949) 770-2085  
Effective as of 01-JAN-18

#### **ZAREMBA, MARK, MD**<sup>M†</sup>

Provider ID: 100021573002  
📄 25401 CABOT RD STE 107  
LAGUNA HILLS, CA 92653  
☎ (949) 273-8085  
Effective as of 01-JAN-13

#### **ZAREMBA, MARK, MD**<sup>M†</sup>

Provider ID: 100021573005  
📄 25401 CABOT RD STE 107  
LAGUNA HILLS, CA 92653  
☎ (949) 273-8085  
Effective as of 01-APR-18

### ***FAMILY PRACTICE***

#### **BEDRAN, ASAD, DO**<sup>M†</sup>

Provider ID: 100347139005  
📄 27231 LA PAZ RD STE A  
LAGUNA NIGUEL, CA 92677  
☎ (949) 643-9111  
Effective as of 01-SEP-20

#### **BELLO, JUSTINE, MD**<sup>F†</sup>

Provider ID: 100281688002  
📄 27231 LA PAZ RD STE A  
LAGUNA NIGUEL, CA 92677  
☎ (949) 643-9111  
Effective as of 01-SEP-16

#### **BREWER, SARAH, MD**<sup>F†</sup>

Provider ID: 100281677007  
📄 32341 GOLDEN LANTERN  
STE D  
LAGUNA NIGUEL, CA 92677  
☎ (949) 363-9595  
Effective as of 01-FEB-21

#### **FU, KAREN, MD**<sup>F†</sup>

Provider ID: 100095684012

📄 32341 GOLDEN LANTERN  
STE D  
LAGUNA NIGUEL, CA 92677  
☎ (949) 363-9595  
📄 Mandarin, Spanish  
Effective as of 01-JUN-22

#### **HAGHIGHI MOTLAGH, BEHNAZ, MD**<sup>F</sup>

Provider ID: 100197006032  
📄 27781 LA PAZ RD  
LAGUNA NIGUEL, CA 92677  
☎ (949) 831-0300  
📄 Dutch, Farsi  
Effective as of 01-OCT-22

#### **HAGHIGHI MOTLAGH, BEHNAZ, MD**<sup>F</sup>

Provider ID: 100197006031  
📄 27781 LA PAZ RD  
LAGUNA NIGUEL, CA 92677  
☎ (949) 831-0300  
📄 Dutch, Farsi  
Effective as of 01-OCT-19

#### **HAGHIGHI MOTLAGH, BEHNAZ, MD**<sup>F</sup>

Provider ID: 100197006024  
📄 27781 LA PAZ RD  
LAGUNA NIGUEL, CA 92677  
☎ (949) 831-0300  
📄 Dutch, Farsi  
Effective as of 01-OCT-19

#### **HAGHIGHI MOTLAGH, BEHNAZ, MD**<sup>F</sup>

Provider ID: 100197006023  
📄 27781 LA PAZ RD  
LAGUNA NIGUEL, CA 92677  
☎ (949) 831-0300  
📄 Dutch, Farsi  
Effective as of 01-SEP-19

#### **HAGHIGHI MOTLAGH, BEHNAZ, MD**<sup>F</sup>

## C1. List of Network Providers

### Primary Care Providers

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Provider ID: 100197006028

27781 LA PAZ RD  
LAGUNA NIGUEL, CA 92677

(949) 831-0300

Dutch, Farsi

Effective as of 01-SEP-19

#### **HAGHIGHI MOTLAGH,**

#### **BEHNAZ, MD<sup>F</sup>**

Provider ID: 100197006019

27781 LA PAZ RD  
LAGUNA NIGUEL, CA 92677

(949) 831-0300

Dutch, Farsi

Effective as of 01-JUN-19

#### **LEE, SUSAN, MD<sup>F†</sup>**

Provider ID: 100068409006

27231 LA PAZ RD STE A  
LAGUNA NIGUEL, CA 92677

(949) 643-9111

Effective as of 01-JUL-14

#### **SALL, JEEVAN, MD<sup>M†</sup>**

Provider ID: 100353204063

27231 LA PAZ RD STE A  
LAGUNA NIGUEL, CA 92677

(949) 643-9111

Effective as of 01-JUN-22

### **INTERNAL MEDICINE**

#### **BILAL, BASSAM, MD<sup>M†</sup>**

Provider ID: 100327805022

30281 GOLDEN LANTERN  
LAGUNA NIGUEL, CA 92677

(949) 495-7144

Arabic, Spanish

Effective as of 01-FEB-19

#### **KELLOGG, CHERYL, MD<sup>F</sup>**

Provider ID: 100082360006

30131 TOWN CENTER DR  
STE 204

LAGUNA NIGUEL, CA 92677

(949) 342-1780

Effective as of 01-JAN-18

#### **KRAFCIK, SONJA, MD<sup>F†</sup>**

Provider ID: 100056351002

25500 RANCHO NIGUEL  
RD STE 150

LAGUNA NIGUEL, CA 92677

(949) 831-3686

Effective as of 01-MAR-13

#### **KRAFCIK, SONJA, MD<sup>F†</sup>**

Provider ID: 100056351004

25500 RANCHO NIGUEL  
RD STE 150

LAGUNA NIGUEL, CA 92677

(949) 831-3686

Effective as of 01-OCT-22

### **PEDIATRICS**

#### **PATEL, JYOTINKUMAR, MD<sup>M†</sup>**

Provider ID: 100035402010

30281 GOLDEN LANTERN  
LAGUNA NIGUEL, CA 92677

(949) 495-7144

Gujarati, Hindi

Effective as of 01-SEP-22

### **FAMILY PRACTICE**

#### **VAN VRANKEN, BRUCE, MD<sup>M</sup>**

Provider ID: 100074767005

24331 EL TORO RD STE 330  
LAGUNA WOODS, CA

92637

(949) 837-7521

Effective as of 01-JAN-18

### **INTERNAL MEDICINE**

#### **ROKSHADFAR, SAGHI, MD<sup>F†</sup>**

Provider ID: 100113408008

24268 EL TORO RD  
LAGUNA WOODS, CA

92637

(657) 241-8455

Farsi

Effective as of 01-JAN-21

#### **ROKSHADFAR, SAGHI, MD<sup>F†</sup>**

Provider ID: 100113408009

24268 EL TORO RD  
LAGUNA WOODS, CA

92637

(657) 241-8455

Farsi

Effective as of 01-JAN-21

#### **SIEGFRIED, TRACY, MD<sup>F</sup>**

Provider ID: 100047456004

24331 EL TORO RD STE 330  
LAGUNA WOODS, CA

92637

(949) 716-0833

Effective as of 01-JAN-18

### **FAMILY PRACTICE**

#### **JACKSON, ANITA, MD<sup>F†</sup>**

Provider ID: 100060861006

31736 MISSION TRL STE G  
LAKE ELSINORE, CA 92530

(951) 674-1505

Tagalog

Effective as of 01-NOV-11

#### **TORRES, REBECCA, MD<sup>F†</sup>**

Provider ID: 100187138016

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530

(951) 471-1800

Korean, Mandarin, Spanish

Effective as of 01-DEC-14

#### **TORRES, REBECCA, MD<sup>F†</sup>**

Provider ID: 100187138015

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530

(951) 471-1800



## C1. List of Network Providers

### Primary Care Providers



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 Korean, Mandarin, Spanish  
Effective as of 01-DEC-14

#### **GENERAL PRACTICE**

##### **ASPREC, JOSEPH, MD<sup>M†</sup>**

Provider ID: 100070994004



 31571 CANYON ESTATES DR  
STE 132  
LAKE ELSINORE, CA 92532  
 (951) 674-7811

 Spanish, Tagalog

Effective as of 01-JUL-22

##### **MONARREZ, DAVID, MD<sup>M†</sup>**

Provider ID: 100102954016

 31739 RIVERSIDE DR STE A1  
LAKE ELSINORE, CA 92530  
 (951) 245-0505

 Spanish

Effective as of 01-NOV-20

##### **MONARREZ, DAVID, MD<sup>M†</sup>**

Provider ID: 100102954012



 31739 RIVERSIDE DR STE A1  
LAKE ELSINORE, CA 92530  
 (951) 245-0505


 Spanish

Effective as of 01-OCT-18

##### **OLIVEIRA, THOMAS, DO<sup>M†</sup>**

Provider ID: 100088827007

 506 W GRAHAM AVE STE  
107  
LAKE ELSINORE, CA 92530  
 (951) 471-5116

 Italian, Spanish

Effective as of 01-APR-21


#### **INTERNAL MEDICINE**

##### **BAJWA, SAIF, MD<sup>M†</sup>**

Provider ID: 100113080002

 16800 LAKESHORE DR STE  
2



LAKE ELSINORE, CA 92530  
 (951) 674-2155


 Spanish, Urdu

Effective as of 01-APR-17

##### **SAADAT, FARID, MD<sup>M†</sup>**

Provider ID: 100013848002

 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
 (951) 471-5711

 Farsi, Persian


Effective as of 01-JUN-14

#### **FAMILY PRACTICE**

##### **AHSAN, NUSRAT, MD<sup>F†</sup>**

Provider ID: 100113788007

 22621 LAKE FOREST DR STE  
D1  
LAKE FOREST, CA 92630  
 (949) 242-6902

 Hindi

Effective as of 01-MAY-17

##### **ALI, MOHAMMED, MD<sup>M†</sup>**

Provider ID: 100114282032

 23672 BIRTCHE DR STE A  
LAKE FOREST, CA 92630  
 (949) 770-7301

 Hindi, Telugu, Urdu

Effective as of 01-OCT-17

##### **ALI, MOHAMMED, MD<sup>M†</sup>**

Provider ID: 100114282030

 23672 BIRTCHE DR STE A  
LAKE FOREST, CA 92630  
 (949) 770-7301

 Hindi, Telugu, Urdu

Effective as of 01-JAN-18

##### **ALI, MOHAMMED, MD<sup>M†</sup>**

Provider ID: 100114282029

 23672 BIRTCHE DR STE A  
LAKE FOREST, CA 92630  
 (949) 770-7301

 Hindi, Telugu, Urdu  
Effective as of 01-JAN-17

##### **ALI, MOHAMMED, MD<sup>M†</sup>**

Provider ID: 100114282026

 23672 BIRTCHE DR STE A  
LAKE FOREST, CA 92630  
 (949) 770-7301

 Hindi, Telugu, Urdu

Effective as of 01-JAN-16

##### **ALI, MOHAMMED, MD<sup>M†</sup>**

Provider ID: 100114282022

 23672 BIRTCHE DR STE A  
LAKE FOREST, CA 92630  
 (949) 770-7301

 Hindi, Telugu, Urdu

Effective as of 01-JAN-14

##### **ALI, MOHAMMED, MD<sup>M†</sup>**

Provider ID: 100114282027

 23672 BIRTCHE DR STE A  
LAKE FOREST, CA 92630  
 (949) 770-7301

 Hindi, Telugu, Urdu

Effective as of 01-DEC-16

##### **ALI, MOHAMMED, MD<sup>M†</sup>**

Provider ID: 100114282064

 23672 BIRTCHE DR STE A  
LAKE FOREST, CA 92630  
 (949) 770-7301

 Hindi, Telugu, Urdu

Effective as of 01-OCT-22

##### **KOUMAS, MARY, DO<sup>F†</sup>**

Provider ID: 100089870008

 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
 (949) 770-1950

Effective as of 01-MAR-22




##### **KOUMAS, JOHN, DO<sup>M††</sup>**

Provider ID: 100064961008

## CI. List of Network Providers




### Primary Care Providers

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 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
 (949) 770-1950  
 Spanish  
Effective as of 01-MAR-22

#### **INTERNAL MEDICINE**

**GOVASHIRI, REZA, MD<sup>M†</sup>**  
Provider ID: 100047181008




 22621 LAKE FOREST DR STE  
D1  
LAKE FOREST, CA 92630  
 (949) 242-6902  
 Farsi, Spanish  
Effective as of 01-JUL-19

**MUY, MADINETH, MD<sup>F†</sup>**  
Provider ID: 100082949013



 22621 LAKE FOREST DR STE  
D1  
LAKE FOREST, CA 92630  
 (949) 242-6902  
 Khmer  
Effective as of 01-OCT-18

#### **FAMILY PRACTICE**



**MCHENRY, KATHRYN, DO<sup>F</sup>**  
Provider ID: 100320650014

 10039 VINE ST  
LAKESIDE, CA 92040  
 (619) 390-9975  
 Spanish  
Effective as of 01-FEB-24



**PHAM, CHRISTINE, DO<sup>F</sup>**  
Provider ID: 100397531003




 10039 VINE ST  
LAKESIDE, CA 92040  
 (858) 218-3000  
Effective as of 01-JAN-23

#### **FQHC**



**NEIGHBORHOOD  
HEALTHCARE LAKESIDE, \***  
Provider ID: PG0024990051  
 10039 VINE ST  
LAKESIDE, CA 92040  
 (858) 218-3000  
Teleservice  
Effective as of 01-JUL-22

#### **INTERNAL MEDICINE**




**MCFARLAND, NATHAN, MD<sup>M</sup>**  
Provider ID: 100216268004  
 10039 VINE ST  
LAKESIDE, CA 92040  
 (858) 218-3000  
 Italian, Spanish  
Effective as of 01-AUG-20




**MCFARLAND, NATHAN, MD<sup>M</sup>**  
Provider ID: 100216268007  
 10039 VINE ST  
LAKESIDE, CA 92040  
 (858) 218-3000  
 Italian, Spanish  
Effective as of 01-JAN-24




#### **FQHC**




**LEMON GROVE FAMILY  
HEALTH CENTER,**  
Provider ID: PG0085568003  
 7592 BROADWAY  
LEMON GROVE, CA 91945  
 (619) 515-2550  
Effective as of 01-JAN-21



#### **FAMILY PRACTICE**



**ARIF, MUHAMMAD, MD<sup>M</sup>**  
Provider ID: 100114105045  
 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
 (951) 414-4020  
 Punjabi, Spanish, Urdu



Effective as of 01-OCT-23  
**ARIF, MUHAMMAD, MD<sup>M</sup>**  
Provider ID: 100114105044  
 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
 (951) 414-4020  
 Punjabi, Spanish, Urdu  
Effective as of 01-OCT-23

**CAMARILLO, DANIEL, MD<sup>M†</sup>**  
Provider ID: 100110735009  
 30420 HAUN RD  
MENIFEE, CA 92584  
 (951) 676-4193  
 Spanish  
Effective as of 01-OCT-15

**CAMARILLO, DANIEL, MD<sup>M†</sup>**  
Provider ID: 100110735017  
 30420 HAUN RD  
MENIFEE, CA 92584  
 (951) 676-4193  
 Spanish  
Effective as of 01-NOV-20

**GOHIL, RAJIT, MD<sup>M</sup>**  
Provider ID: 100391418014  
 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
 (951) 414-4020  
Effective as of 01-JUL-23

**GOHIL, RAJIT, MD<sup>M</sup>**  
Provider ID: 100391418013  
 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
 (951) 414-4020  
Effective as of 01-JUL-23

**HARRISON, AMY, MD<sup>F</sup>**  
Provider ID: 100410706004  
 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
 (951) 414-4020

## CI. List of Network Providers

### Primary Care Providers

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 Spanish

Effective as of 01-AUG-23

#### **HARRISON, AMY, MD<sup>F</sup>**

Provider ID: 100410706003

 29826 HAUN RD STE 200  
MENIFEE, CA 92586

 (951) 414-4020

 Spanish


Effective as of 01-AUG-23

#### **HARRISON, AMY, MD<sup>F†</sup>**

Provider ID: 100047360076

 28400 MCCALL BLVD STE  
B10

MENIFEE, CA 92585

 (951) 414-4020


Effective as of 01-OCT-22

#### **HARRISON, AMY, MD<sup>F†</sup>**

Provider ID: 100047360077

 28400 MCCALL BLVD STE  
B10


MENIFEE, CA 92585


 (951) 414-4020

Effective as of 01-OCT-22

#### **MADRID, RICHARD, MD<sup>M†</sup>**

Provider ID: 100077741007

 30420 HAUN RD  
MENIFEE, CA 92584


 (951) 676-4193


Teleservice

Effective as of 01-JAN-16

#### **ZURITA, DANIELA, MD<sup>F†</sup>**

Provider ID: 100396617007

 26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586


 (951) 216-2200


 Spanish

Effective as of 01-DEC-22

#### **ZURITA, DANIELA, MD<sup>F†</sup>**

Provider ID: 100396617009

 26926 CHERRY HILLS  
BLVD STE C  
MENIFEE, CA 92586

 (951) 216-2200

 Spanish


Effective as of 01-DEC-22

### **INTERNAL MEDICINE**

#### **ARANETA, TOMAS, MD<sup>M†</sup>**

Provider ID: 100036305006

 29826 HAUN RD STE 201  
MENIFEE, CA 92586

 (951) 301-1100


 Spanish, Tagalog


Effective as of 01-OCT-22

#### **BARVE, PRANAV, MD<sup>M</sup>**

Provider ID: 100318437033

 29826 HAUN RD STE 200  
MENIFEE, CA 92586

 (951) 414-4020


 Hindi, Marathi


Effective as of 01-JUL-23

#### **BARVE, PRANAV, MD<sup>M</sup>**

Provider ID: 100318437034

 29826 HAUN RD STE 200  
MENIFEE, CA 92586

 (951) 414-4020


 Hindi, Marathi

Effective as of 01-JUL-23

#### **BASAK, RYAN, MD<sup>M</sup>**

Provider ID: 100378970016

 29826 HAUN RD STE 200  
MENIFEE, CA 92586


 (951) 414-4020

Effective as of 01-JUL-23

#### **BASAK, RYAN, MD<sup>M</sup>**

Provider ID: 100378970015

 29826 HAUN RD STE 200  
MENIFEE, CA 92586


 (951) 414-4020

Effective as of 01-JUL-23

#### **GONZALES, EDIVINA, MD<sup>F</sup>**

Provider ID: 100039220006

 29798 HAUN RD STE 106  
MENIFEE, CA 92586

 (951) 301-3588


 Spanish, Tagalog

Effective as of 01-JAN-11

#### **GONZALES, PATRICK, MD<sup>M†</sup>**

Provider ID: 100109580006

 29798 HAUN RD STE 106  
MENIFEE, CA 92586


 (951) 301-3588

Effective as of 01-JUN-17

#### **GONZALES, EDIVINA, MD<sup>F</sup>**

Provider ID: 100039220005

 29798 HAUN RD STE 106  
MENIFEE, CA 92586

 (951) 301-3588


 Spanish, Tagalog

Effective as of 01-OCT-10

#### **GONZALES, PATRICK, MD<sup>M†</sup>**

Provider ID: 100109580005

 29798 HAUN RD STE 106  
MENIFEE, CA 92586


 (951) 301-3588

Effective as of 01-SEP-10

#### **KIM, IRENE, DO<sup>F</sup>**

Provider ID: 100380710004

 27190 SUN CITY BLVD  
MENIFEE, CA 92586


 (951) 676-4193

Effective as of 01-JAN-22

#### **MARTINEZ, JORGE, MD<sup>M†</sup>**

Provider ID: 100096235012

 29826 HAUN RD STE 201  
MENIFEE, CA 92586

 (951) 301-1100

## CI. List of Network Providers



### Primary Care Providers

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 Spanish  
Effective as of 01-JUN-22

#### **FAMILY PRACTICE**




##### **BALL-ZONDERVAN, MONICA, MD<sup>F†</sup>**

Provider ID: 100294482047  
 26732 CROWN VALLEY  
PKWY STE 170  
MISSION VIEJO, CA 92691  
 (949) 364-7246  
Effective as of 01-SEP-19




##### **BARE, IAN, MD<sup>M†</sup>**

Provider ID: 100110113009  
 30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
 (949) 542-7700  
 Spanish  
Effective as of 01-JUN-21

##### **BARE, IAN, MD<sup>M††</sup>**

Provider ID: 100110113017  
 30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
 (949) 542-7700  
 Spanish  
Effective as of 01-JUN-21

##### **BASICH, CANDACE, MD<sup>F††</sup>**



Provider ID: 100073084008  
 30707 GATEWAY PL STE A2  
MISSION VIEJO, CA 92694  
 (657) 241-8435  
 Spanish  
Effective as of 01-SEP-18

##### **BASICH, CANDACE, MD<sup>F††</sup>**



Provider ID: 100073084010  
 30707 GATEWAY PL STE A2  
MISSION VIEJO, CA 92694  
 (657) 241-8435

 Spanish  
Effective as of 01-DEC-21



##### **BISUNA, BLANCA, MD<sup>F††</sup>**

Provider ID: 100199166013  
 26732 CROWN VALLEY  
PKWY STE 170  
MISSION VIEJO, CA 92691  
 (949) 364-7246  
Effective as of 01-MAR-16



##### **CHO, ANTHONY, MD<sup>M†</sup>**

Provider ID: 100326978002  
 30707 GATEWAY PL STE A2  
MISSION VIEJO, CA 92694  
 (657) 241-8601  
Effective as of 01-APR-18




##### **CUENCA, ARNOLD, DO<sup>M†</sup>**

Provider ID: 100103510019  
 23512 MADERO  
MISSION VIEJO, CA 92691  
 (949) 583-1600  
Effective as of 01-JUL-18



##### **CUENCA, ARNOLD, DO<sup>M††</sup>**

Provider ID: 100103510027  
 23512 MADERO  
MISSION VIEJO, CA 92691  
 (949) 583-1600  
Effective as of 01-JAN-23

##### **DELNITZ, DANUTA, MD<sup>F</sup>**



Provider ID: 100109319011  
 26691 PLAZA STE 140  
MISSION VIEJO, CA 92691  
 (949) 240-8555  
 Polish, Spanish  
Effective as of 01-APR-19

##### **DELNITZ, DANUTA, MD<sup>F</sup>**




Provider ID: 100109319012  
 26691 PLAZA STE 140  
MISSION VIEJO, CA 92691  
 (949) 240-8555

 Polish, Spanish  
Effective as of 01-APR-19




##### **ENDSLEY, DELVIN, MD<sup>M</sup>**

Provider ID: 100413682015  
 27725 SANTA MARGARITA  
PKWY STE 101  
MISSION VIEJO, CA 92691  
 (949) 270-2100  
Effective as of 01-MAR-24




##### **FIGHTLIN, STEFANIE, DO<sup>F†</sup>**

Provider ID: 100086847010  
 26991 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
 (949) 582-5430  
 Spanish  
Effective as of 01-JAN-18



##### **FLORES, TERESA, MD<sup>F†</sup>**

Provider ID: 100207722054  
 27725 SANTA MARGARITA  
PKWY STE 101  
MISSION VIEJO, CA 92691  
 (949) 270-2100  
 Spanish  
Effective as of 01-DEC-19

##### **FLORES, TERESA, MD<sup>F†</sup>**

Provider ID: 100207722053  
 27725 SANTA MARGARITA  
PKWY STE 101  
MISSION VIEJO, CA 92691  
 (949) 270-2100  
 Spanish  
Effective as of 01-DEC-19

##### **GEBHARD, KARL, MD<sup>M</sup>**

Provider ID: 100071312010  
 26922 OSO PKWY STE 380  
MISSION VIEJO, CA 92691  
 (949) 305-0110  
Effective as of 01-JAN-18

## CI. List of Network Providers

### Primary Care Providers

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#### **GEBHARD, KARL, MD<sup>M</sup>**

Provider ID: 100071312004

📍 26922 OSO PKWY STE 380  
MISSION VIEJO, CA 92691

☎ (949) 305-0110

Effective as of 01-MAR-16

#### **GEBHARD, KARL, MD<sup>M</sup>**

Provider ID: 100071312013

📍 26922 OSO PKWY STE 380  
MISSION VIEJO, CA 92691

☎ (949) 305-0110

Effective as of 01-JUN-19

#### **GEBHARD, KARL, MD<sup>M</sup>**

Provider ID: 100071312012

📍 26922 OSO PKWY STE 380  
MISSION VIEJO, CA 92691

☎ (949) 305-0110

Effective as of 01-JUN-19

#### **GLOBUS, JEFFREY, MD<sup>M</sup>**

Provider ID: 100008104012

📍 26902 OSO PKWY STE 140  
MISSION VIEJO, CA 92691

☎ (949) 916-8870

📱 Spanish

Effective as of 01-OCT-22

#### **GLOBUS, JEFFREY, MD<sup>M</sup>**

Provider ID: 100008104009

📍 26902 OSO PKWY STE 140  
MISSION VIEJO, CA 92691

☎ (949) 916-8870

📱 Spanish

Effective as of 01-JAN-17

#### **GLOBUS, JEFFREY, MD<sup>M</sup>**

Provider ID: 100008104004

📍 26902 OSO PKWY STE 140  
MISSION VIEJO, CA 92691

☎ (949) 916-8870

📱 Spanish

Effective as of 01-DEC-14

#### **GONZALEZ, DAVID, MD<sup>M†</sup>**

Provider ID: 100096155006

📍 26732 CROWN VALLEY  
PKWY STE 170  
MISSION VIEJO, CA 92691

☎ (949) 364-7246

Effective as of 01-OCT-18

#### **KUMAR, NISHCHAL, MD<sup>M†</sup>**

Provider ID: 100224908011

📍 23512 MADERO  
MISSION VIEJO, CA 92691

☎ (949) 583-1600

📱 Hindi, Punjabi, Spanish

Effective as of 01-NOV-19

#### **KUMAR, NISHCHAL, MD<sup>M†</sup>**

Provider ID: 100224908013

📍 23512 MADERO  
MISSION VIEJO, CA 92691

☎ (949) 583-1600

📱 Hindi, Punjabi, Spanish

Effective as of 01-SEP-21

#### **LY, PHUONG, MD<sup>M†</sup>**

Provider ID: 100354280025

📍 26800 CROWN VALLEY  
PKWY STE 150  
MISSION VIEJO, CA 92691

☎ (949) 276-2111

📱 Vietnamese

Effective as of 01-AUG-22

#### **PEDARSANI, MARJAN, DO<sup>F††</sup>**

Provider ID: 100113548012

📍 23512 MADERO  
MISSION VIEJO, CA 92691

☎ (949) 583-1600

📱 Farsi

Effective as of 01-SEP-21

#### **PEDARSANI, MARJAN, DO<sup>F††</sup>**

Provider ID: 100113548005

📍 23512 MADERO  
MISSION VIEJO, CA 92691

☎ (949) 583-1600

📱 Farsi

Effective as of 01-MAY-12

#### **RUTTEN, SONIA, MD<sup>F</sup>**

Provider ID: 100414034002

📍 30492 GATEWAY PL  
STE 110  
MISSION VIEJO, CA 92694

☎ (949) 542-7700

Effective as of 01-OCT-23

#### **SAMOORI, RAMA, DO<sup>F†</sup>**

Provider ID: 100112028003

📍 26732 CROWN VALLEY  
PKWY STE 170  
MISSION VIEJO, CA 92691

☎ (949) 364-7246

📱 Farsi, Spanish

Effective as of 01-SEP-15

#### **SHOAPOUR, CAMELLIA, MD<sup>F</sup>**

Provider ID: 100396167003

📍 26991 CROWN VALLEY  
PKWY STE 100  
MISSION VIEJO, CA 92691

☎ (949) 582-5430

📱 Farsi, Persian

Effective as of 01-MAR-23

#### **THOMAS, CHERYL, MD<sup>F</sup>**

Provider ID: 100043536017

📍 27725 SANTA MARGARITA  
PKWY STE 101  
MISSION VIEJO, CA 92691

☎ (949) 270-2100

Effective as of 01-AUG-21

#### **THOMAS, CHERYL, MD<sup>F</sup>**

Provider ID: 100043536023

📍 27725 SANTA MARGARITA  
PKWY STE 101  
MISSION VIEJO, CA 92691

☎ (949) 270-2100

Effective as of 01-AUG-21



## CI. List of Network Providers

### Primary Care Providers

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#### **THOMAS, CHERYL, MD<sup>F</sup>**



Provider ID: 100043536021

 27725 SANTA MARGARITA  
PKWY STE 101  
MISSION VIEJO, CA 92691  
 (949) 270-2100

Effective as of 01-AUG-21

#### **THOMAS, CHERYL, MD<sup>F</sup>**



Provider ID: 100043536022

 27725 SANTA MARGARITA  
PKWY STE 101  
MISSION VIEJO, CA 92691  
 (949) 270-2100

Effective as of 01-AUG-21

#### **THOMAS, CHERYL, MD<sup>F</sup>**



Provider ID: 100043536012

 27725 SANTA MARGARITA  
PKWY STE 101  
MISSION VIEJO, CA 92691  
 (949) 270-2100

Effective as of 01-JUL-21

#### **THOMAS, CHERYL, MD<sup>F</sup>**


Provider ID: 100043536011

 27725 SANTA MARGARITA  
PKWY STE 101  
MISSION VIEJO, CA 92691  
 (949) 270-2100

Effective as of 01-JUL-21

#### **YAZDANSHENAS, MARYAM, MD<sup>F†</sup>**

Provider ID: 100224906005

 30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
 (949) 542-7700  
 Farsi


Effective as of 01-AUG-20

### **GENERAL PRACTICE**

#### **JANISZEWSKI, EVA, MD<sup>F</sup>**

Provider ID: 100079209004

 24896 CHRISANTA DR STE  
130  
MISSION VIEJO, CA 92691  
 (949) 458-2992



 Polish, Spanish

Effective as of 01-JAN-18

### **INTERNAL MEDICINE**

#### **ALLAMEHZADEH, REZA, MD<sup>M††</sup>**

Provider ID: 100114378012



 25982 PALA STE 170  
MISSION VIEJO, CA 92691  
 (949) 581-2002


 Farsi, German, Persian

Effective as of 01-JAN-18

#### **BADIE, MEHRNAZ, MD<sup>F††</sup>**

Provider ID: 100113854005



 26800 CROWN VALLEY  
PKWY STE 325  
MISSION VIEJO, CA 92691  
 (949) 364-6000

 Farsi

Effective as of 01-NOV-12

#### **BENNER, ERIC, MD<sup>M†</sup>**

Provider ID: 100074899004

 26800 CROWN VALLEY  
PKWY STE 315  
MISSION VIEJO, CA 92691  
 (949) 364-6000


 Spanish

Effective as of 01-NOV-12

#### **CHANG, HELEN, MD<sup>F††</sup>**

Provider ID: 100080383005

 25982 PALA STE 250  
MISSION VIEJO, CA 92691  
 (949) 588-0051

 Mandarin, Thai

Effective as of 01-JAN-18

#### **COVARRUBIAS, GRACIA, MD<sup>F††</sup>**

Provider ID: 100109548011

 23512 MADERO  
MISSION VIEJO, CA 92691  
 (949) 583-1600

 Spanish

Effective as of 01-SEP-21

#### **COVARRUBIAS, GRACIA, MD<sup>F††</sup>**

Provider ID: 100109548005



 23512 MADERO  
MISSION VIEJO, CA 92691  
 (949) 583-1600

 Spanish

Effective as of 01-SEP-18

#### **LU, LESLIE, MD<sup>M†</sup>**



Provider ID: 100332363002


 26800 CROWN VALLEY  
PKWY STE 305  
MISSION VIEJO, CA 92691  
 (949) 364-6000

Effective as of 01-SEP-18

#### **MAYET, KHADIJA, MD<sup>F†</sup>**

Provider ID: 100062204006



 26800 CROWN VALLEY  
PKWY STE 315  
MISSION VIEJO, CA 92691  
 (949) 364-6000


 Gujarati, Urdu

Effective as of 01-FEB-16

#### **NGUYEN, VY, MD<sup>F††</sup>**

Provider ID: 100105037005

 26800 CROWN VALLEY  
PKWY STE 325  
MISSION VIEJO, CA 92691  
 (949) 364-6000

 Vietnamese

Effective as of 01-NOV-12

#### **NIETO, ELIZABETH, MD<sup>F†</sup>**

Provider ID: 100364838002

 26800 CROWN VALLEY  
PKWY STE 315

## CI. List of Network Providers

### Primary Care Providers

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MISSION VIEJO, CA 92691  
☎ (949) 364-6000  
Effective as of 01-AUG-22

#### **NIETO, ELIZABETH, MD<sup>F†</sup>**

Provider ID: 100364838004  
📍 26800 CROWN VALLEY  
PKWY STE 25  
MISSION VIEJO, CA 92691  
☎ (949) 364-6000  
Effective as of 01-OCT-22

#### **NOORIAN, NADER, MD<sup>M†</sup>**

Provider ID: 100052175006  
📍 26800 CROWN VALLEY  
PKWY STE 305  
MISSION VIEJO, CA 92691  
☎ (949) 364-6000  
Effective as of 01-NOV-12

#### **PRATT, DONALD, MD<sup>M†</sup>**

Provider ID: 100088649011  
📍 26800 CROWN VALLEY  
PKWY STE 325  
MISSION VIEJO, CA 92691  
☎ (949) 364-6000  
Effective as of 01-AUG-22

#### **ROKSHADFAR, SAGHI, MD<sup>F†</sup>**

Provider ID: 100113408006  
📍 23512 MADERO  
MISSION VIEJO, CA 92691  
☎ (949) 583-1600  
📱 Farsi  
Effective as of 01-MAY-12

#### **ROKSHADFAR, SAGHI, MD<sup>F†</sup>**

Provider ID: 100113408005  
📍 23512 MADERO  
MISSION VIEJO, CA 92691  
☎ (949) 583-1600  
📱 Farsi  
Effective as of 01-AUG-20

#### **SELIGSOHN, BRUCE, MD<sup>M\*</sup>**

Provider ID: 100021098007  
📍 26302 LA PAZ RD STE 211  
MISSION VIEJO, CA 92691  
☎ (949) 588-8775  
📱 Spanish  
Effective as of 01-JAN-18

#### **SERGEYEVA, YELENA, MD<sup>F</sup>**

Provider ID: 100403248005  
📍 27800 MEDICAL CENTER  
RD STE 110  
MISSION VIEJO, CA 92691  
☎ (949) 364-3532  
📱 Russian  
Teleservice  
Effective as of 01-DEC-23

#### **SERGEYEVA, YELENA, MD<sup>F</sup>**

Provider ID: 100403248003  
📍 27800 MEDICAL CENTER  
RD STE 110  
MISSION VIEJO, CA 92691  
☎ (949) 364-3532  
📱 Russian  
Teleservice  
Effective as of 01-MAR-23

#### **SERGEYEVA, YELENA, MD<sup>F</sup>**

Provider ID: 100403248004  
📍 27800 MEDICAL CENTER  
RD STE 110  
MISSION VIEJO, CA 92691  
☎ (949) 364-3532  
📱 Russian  
Teleservice  
Effective as of 01-DEC-23

#### **SERGEYEVA, YELENA, MD<sup>F</sup>**

Provider ID: 100403248007  
📍 27800 MEDICAL CENTER  
RD STE 110  
MISSION VIEJO, CA 92691  
☎ (949) 364-3532  
📱 Russian  
Teleservice

Effective as of 01-DEC-23

#### **STALLWORTH, ROXANNE, MD**

<sup>F†</sup>  
Provider ID: 100185861008  
📍 26800 CROWN VALLEY  
PKWY STE 315  
MISSION VIEJO, CA 92691  
☎ (949) 364-6000  
📱 Farsi, Spanish  
Effective as of 01-AUG-19

#### **STAUNTON, MICHELE, MD<sup>F†</sup>**

Provider ID: 100043245014  
📍 26800 CROWN VALLEY  
PKWY STE 325  
MISSION VIEJO, CA 92691  
☎ (949) 364-6000  
Effective as of 01-AUG-22

#### **STAUNTON, MICHELE, MD<sup>F†</sup>**

Provider ID: 100043245010  
📍 26800 CROWN VALLEY  
PKWY STE 330  
MISSION VIEJO, CA 92691  
☎ (949) 364-6000  
Effective as of 01-NOV-14

#### **SWADENER, NINA, MD<sup>F†</sup>**

Provider ID: 100219528002  
📍 26800 CROWN VALLEY  
PKWY STE 305  
MISSION VIEJO, CA 92691  
☎ (949) 364-6000  
📱 Spanish  
Effective as of 01-NOV-14

#### **TRUONG, ANDREW, MD<sup>M†</sup>**

Provider ID: 100344383002  
📍 26800 CROWN VALLEY  
PKWY STE 305  
MISSION VIEJO, CA 92691  
☎ (949) 364-6000  
📱 Vietnamese  
Effective as of 01-JUL-19

## CI. List of Network Providers

### Primary Care Providers

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#### **TSAI, MON TA, MD<sup>M†</sup>**

Provider ID: 100060379006

📍 25982 PALA STE 250  
MISSION VIEJO, CA 92691

☎ (949) 588-0051

📱 Chinese, Mandarin,  
Taiwanese

Effective as of 01-JAN-18

#### **WADELL, CHAD, MD<sup>M†</sup>**

Provider ID: 100108309006

📍 26800 CROWN VALLEY  
PKWY STE 315  
MISSION VIEJO, CA 92691

☎ (949) 364-6000

Effective as of 01-NOV-14

#### **YAZDI, JANET, MD<sup>F†</sup>**

Provider ID: 100086097007

📍 26800 CROWN VALLEY  
PKWY STE 305  
MISSION VIEJO, CA 92691

☎ (949) 364-6000

Effective as of 01-MAR-13

### ***FAMILY PRACTICE***

#### **BREWER, ANH, DO<sup>F†</sup>**

Provider ID: 100260727007

📍 27722 CLINTON KEITH RD  
BLDG F

MURRIETA, CA 92562

☎ (951) 878-9820

📱 Vietnamese

Effective as of 01-NOV-20

#### **BREWER, ANH, DO<sup>F†</sup>**

Provider ID: 100260727002

📍 27722 CLINTON KEITH RD  
BLDG F

MURRIETA, CA 92562

☎ (951) 878-9820

📱 Vietnamese

Effective as of 01-FEB-16

#### **BRIGGS, BRIDGET, MD<sup>F</sup>**

Provider ID: 100069323004

📍 25470 MEDICAL CENTER  
DR STE 102

MURRIETA, CA 92562

☎ (951) 698-6090

📱 Spanish

Effective as of 01-SEP-10

#### **MCKERAHAN, KELLY, DO<sup>M</sup>**

Provider ID: 100031842003

📍 25095 JEFFERSON AVE  
STE 202

MURRIETA, CA 92562

☎ (951) 696-9566

Effective as of 01-JUN-03

#### **MEHARDA, SANJIWANI, MD<sup>F</sup>**

Provider ID: 100327486018

📍 24910 LAS BRISAS RD STE  
111

MURRIETA, CA 92562

☎ (951) 694-8549

📱 Hindi, Punjabi, Urdu

Effective as of 01-DEC-23

#### **NGUYEN, BACH, MD<sup>M†</sup>**

Provider ID: 100107585007

📍 41680 IVY ST STE A  
MURRIETA, CA 92562

☎ (951) 677-2227

📱 Vietnamese

Effective as of 01-NOV-23

#### **NGUYEN, BACH, MD<sup>M†</sup>**

Provider ID: 100107585005

📍 41680 IVY ST STE A  
MURRIETA, CA 92562

☎ (951) 677-2227

📱 Vietnamese

Effective as of 01-OCT-22

#### **PHILLIPS, LILY, MD<sup>F†</sup>**

Provider ID: 100113116007

📍 27910 LAS BRISAS RD

STE 105

MURRIETA, CA 92562

☎ (951) 231-1385

📱 Chinese, Mandarin, Spanish

Effective as of 01-AUG-14

#### **PHILLIPS, LILY, MD<sup>F†</sup>**

Provider ID: 100113116009

📍 27910 LAS BRISAS RD  
STE 106

MURRIETA, CA 92562

☎ (951) 231-1385

📱 Chinese, Mandarin, Spanish

Effective as of 01-AUG-14

#### **SOTIS, JAMES, MD<sup>M†</sup>**

Provider ID: 100343557003

📍 38860 SKY CANYON DR  
BLDG A

MURRIETA, CA 92563

☎ (951) 676-4193

Effective as of 01-AUG-19

#### **WALTER, ROME, DO<sup>M</sup>**

Provider ID: 100198386003

📍 41011 CALIFORNIA OAKS  
RD STE 103

MURRIETA, CA 92562

☎ (951) 225-6287

Effective as of 01-JUN-19

#### **YUN, JONATHAN, DO<sup>M†</sup>**

Provider ID: 100025475024

📍 24910 LAS BRISAS RD STE  
111

MURRIETA, CA 92562

☎ (951) 694-8549

📱 Korean, Spanish

Effective as of 01-NOV-20

#### **YUN, JONATHAN, DO<sup>M†</sup>**

Provider ID: 100025475022

📍 24910 LAS BRISAS RD STE  
111



MURRIETA, CA 92562






## CI. List of Network Providers

### Primary Care Providers



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 (951) 694-8549  
 Korean, Spanish  
Effective as of 01-AUG-20



#### **GENERAL PRACTICE**




**LULIC, DZENAN, MD<sup>Mt</sup>**  
Provider ID: 100283060006  
 40700 CALIFORNIA OAKS  
RD STE 206  
MURRIETA, CA 92562  
 (951) 412-0011  
 Spanish  
Effective as of 01-MAR-19

#### **INTERNAL MEDICINE**




**BLACK, JASON, MD<sup>Mt</sup>**  
Provider ID: 100073449005  
 24680 JEFFERSON AVE  
STE A  
MURRIETA, CA 92562  
 (951) 677-2252  
Effective as of 01-JAN-16




**GONZALES, PATRICK, MD<sup>Mt</sup>**  
Provider ID: 100109580007  
 39755 DATE ST STE 103  
MURRIETA, CA 92563  
 (951) 304-3221  
Effective as of 01-APR-19




**GONZALES, PATRICK, MD<sup>Mt</sup>**  
Provider ID: 100109580008  
 39755 DATE ST STE 103  
MURRIETA, CA 92563  
 (951) 304-3221  
Effective as of 01-APR-19



**GONZALES, EDIVINA, MD<sup>F</sup>**  
Provider ID: 100039220008  
 39755 DATE ST STE 103  
MURRIETA, CA 92563  
 (951) 304-3221  
 Spanish, Tagalog

Effective as of 01-SEP-10



**GONZALES, EDIVINA, MD<sup>F</sup>**  
Provider ID: 100039220007  
 39755 DATE ST STE 103  
MURRIETA, CA 92563  
 (951) 304-3221  
 Spanish, Tagalog  
Effective as of 01-JAN-11

**MARTINEZ, JORGE, MD<sup>Mt</sup>**  
Provider ID: 100096235003  
 39755 MURRIETA HOT  
SPRINGS RD STE E120  
MURRIETA, CA 92563  
 (951) 461-1331  
 Spanish  
Effective as of 01-DEC-12



**MARTINEZ, JORGE, MD<sup>Mt</sup>**  
Provider ID: 100096235010  
 39755 MURRIETA HOT  
SPRINGS RD STE E120  
MURRIETA, CA 92563  
 (951) 461-1331  
 Spanish  
Effective as of 01-FEB-21




**REYNOLDS, RICHARD, MD<sup>Mt</sup>**  
Provider ID: 100043439030  
 25109 JEFFERSON AVE STE  
100  
MURRIETA, CA 92562  
 (951) 698-0440  
Effective as of 01-OCT-22



#### **PEDIATRICS**




**NGUYEN, TUAN, MD<sup>Mt</sup>**  
Provider ID: 100105070004  
 28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
 (951) 246-4546  
Effective as of 01-APR-21




#### **FAMILY PRACTICE**


**ALGHAMDI, ASMA, MD<sup>Ft</sup>**  
Provider ID: 100359014006  
 2400 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
Effective as of 01-NOV-21

**ALVAREZ-ESTRADA, MIGUEL,  
MD<sup>M</sup>**  
Provider ID: 100360099026  
 2835 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 (844) 200-2426  
 Spanish  
Effective as of 01-FEB-24

**CAMPBELL, BRIANNA, MD<sup>Ft</sup>**  
Provider ID: 100360159004  
 2400 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
Effective as of 01-JAN-21

**CARLSON, ROBERT, MD<sup>Mt</sup>**  
Provider ID: 100002398003  
 36 N EUCLID AVE STE 105  
NATIONAL CITY, CA 91950  
 (619) 255-2950  
 Spanish, Tagalog  
Effective as of 01-SEP-22


**CEVALLOS, JAMES, MD<sup>Mt</sup>**  
Provider ID: 100079582004  
 1136 D AVE  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish  
Effective as of 01-MAR-16

**CEVALLOS, JAMES, MD<sup>Mt</sup>**  
Provider ID: 100079582009  
 1136 D AVE  
NATIONAL CITY, CA 91950

## C1. List of Network Providers

### Primary Care Providers

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 (619) 662-4100

 Spanish


Effective as of 01-APR-23

**DILLON, MAYRA, MD<sup>F†</sup>**

Provider ID: 100163378003

 1136 D AVE

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-JAN-14

**KAKAIYA, ROSHNI, DO<sup>F</sup>**

Provider ID: 100395889005

 2835 HIGHLAND AVE

NATIONAL CITY, CA 91950

 (844) 200-2426

 Spanish


Effective as of 01-FEB-24

**KUNIN-RIDA, TERI, MD<sup>F†</sup>**

Provider ID: 100064070023

 217 HIGHLAND AVE

NATIONAL CITY, CA 91950

 (619) 434-7308

 Arabic, Armenian, Spanish

Teleservice


Effective as of 01-NOV-21

**MATTHEWS, MERRITT, MD<sup>M†</sup>**

Provider ID: 100021162012

 610 EUCLID AVE STE 302

NATIONAL CITY, CA 91950

 (619) 527-7700

 Spanish, Tagalog


Effective as of 01-NOV-20

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216026

 340 E 8TH ST STE 330

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-MAY-23

**MEDINA, ALEXANDER, MD<sup>M†</sup>**

Provider ID: 100325216016

 330 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216019

 333 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M†</sup>**

Provider ID: 100325216002

 330 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-FEB-18

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216017

 331 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216018

 332 E 8TH ST

NATIONAL CITY, CA 91950


 (619) 662-4100

 Spanish


Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216020

 334 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216021

 335 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216022

 336 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216023

 337 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216024

 338 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216025

 339 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish

Effective as of 01-APR-23




**NAVARRO, VANESSA, MD<sup>F†</sup>**

Provider ID: 100173914003




## CI. List of Network Providers

### Primary Care Providers




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 2400 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Filipino, Spanish, Tagalog  
Effective as of 01-JAN-14



#### **NOVENCIDO, JOSEPH, DO<sup>M†</sup>**

Provider ID: 100244053019  
 610 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
 (619) 527-7700  
 Spanish  
Effective as of 01-APR-23




#### **NOVENCIDO, JOSEPH, DO<sup>M†</sup>**

Provider ID: 100244053014  
 610 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
 (619) 527-7700  
 Spanish  
Effective as of 01-SEP-20



#### **OCEGUEDA, JOSHUA, MD<sup>M†</sup>**

Provider ID: 100377020002  
 1136 D AVE  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
Effective as of 01-SEP-21



#### **ORTIZ ILIZALITURRI, ANA, MD<sup>F\*</sup>**

Provider ID: 100394347012  
 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 (619) 434-7308  
 Spanish  
Teleservice  
Effective as of 01-OCT-23




#### **PATEL, PAAVAN, DO<sup>M</sup>**

Provider ID: 100413256006  
 610 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
 (619) 527-7700  
Effective as of 01-NOV-23


#### **PATEL, PAAVAN, DO<sup>M</sup>**

Provider ID: 100413256010  
 610 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
 (619) 527-7700  
Effective as of 01-DEC-23




#### **ROBERTS, POMAI, MD<sup>F††</sup>**

Provider ID: 100323487002  
 1136 D AVE  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish  
Effective as of 01-SEP-17




#### **SAZEGAR, PAYAM, MD<sup>M†</sup>**

Provider ID: 100187888015  
 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 (619) 434-7308  
Teleservice  
Effective as of 01-JUL-21




#### **SNOOK, BRIAN, DO<sup>M††</sup>**

Provider ID: 100211994006  
 2400 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish  
Effective as of 01-JAN-21

#### **SNOOK, BRIAN, DO<sup>M††</sup>**

Provider ID: 100211994002  
 2400 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish  
Effective as of 01-JUN-14

#### **SNOOK, BRIAN, DO<sup>M††</sup>**




Provider ID: 100211994008  
 2400 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish

Effective as of 01-MAR-24




#### **STONES, RACHEL, MD<sup>F</sup>**

Provider ID: 100387928006  
 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 (619) 434-7308  
Teleservice  
Effective as of 01-MAY-22

#### **VELASQUEZ, SHARON, MD<sup>F††</sup>**



Provider ID: 100189428010  
 2400 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish  
Effective as of 01-NOV-23

#### **VELASQUEZ, SHARON, MD<sup>F††</sup>**



Provider ID: 100189428004  
 2400 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish  
Effective as of 01-JAN-14

### ***FQHC***

#### **FAMILY HEALTH CTR SD NATIONAL CITY,**

Provider ID: PG0085737003  
 1000 EUCLID AVE  
NATIONAL CITY, CA 91950  
 (619) 515-2399  
Effective as of 01-JAN-21

#### **LA MAESTRA FAMILY CLINIC INC, †**

Provider ID: PG0053396004  
 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 (619) 434-7308  
Effective as of 01-JAN-21

#### **OPERATION SAMAHAN -**

## CI. List of Network Providers

### Primary Care Providers

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#### **NATIONAL C, †**

Provider ID: PG0084147004

📍 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

☎ (844) 200-2426

Effective as of 01-JAN-21

#### **OPERATION SAMAHAN**

##### **GRANGER SCHOOL BASED,**

Provider ID: PG0084288003

📍 2101 GRANGER AVE  
NATIONAL CITY, CA 91950

☎ (844) 200-2426

Effective as of 01-JAN-21

#### **SAN YSIDRO HEALTH**

##### **NATIONAL CITY,**

Provider ID: PG0047542010

📍 1136 D AVE  
NATIONAL CITY, CA 91950

☎ (619) 662-4100

Teleservice

Effective as of 01-JAN-21

#### **SAN YSIDRO HEALTH**

##### **PARADISE HILLS, †**

Provider ID: PG0047542011

📍 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

☎ (619) 662-4100

Teleservice

Effective as of 01-JAN-21

#### **SAN YSIDRO HEALTH SOUTH BAY,**

Provider ID: PG0077626003

📍 330 E 8TH ST  
NATIONAL CITY, CA 91950

☎ (619) 662-4100

Teleservice

Effective as of 01-JAN-21

### **GENERAL PRACTICE**

#### **MEDINA, NATALIE, MD<sup>F</sup>**

Provider ID: 100254911004

📍 502 EUCLID AVE STE 306  
NATIONAL CITY, CA 91950

☎ (619) 267-1168

📄 Spanish

Effective as of 01-MAR-18

#### **MEDINA, NATALIE, MD<sup>F</sup>**

Provider ID: 100254911015

📍 502 EUCLID AVE STE 306  
NATIONAL CITY, CA 91950

☎ (619) 267-1168

📄 Spanish

Effective as of 01-MAR-21

#### **MEDINA, NATALIE, MD<sup>F</sup>**

Provider ID: 100254911014

📍 502 EUCLID AVE STE 306  
NATIONAL CITY, CA 91950

☎ (619) 267-1168

📄 Spanish

Effective as of 01-JAN-21

### **INTERNAL MEDICINE**

#### **BRAVERMAN, IRA, MD<sup>Mt</sup>**

Provider ID: 100012010020

📍 610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950

☎ (619) 267-8181

📄 Spanish, Tagalog

Effective as of 01-NOV-20

#### **BRAVERMAN, IRA, MD<sup>Mt</sup>**

Provider ID: 100012010018

📍 610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950

☎ (619) 267-8181

📄 Spanish, Tagalog

Effective as of 01-AUG-20

#### **BRAVERMAN, IRA, MD<sup>Mt</sup>**

Provider ID: 100012010021

📍 610 EUCLID AVE STE 201

NATIONAL CITY, CA 91950

☎ (619) 267-8181

📄 Spanish, Tagalog

Effective as of 01-APR-21

#### **CANTU-REYNA, GUILLERMO, MD<sup>Mt</sup>**

Provider ID: 100214575010

📍 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

☎ (619) 434-7308

Teleservice

Effective as of 01-JUL-21

#### **COMUNALE, RODERICK, MD<sup>Mt</sup>**

Provider ID: 100063923026

📍 502 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

☎ (858) 551-0276

📄 Spanish

Teleservice

Effective as of 01-NOV-23

#### **DELA PAZ, LENNIE, MD<sup>Mt</sup>**

Provider ID: 100007688007

📍 610 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950

☎ (619) 475-3600

📄 Spanish, Tagalog

Effective as of 01-JAN-21

#### **EL GHONEIMY, AHMED, MD<sup>Mt</sup>**

Provider ID: 100103500014

📍 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

☎ (619) 434-7308

📄 Arabic

Teleservice

Effective as of 01-AUG-22

#### **HEKMAT, RAZI, MD<sup>Mt</sup>**


Provider ID: 100081732019

📍 610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950



## CI. List of Network Providers

### Primary Care Providers



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 (619) 267-8181  
Effective as of 01-AUG-20



#### **HEKMAT, RAZI, MD**<sup>M†</sup>

Provider ID: 100081732021  
 610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950  
 (619) 267-8181  
Effective as of 01-NOV-20




#### **HEKMAT, RAZI, MD**<sup>M†</sup>

Provider ID: 100081732022  
 610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950  
 (619) 267-8181  
Effective as of 01-APR-21




#### **KURUVADI, NISHA, DO**<sup>F\*</sup>

Provider ID: 100412012005  
 502 EUCLID AVE STE 203  
NATIONAL CITY, CA 91950  
 (619) 267-0553  
Effective as of 01-OCT-23



#### **MEDINA, NATALIE, MD**<sup>F</sup>


Provider ID: 100254911013  
 502 EUCLID AVE STE 306  
NATIONAL CITY, CA 91950  
 (619) 267-1168  
 Spanish  
Effective as of 01-JAN-21

#### **PRATHIPATI, LAKSHMI, MD**<sup>F†</sup>




Provider ID: 100041945033  
 502 EUCLID AVE STE 2013  
NATIONAL CITY, CA 91950  
 (619) 267-0553  
 Spanish, Tagalog, Telugu  
Effective as of 01-AUG-22

#### **PRATHIPATI, LAKSHMI, MD**<sup>F†</sup>




Provider ID: 100041945034  
 502 EUCLID AVE STE 2013  
NATIONAL CITY, CA 91950  
 (619) 267-0553

 Spanish, Tagalog, Telugu  
Effective as of 01-SEP-22




#### **TIANGCO, IRINEO, MD**<sup>M†</sup>

Provider ID: 100107246019  
 2340 E 8TH ST STE J  
NATIONAL CITY, CA 91950  
 (619) 479-0320  
 Spanish, Tagalog  
Effective as of 01-NOV-20




#### **TIANGCO, IRINEO, MD**<sup>M†</sup>

Provider ID: 100107246017  
 2340 E 8TH ST STE J  
NATIONAL CITY, CA 91950  
 (619) 479-0320  
 Spanish, Tagalog  
Effective as of 01-SEP-20




#### **TIANGCO, IRINEO, MD**<sup>M†</sup>

Provider ID: 100107246016  
 2340 E 8TH ST STE J  
NATIONAL CITY, CA 91950  
 (619) 479-0320  
 Spanish, Tagalog  
Effective as of 01-JAN-21

#### **TIANGCO, IRINEO, MD**<sup>M†</sup>



Provider ID: 100107246005  
 2340 E 8TH ST STE J  
NATIONAL CITY, CA 91950  
 (619) 479-0320  
 Spanish, Tagalog  
Effective as of 01-JAN-14

#### **TIANGCO, IRINEO, MD**<sup>M†</sup>



Provider ID: 100107246018  
 2340 E 8TH ST STE J  
NATIONAL CITY, CA 91950  
 (619) 479-0320  
 Spanish, Tagalog  
Effective as of 01-JAN-21

### ***FAMILY PRACTICE***



#### **GREENBERG, CATOU, MD**<sup>F\*</sup>

Provider ID: 100072487007  
 1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660  
 (949) 718-9020  
Effective as of 01-SEP-22




#### **GREENBERG, CATOU, MD**<sup>F\*</sup>

Provider ID: 100072487006  
 1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660  
 (949) 718-9020  
Effective as of 01-JAN-14




#### **GREENBERG, CATOU, MD**<sup>F\*</sup>

Provider ID: 100072487003  
 1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660  
 (949) 718-9020  
Effective as of 01-JUL-12

#### **KIM, KAREN, DO**<sup>F</sup>

Provider ID: 100070645006  
 1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660  
 (949) 718-9020  
 Korean  
Effective as of 01-JAN-14

#### **KIM, KAREN, DO**<sup>F\*</sup>

Provider ID: 100070645003  
 1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660  
 (949) 718-9020  
 Korean

## C1. List of Network Providers

### Primary Care Providers

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Effective as of 01-JUL-12

#### **KIM, KAREN, DO<sup>F</sup>**

Provider ID: 100070645007

📍 1441 AVOCADO AVE STE 503  
NEWPORT BEACH, CA 92660

☎ (949) 718-9020

🗂 Korean

Effective as of 01-SEP-22

#### **MANGOBA, LUTHER, MD<sup>M†</sup>**

Provider ID: 100107397012

📍 400 NEWPORT CENTER DR STE 303  
NEWPORT BEACH, CA 92660

☎ (949) 644-1300

🗂 Spanish

Effective as of 01-APR-22

#### **MANGOBA, LUTHER, MD<sup>M†</sup>**

Provider ID: 100107397011

📍 400 NEWPORT CENTER DR STE 303  
NEWPORT BEACH, CA 92660

☎ (949) 644-1300

🗂 Spanish

Effective as of 01-APR-22

### **INTERNAL MEDICINE**

#### **SPRINGSTUBB, ADITI, MD<sup>F†</sup>**

Provider ID: 100201144014

📍 360 SAN MIGUEL DR STE 300  
NEWPORT BEACH, CA 92660

☎ (949) 557-0830

🗂 Hindi, Spanish

Effective as of 01-OCT-21

#### **SYED, SAMEENA, DO<sup>F</sup>**

Provider ID: 100380768002

📍 360 SAN MIGUEL DR STE 300  
NEWPORT BEACH, CA 92660

☎ (949) 557-0830

Effective as of 01-DEC-21

### **FAMILY PRACTICE**

#### **BANIADAM, BEHZAD, MD<sup>M</sup>**

Provider ID: 100069979008

📍 3231 WARING CT STE L  
OCEANSIDE, CA 92056

☎ (760) 630-6300

🗂 Spanish

Effective as of 01-MAR-21

#### **DONNELL, MARTI, MD<sup>F\*</sup>**

Provider ID: 100049875026

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ (844) 308-5003

🗂 Spanish

Effective as of 01-JAN-24

#### **DONNELL, MARTI, MD<sup>F\*</sup>**

Provider ID: 100049875027

📍 517 N HORNE ST  
OCEANSIDE, CA 92054

☎ (844) 308-5003

🗂 Spanish

Effective as of 01-JAN-24

#### **DONNELL, MARTI, MD<sup>F\*</sup>**

Provider ID: 100049875025

📍 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

☎ (844) 308-5003

🗂 Spanish

Effective as of 01-JAN-24

#### **ESPINOSA-SILVA, YAMINAH, DO<sup>F\*</sup>**

Provider ID: 100358800018

📍 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

☎ (760) 631-5000

🗂 Spanish

Effective as of 01-JAN-24

#### **ESPINOSA-SILVA, YAMINAH, DO<sup>F\*</sup>**

Provider ID: 100358800016

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ (760) 631-5000

🗂 Spanish

Effective as of 01-JAN-24

#### **ESPINOSA-SILVA, YAMINAH, DO<sup>F\*</sup>**

Provider ID: 100358800017

📍 517 N HORNE ST  
OCEANSIDE, CA 92054

☎ (760) 631-5000

🗂 Spanish

Effective as of 01-JAN-24

#### **GONZALES, MICHELLE, MD<sup>F</sup>**

Provider ID: 100063095006

📍 3601 VISTA WAY  
OCEANSIDE, CA 92056

☎ (760) 639-1204

🗂 Spanish

Effective as of 01-SEP-21

#### **KURUKULASURIYA, DAYANTHITHI, DO<sup>F</sup>**

Provider ID: 100326148005

📍 605 CROUCH ST  
OCEANSIDE, CA 92054

☎ (760) 736-6767

Effective as of 01-FEB-23

#### **MARTINEZ, LESLY, MD<sup>F\*</sup>**

Provider ID: 100397984036

📍 517 N HORNE ST  
OCEANSIDE, CA 92054

☎ (766) 315-0000

## CI. List of Network Providers

### Primary Care Providers

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 Spanish

Effective as of 01-JAN-24

#### **MARTINEZ, LESLY, MD<sup>F\*</sup>**

Provider ID: 100397984037

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

#### **MARTINEZ, LESLY, MD<sup>F\*</sup>**

Provider ID: 100397984038

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

#### **PONSFORD, DIANA, DO<sup>F</sup>**

Provider ID: 100350934010

 517 N HORNE ST  
OCEANSIDE, CA 92054


 (760) 631-5000

Effective as of 01-MAY-22

#### **PONSFORD, DIANA, DO<sup>F</sup>**

Provider ID: 100350934011

 517 N HORNE ST  
OCEANSIDE, CA 92054


 (760) 631-5000


Effective as of 01-JAN-24

#### **SAFI, ROOZCHEHR, MD<sup>F†</sup>**

Provider ID: 100201387012

 605 CROUCH ST  
OCEANSIDE, CA 92054

 (760) 736-6767


 Farsi

Effective as of 01-APR-14

#### **VIDAL, MONICA, DO<sup>F††</sup>**

Provider ID: 100327876043

 517 N HORNE ST  
OCEANSIDE, CA 92054

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

#### **VIDAL, MONICA, DO<sup>F††</sup>**

Provider ID: 100327876042

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 (844) 308-5003


 Spanish

Effective as of 01-JAN-24

#### **VIDAL, MONICA, DO<sup>F††</sup>**

Provider ID: 100327876044

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 (760) 631-5000

 Spanish


Effective as of 01-JAN-24

### **FQHC**

#### **TRUECARE,**

Provider ID: PG0092588008

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 (760) 757-5841


Teleservice

Effective as of 01-JUL-22

#### **VISTA COMMUNITY CLINIC, †**

Provider ID: PG0072409007

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 (760) 631-5000


Teleservice

Effective as of 01-JUL-22

#### **VISTA COMMUNITY CLINIC HORNE STREET,**

Provider ID: PG0084639007

 517 N HORNE ST  
OCEANSIDE, CA 92054

 (760) 631-5000


Teleservice

Effective as of 01-JUL-22

#### **VISTA COMMUNITY CLINIC PIER VIEW WAY,**

Provider ID: PG0084683007

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 (760) 631-5000

Teleservice


Effective as of 01-JUL-22


### **INTERNAL MEDICINE**

#### **CHONG, ILSONG, MD<sup>M</sup>**

Provider ID: 100334344006

 605 CROUCH ST  
OCEANSIDE, CA 92054

 (760) 736-6767


 Korean

Effective as of 01-FEB-23

#### **CURRAN, PERRIN, MD<sup>M</sup>**

Provider ID: 100083095002

 3601 VISTA WAY STE 201  
OCEANSIDE, CA 92056


 (760) 945-1894

Effective as of 01-FEB-05

#### **HEIFETZ, SUSAN, MD<sup>F</sup>**

Provider ID: 100024397011

 3601 VISTA WAY STE 201  
OCEANSIDE, CA 92056


 (760) 529-9514

Effective as of 01-SEP-21

#### **LAWSON, CATHERINE, MD<sup>F</sup>**

Provider ID: 100080716004

 3230 WARING CT STE J  
OCEANSIDE, CA 92056

 (760) 941-4498

Effective as of 01-DEC-10

#### **LIZOTTE, PAUL, DO<sup>M†</sup>**

Provider ID: 100212648008

 115 N EL CAMINO REAL STE

## C1. List of Network Providers

### Primary Care Providers

A  
OCEANSIDE, CA 92058  
☎ (760) 330-5055  
📄 Spanish  
Effective as of 01-MAR-21

**MACMURRAY, MICHAEL, MD<sup>M</sup>**  
Provider ID: 100067535007  
📄 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
☎ (760) 631-5000  
📄 Spanish  
Effective as of 01-MAR-20

**MACMURRAY, MICHAEL, MD<sup>M</sup>**  
Provider ID: 100067535003  
📄 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
☎ (760) 631-5000  
📄 Spanish  
Effective as of 01-OCT-05

**MACMURRAY, MICHAEL, MD<sup>M</sup>**  
Provider ID: 100067535012  
📄 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
☎ (760) 631-5000  
📄 Spanish  
Effective as of 01-JAN-24

**SAMANI, PARGOL, MD<sup>F</sup>**  
Provider ID: 100325205012  
📄 3927 WARING RD STE C  
OCEANSIDE, CA 92056  
☎ (619) 703-7220  
📄 Farsi, Persian  
Teleservice  
Effective as of 01-DEC-23

**ZIMMERMANN, ANDRES, MD<sup>M</sup>**  
Provider ID: 100015622004  
📄 3601 VISTA WAY STE 201  
OCEANSIDE, CA 92056  
☎ (760) 639-1714  
📄 Spanish

Effective as of 01-SEP-21

### ***FAMILY PRACTICE***

**MCHENRY, KATHRYN, DO<sup>F</sup>**  
Provider ID: 100320650015  
📄 16650 HIGHWAY 76  
PAUMA VALLEY, CA 92061  
☎ (760) 742-9919  
📄 Spanish  
Effective as of 01-FEB-24

### ***FQHC***

**NEIGHBORHOOD  
HEALTHCARE PAUMA  
VALLEY,**  
Provider ID: PG0024990047  
📄 16650 HIGHWAY 76  
PAUMA VALLEY, CA 92061  
☎ (760) 742-9919  
Teleservice  
Effective as of 01-JUL-22

### ***GENERAL PRACTICE***

**LAFONTANT, JEAN, MD<sup>M†</sup>**  
Provider ID: 100218405011  
📄 524 W 4TH ST STE B  
PERRIS, CA 92570  
☎ (951) 355-0030  
📄 French, Spanish  
Effective as of 01-APR-21

### ***INTERNAL MEDICINE***

**SANUCCI, SHAUN, DO<sup>F</sup>**  
Provider ID: 100352649063  
📄 524 W 4TH ST STE B  
PERRIS, CA 92570  
☎ (951) 355-0030  
Effective as of 01-NOV-23

**SANUCCI, SHAUN, DO<sup>F</sup>**  
Provider ID: 100352649064

📄 524 W 4TH ST STE B  
PERRIS, CA 92570  
☎ (951) 355-0030  
Effective as of 01-FEB-24

### ***FAMILY PRACTICE***

**KAUR, JATINDER, MD<sup>F</sup>**  
Provider ID: 100315025014  
📄 13010 POWAY RD  
POWAY, CA 92064  
☎ (858) 218-3000  
📄 Hindi, Urdu  
Effective as of 01-JAN-24

**KAUR, JATINDER, MD<sup>F</sup>**  
Provider ID: 100315025013  
📄 13010 POWAY RD  
POWAY, CA 92064  
☎ (858) 218-3000  
📄 Hindi, Urdu  
Effective as of 01-MAY-23

**TANKSLEY, SIMON, MD<sup>M</sup>**  
Provider ID: 100353447004  
📄 15611 POMERADO RD FL 3  
POWAY, CA 92064  
☎ (858) 675-3210  
📄 Spanish  
Effective as of 01-JAN-24

### ***FQHC***

**NEIGHBORHOOD  
HEALTHCARE GOLD FAMILY  
HEALTH CENTER,**  
Provider ID: PG0092632004  
📄 13010 POWAY RD  
POWAY, CA 92064  
☎ (858) 218-3000  
Effective as of 01-JUL-22

### ***INTERNAL MEDICINE***

**CAPARSO, AMANDA, DO<sup>F††</sup>**



## C1. List of Network Providers

### Primary Care Providers

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Provider ID: 100202026020

📍 13010 POWAY RD  
POWAY, CA 92064

☎️ (760) 737-6935

Effective as of 01-OCT-22

#### **RIVERA, MARCELO, MD<sup>M</sup>**

Provider ID: 100036662021

📍 15644 POMERADO RD STE  
100  
POWAY, CA 92064

☎️ (858) 485-5111

📱 Spanish, Tagalog

Effective as of 01-SEP-23

#### **RIVERA, MARCELO, MD<sup>M</sup>**

Provider ID: 100036662020

📍 15644 POMERADO RD STE  
100  
POWAY, CA 92064

☎️ (858) 485-5111

📱 Spanish, Tagalog

Effective as of 01-SEP-23

#### **RIVERA, MARCELO, MD<sup>M</sup>**

Provider ID: 100036662022

📍 15644 POMERADO RD STE  
100  
POWAY, CA 92064

☎️ (858) 485-5111

📱 Spanish, Tagalog

Effective as of 01-DEC-23

#### **RIVERA, MARCELO, MD<sup>M†</sup>**

Provider ID: 100036662019

📍 13525 MIDLAND RD STE F  
POWAY, CA 92064

☎️ (858) 486-9100

📱 Spanish, Tagalog

Effective as of 01-SEP-23

#### **RIVERA, MARCELO, MD<sup>M†</sup>**

Provider ID: 100036662015

📍 13525 MIDLAND RD STE F  
POWAY, CA 92064

☎️ (858) 486-9100

📱 Spanish, Tagalog

Effective as of 01-JAN-21

#### **WINE, DAVID, MD<sup>M</sup>**

Provider ID: 100035139012

📍 15611 POMERADO RD STE  
400  
POWAY, CA 92064

☎️ (858) 675-3100

Effective as of 01-FEB-24

#### **FQHC**

#### **TRUECARE, †**

Provider ID: PG0025086043

📍 220 ROTANZI ST  
RAMONA, CA 92065

☎️ (760) 736-6767

Teleservice

Effective as of 01-JUL-22

#### **INTERNAL MEDICINE**

#### **YUNG, DORIS, MD<sup>F†</sup>**

Provider ID: 100036513005

📍 220 ROTANZI ST  
RAMONA, CA 92065

☎️ (760) 736-6767

📱 Chinese, Mandarin, Spanish

Effective as of 01-DEC-18

#### **FAMILY PRACTICE**

#### **BILAN, NATALIA, MD<sup>F</sup>**

Provider ID: 100112756005

📍 29809 SANTA MARGARITA  
PKWY STE 300  
RANCHO SANTA  
MARGARITA, CA 92688

☎️ (949) 709-5100

📱 Russian

Effective as of 01-JAN-18

#### **CIANCIOLA, MARK, MD<sup>M††</sup>**

Provider ID: 100057057005

📍 29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688

☎️ (949) 459-9968

Effective as of 01-MAY-12

#### **GHAZI, FARANAK, MD<sup>F†</sup>**

Provider ID: 100332514003

📍 29873 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688

☎️ (949) 709-0988

Effective as of 01-AUG-18

#### **KARIMABADI, MARJAN, MD<sup>F††</sup>**

Provider ID: 100196435002

📍 29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688

☎️ (949) 459-9968

📱 Farsi

Effective as of 01-OCT-13

#### **GENERAL PRACTICE**

#### **RAMIREZ, HECTOR, MD<sup>M</sup>**

Provider ID: 100077601004

📍 29833 SANTA MARGARITA  
PKWY STE 200  
RANCHO SANTA  
MARGARITA, CA 92688

☎️ (949) 858-8652

📱 Spanish

Effective as of 01-JAN-18

#### **INTERNAL MEDICINE**

#### **GORE, GWENDOLYN, MD<sup>F††</sup>**

Provider ID: 100020754005

📍 29472 AVENIDA DE LAS  
BANDERA

## CI. List of Network Providers

### Primary Care Providers

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RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 459-9968  
Effective as of 01-MAY-12

#### **KAMAREI, SHAPARAK, MD<sup>Ft</sup>**

Provider ID: 100132319012  
📍 29873 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 709-0988  
📄 Farsi  
Effective as of 01-JAN-18

#### **TRAN, LILIAN, MD<sup>Ft+</sup>**

Provider ID: 100105534008  
📍 29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 459-9968  
📄 Vietnamese  
Effective as of 01-MAR-15

### ***FAMILY PRACTICE***

#### **DESILVA, PETER, MD<sup>M</sup>**

Provider ID: 100046594003  
📍 29809 SANTA MARGARITA  
PKWY STE 300  
RCHO STA MARG, CA  
92688  
☎ (949) 709-5100  
Effective as of 01-JAN-18

#### **ALI, MOHAMMED, MD<sup>Mt</sup>**

Provider ID: 100114282028  
📍 665 CAMINO DE LOS  
MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-JAN-17

#### **ALI, MOHAMMED, MD<sup>Mt</sup>**

Provider ID: 100114282021  
📍 665 CAMINO DE LOS  
MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-JAN-16

#### **ALI, MOHAMMED, MD<sup>Mt</sup>**

Provider ID: 100114282008  
📍 665 CAMINO DE LOS  
MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-OCT-15

#### **ALI, MOHAMMED, MD<sup>Mt</sup>**

Provider ID: 100114282052  
📍 665 CAMINO DE LOS  
MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-DEC-18

#### **ALI, MOHAMMED, MD<sup>Mt</sup>**

Provider ID: 100114282063  
📍 665 CAMINO DE LOS  
MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-JAN-22

#### **DAVALOS, RICARDO, MD<sup>M</sup>**

Provider ID: 100077642004  
📍 150 AVENIDA CABRILLO  
STE A  
SAN CLEMENTE, CA 92672  
☎ (949) 369-6993  
📄 Spanish  
Effective as of 01-JAN-18

#### **RAMSEY, KAYLA, DO<sup>F</sup>**

Provider ID: 100365540002  
📍 1031 AVENIDA PICO STE  
203  
SAN CLEMENTE, CA 92673  
☎ (949) 557-0820  
Effective as of 01-JAN-21

#### **ROBERSON, ANDREA, DO<sup>Ft</sup>**

Provider ID: 100091717003  
📍 105 AVENIDA DE LA  
ESTRELLA STE 1A  
SAN CLEMENTE, CA 92672  
☎ (949) 586-8000  
Effective as of 01-JAN-18

#### **SAFAVI, MAHSA, MD<sup>Ft</sup>**

Provider ID: 100350049007  
📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
☎ (949) 493-6113  
📄 Farsi, Persian  
Effective as of 01-JAN-23

#### **SHOKOUHI, SARA, MD<sup>Ft</sup>**

Provider ID: 100111432006  
📍 665 CAMINO DE LOS  
MARES STE 207  
SAN CLEMENTE, CA 92673  
☎ (949) 661-4411  
📄 Farsi, Persian  
Effective as of 01-JAN-18

#### **YU, CHRISTINE, DO<sup>F</sup>**

Provider ID: 100420091002  
📍 638 CAMINO DE LOS  
MARES STE D4  
SAN CLEMENTE, CA 92673  
☎ (949) 542-8865  
📄 Chinese, Mandarin  
Effective as of 01-DEC-23

### ***INTERNAL MEDICINE***




#### **CHANG, LAWRENCE, MD<sup>M</sup>**

Provider ID: 100045275002

## C1. List of Network Providers



### Primary Care Providers

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 665 CAMINO LOS MARES  
301  
SAN CLEMENTE, CA 92673  
 (949) 240-9664  
 Chinese, Mandarin, Spanish  
Effective as of 01-JAN-18



#### **GARNER, KAREN, MD<sup>F†</sup>**

Provider ID: 100100519023

 831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
 (949) 364-5600  
Effective as of 01-NOV-17



#### **MITREVSKI, PREDRAG, MD<sup>M†</sup>**

Provider ID: 100071204007

 675 CAMINO DE LOS  
MARES STE 200  
SAN CLEMENTE, CA 92673  
 (949) 542-8865  
Effective as of 01-JAN-15



#### **ONYEKWULUJE, ANNE, MD<sup>F</sup>**

Provider ID: 100176684006

 638 CAMINO DE LOS  
MARES STE D4  
SAN CLEMENTE, CA 92673  
 (949) 542-8865  
Effective as of 01-APR-24



#### **REXINGER, KENNETH, MD<sup>M†</sup>**

Provider ID: 100058286009

 831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
 (949) 364-5600  
Effective as of 01-JAN-15



#### **UNDERWOOD JOLLY, AMY, MD<sup>F†</sup>**

Provider ID: 100086849011

 831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
 (949) 364-5600  
Effective as of 01-JAN-22

#### **WOOD, YELENA, MD<sup>F†</sup>**




Provider ID: 100018427006

 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
 (949) 493-6113  
Effective as of 01-JAN-18

### ***FAMILY PRACTICE***




#### **ALVAREZ-ESTRADA, MIGUEL, MD<sup>M†</sup>**

Provider ID: 100360099016

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 (619) 662-4100  
 Spanish  
Effective as of 01-MAY-22


#### **ALVAREZ-ESTRADA, MIGUEL, MD<sup>M†</sup>**

Provider ID: 100360099012

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 (619) 662-4100  
 Spanish  
Effective as of 01-JAN-21




#### **BAIK, JESSICA, MD<sup>F</sup>**

Provider ID: 100427411002

 7825 ENGINEER RD STE 101  
SAN DIEGO, CA 92111  
 (858) 277-7111  
Teleservice  
Effective as of 01-APR-24



#### **BOYD, JAMES, MD<sup>M</sup>**

Provider ID: 100053030010

 9333 GENESEE AVE STE  
250  
SAN DIEGO, CA 92121  
 (619) 810-7027  
 Spanish  
Teleservice  
Effective as of 01-DEC-23




#### **CUTLER, MICHAEL, MD<sup>M</sup>**

Provider ID: 100225708017

 8996 MIRAMAR RD STE  
308  
SAN DIEGO, CA 92126  
 (858) 335-2670  
 Russian, Spanish  
Effective as of 01-OCT-23




#### **CUTLER, MICHAEL, MD<sup>M</sup>**

Provider ID: 100225708023

 3802 NATIONAL AVE  
SAN DIEGO, CA 92113  
 (619) 264-2591  
 Russian, Spanish  
Effective as of 01-APR-24




#### **CUTLER, MICHAEL, MD<sup>M</sup>**

Provider ID: 100225708019

 3802 NATIONAL AVE  
SAN DIEGO, CA 92113  
 (619) 264-2591  
 Russian, Spanish  
Effective as of 01-DEC-23




#### **CUTLER, MICHAEL, MD<sup>M</sup>**

Provider ID: 100225708021

 3802 NATIONAL AVE  
SAN DIEGO, CA 92113  
 (619) 264-2591  
 Russian, Spanish  
Effective as of 01-JAN-24


#### **DABO, TARAM, MD<sup>M†</sup>**

Provider ID: 100075261003

 1919 GRAND AVE STE 1E  
SAN DIEGO, CA 92109  
 (858) 270-5454  
 Chinese, French, Mandarin  
Effective as of 01-MAR-11

#### **DABO, TARAM, MD<sup>M†</sup>**



Provider ID: 100075261004

 1919 GRAND AVE STE 1E  
SAN DIEGO, CA 92109

## CI. List of Network Providers

### Primary Care Providers


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 (858) 270-5454  
 Chinese, French, Mandarin  
Effective as of 01-JAN-14

#### **DAO, VIET, MD<sup>M†</sup>**

Provider ID: 100105020023

 2363 ULRIC ST STE B  
SAN DIEGO, CA 92111

 (858) 268-1747


 Mandarin, Spanish,  
Vietnamese


Effective as of 01-MAY-14

#### **DAO, VIET, MD<sup>M†</sup>**

Provider ID: 100105020062

 2363 ULRIC ST STE B  
SAN DIEGO, CA 92111

 (858) 268-1747


 Mandarin, Spanish,  
Vietnamese


Effective as of 01-AUG-20

#### **DAO, VIET, MD<sup>M†</sup>**

Provider ID: 100105020027

 2363 ULRIC ST STE B  
SAN DIEGO, CA 92111

 (858) 268-1747


 Mandarin, Spanish,  
Vietnamese


Effective as of 01-APR-15

#### **DAO, VIET, MD<sup>M†</sup>**

Provider ID: 100105020066

 2363 ULRIC ST STE B  
SAN DIEGO, CA 92111

 (858) 268-1747


 Mandarin, Spanish,  
Vietnamese


Effective as of 01-JAN-21

#### **DAO, VIET, MD<sup>M†</sup>**

Provider ID: 100105020064

 4616 EL CAJON BLVD STE 9  
SAN DIEGO, CA 92115


 (619) 583-0553

 Mandarin, Spanish,  
Vietnamese  
Effective as of 01-AUG-20

#### **DAO, VIET, MD<sup>M†</sup>**

Provider ID: 100105020068

 4616 EL CAJON BLVD STE 9  
SAN DIEGO, CA 92115

 (619) 583-0553


 Mandarin, Spanish,  
Vietnamese


Effective as of 01-JAN-21

#### **DAO, VIET, MD<sup>M†</sup>**

Provider ID: 100105020067

 4616 EL CAJON BLVD STE 9  
SAN DIEGO, CA 92115

 (619) 583-0553


 Mandarin, Spanish,  
Vietnamese


Effective as of 01-JAN-21

#### **DAO, VIET, MD<sup>M†</sup>**

Provider ID: 100105020035

 4616 EL CAJON BLVD STE 9  
SAN DIEGO, CA 92115

 (619) 583-0553


 Mandarin, Spanish,  
Vietnamese


Effective as of 01-OCT-17

#### **DAO, VIET, MD<sup>M†</sup>**

Provider ID: 100105020069

 4616 EL CAJON BLVD STE 9  
SAN DIEGO, CA 92115

 (619) 583-0553


 Mandarin, Spanish,  
Vietnamese


Effective as of 01-NOV-20

#### **DAVIS, DEIRDRE, MD<sup>F†</sup>**

Provider ID: 100375869002

 950 S EUCLID AVE  
SAN DIEGO, CA 92114


 (619) 662-4100


 Spanish  
Teleservice  
Effective as of 01-AUG-21

#### **DE ROTH, GEORGINE, MD<sup>F</sup>**

Provider ID: 100409222005

 3750 CONVOY ST STE 118  
SAN DIEGO, CA 92111


 (760) 741-1224

 French, Hungarian, Spanish  
Effective as of 01-AUG-23

#### **DENYSIAK, JACQUELINE, MD<sup>F†</sup>**

Provider ID: 100363725002

 3969 4TH AVE STE 203  
SAN DIEGO, CA 92103

 (619) 294-6500


Teleservice

Effective as of 01-DEC-20

#### **DENYSIAK, JACQUELINE, MD<sup>F†</sup>**

Provider ID: 100363725005

 3969 4TH AVE STE 203  
SAN DIEGO, CA 92103


 (619) 294-6500


Teleservice

Effective as of 01-JAN-21

#### **DENYSIAK, JACQUELINE, MD<sup>F†</sup>**

Provider ID: 100363725007

 3969 4TH AVE STE 203  
SAN DIEGO, CA 92103

 (619) 294-6500


Teleservice


Effective as of 01-NOV-21

#### **DESHPANDE, KAVITA, MD<sup>F</sup>**

Provider ID: 100427408004

 4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 (619) 269-1269

 French  
Teleservice

Effective as of 01-APR-24

## CI. List of Network Providers


### Primary Care Providers

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#### **DESHPANDE, KAVITA, MD<sup>F</sup>**

Provider ID: 100427408003

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 (619) 255-9155

 French


Teleservice


Effective as of 01-APR-24

#### **DIEP, BRIAN, MD<sup>M†</sup>**

Provider ID: 100324529013

 4551 EL CAJON BLVD  
SAN DIEGO, CA 92115

 (619) 280-7185

 Vietnamese


Teleservice


Effective as of 01-OCT-22

#### **DIEP, BRIAN, MD<sup>M†</sup>**

Provider ID: 100324529011

 7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111

 (858) 277-5463

 Vietnamese

Teleservice


Effective as of 01-JUN-22

#### **DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753005

 3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

 (858) 529-7229

Teleservice


Effective as of 01-NOV-23

#### **DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753009

 3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

 (858) 529-7229

Teleservice


Effective as of 01-MAR-23

#### **DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753002

 3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

 (858) 529-7229

Teleservice


Effective as of 01-AUG-22

#### **DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753010

 3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

 (858) 529-7229

Teleservice


Effective as of 01-SEP-23

#### **DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753004

 3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

 (858) 529-7229

Teleservice


Effective as of 01-OCT-22

#### **DUDAREWICZ, TERESA, MD<sup>F†</sup>**

Provider ID: 100068264013

 9909 MIRA MESA BLVD  
STE 110

SAN DIEGO, CA 92131

 (858) 788-7208


 French, Polish, Russian

Teleservice


Effective as of 01-NOV-23

#### **DUDAREWICZ, TERESA, MD<sup>F†</sup>**

Provider ID: 100068264016

 9909 MIRA MESA BLVD  
STE 110

SAN DIEGO, CA 92131

 (858) 788-7208

 French, Polish, Russian

Teleservice


Effective as of 01-OCT-22

#### **DUDAREWICZ, TERESA, MD<sup>F†</sup>**

Provider ID: 100068264017

 9909 MIRA MESA BLVD  
STE 110

SAN DIEGO, CA 92131

 (858) 788-7208

 French, Polish, Russian


Teleservice

Effective as of 01-OCT-22

#### **FAMBRO, CYNTHIA, MD<sup>F†</sup>**

Provider ID: 100350838004

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 (619) 662-4100


 Spanish

Effective as of 01-JAN-21

#### **GIL, GABRIEL, MD<sup>M†</sup>**

Provider ID: 100094547025

 909 CARDIFF ST  
SAN DIEGO, CA 92114

 (619) 465-3121


 Spanish

Effective as of 01-JAN-21

#### **GIL, GABRIEL, MD<sup>M†</sup>**

Provider ID: 100094547010

 903 CARDIFF ST  
SAN DIEGO, CA 92114

 (619) 465-3121


 Spanish

Effective as of 01-JAN-18

#### **GIL, GABRIEL, MD<sup>M†</sup>**

Provider ID: 100094547011

 903 CARDIFF ST  
SAN DIEGO, CA 92114

 (619) 465-3121

 Spanish

Effective as of 01-JAN-18

## CI. List of Network Providers

### Primary Care Providers

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#### **GIL, GABRIEL, MD<sup>M†</sup>**

Provider ID: 100094547026

📍 903 CARDIFF ST  
SAN DIEGO, CA 92114

☎ (619) 465-3121

📱 Spanish

Effective as of 01-NOV-20

#### **GUTIERREZ, LORAIN, MD<sup>F†</sup>**

Provider ID: 100334279007

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

☎ (619) 255-9155

Teleservice

Effective as of 01-AUG-21

#### **HAMIDI, MAHSHID, MD<sup>F†</sup>**

Provider ID: 100110351016

📍 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117

☎ (858) 565-6394

📱 Faroese, Farsi, French

Effective as of 01-FEB-22

#### **HAMIDI, MAHSHID, MD<sup>F†</sup>**

Provider ID: 100110351015

📍 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117

☎ (858) 565-6394

📱 Faroese, Farsi, French

Effective as of 01-JAN-21

#### **HAMIDI, MAHSHID, MD<sup>F†</sup>**

Provider ID: 100110351017

📍 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117

☎ (858) 565-6394

📱 Faroese, Farsi, French

Effective as of 01-APR-23

#### **HAMIDI, MAHSHID, MD<sup>F†</sup>**

Provider ID: 100110351013

📍 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117

☎ (858) 565-6394

📱 Faroese, Farsi, French  
Effective as of 01-AUG-20

#### **HAMIDI, MAHSHID, MD<sup>F†</sup>**

Provider ID: 100110351005

📍 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117

☎ (858) 565-6394

📱 Faroese, Farsi, French

Effective as of 01-APR-18

#### **HEIMLER, GRAHAM, MD<sup>M</sup>**

Provider ID: 100395560005

📍 9333 GENESEE AVE  
SAN DIEGO, CA 92121

☎ (800) 926-8273

Effective as of 01-JUL-23

#### **HEINRICI, ALEKA, MD<sup>F</sup>**

Provider ID: 100244401008

📍 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

☎ (619) 662-4100

📱 Spanish

Teleservice

Effective as of 01-APR-23

#### **HENRY, REBECCA, MD<sup>F</sup>**

Provider ID: 100418054006

📍 6386 ALVARADO CT STE  
101

SAN DIEGO, CA 92120

☎ (858) 554-1212

Effective as of 01-APR-24

#### **HENRY, REBECCA, MD<sup>F</sup>**

Provider ID: 100418054002

📍 6386 ALVARADO CT STE  
101

SAN DIEGO, CA 92120

☎ (858) 554-1212

Effective as of 01-NOV-23

#### **HOUGHTON, ROBERT, MD<sup>M†</sup>**

Provider ID: 100034977002

📍 1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101

☎ (619) 233-4044

📱 German, Spanish

Effective as of 01-FEB-07

#### **JENKIN, FREDERICK, DO<sup>M†</sup>**

Provider ID: 100038612009

📍 3562 GOVERNOR DR STE 1  
SAN DIEGO, CA 92122

☎ (858) 774-5157

Effective as of 01-MAY-21

#### **JOHN, TANNER, MD<sup>M</sup>**

Provider ID: 100415495003

📍 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

☎ (619) 662-4100

Teleservice

Effective as of 01-OCT-23

#### **KAUFHOLD, ANNE, MD<sup>F†</sup>**

Provider ID: 100086435019

📍 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

☎ (619) 662-4100

📱 Arabic, Spanish

Effective as of 01-JAN-21

#### **KIDDER, BRENDAN, MD<sup>M†</sup>**

Provider ID: 100334556005

📍 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

☎ (619) 662-4100

📱 Spanish

Effective as of 01-MAY-22

#### **KUNIN-RIDA, TERI, MD<sup>F†</sup>**

Provider ID: 100064070020

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

☎ (619) 255-9155

📱 Arabic, Armenian, Spanish

Teleservice

Effective as of 01-NOV-21


## C1. List of Network Providers

### Primary Care Providers

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**KUNIN-RIDA, TERI, MD<sup>F†</sup>**


Provider ID: 100064070026

 4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105 (619) 269-1269 Arabic, Armenian, Spanish  
Teleservice

Effective as of 01-NOV-21

**KUNIN-RIDA, TERI, MD<sup>F†</sup>**

Provider ID: 100064070025

 1032 BROADWAY  
SAN DIEGO, CA 92101 (619) 795-5991 Arabic, Armenian, Spanish  
Teleservice


Effective as of 01-NOV-21

**LEBANO, RICHARD, MD<sup>M</sup>**

Provider ID: 100340129005

 10737 CAMINO RUIZ STE  
235


SAN DIEGO, CA 92126

 (844) 200-2426 Spanish

Effective as of 01-OCT-23

**LIU, CHIA-LIN, DO<sup>M</sup>**


Provider ID: 100102354002

 2185 GARNET AVE  
SAN DIEGO, CA 92109 (858) 270-9270 Chinese, Mandarin, Spanish

Effective as of 01-DEC-03

**LIU, CHIA-LIN, DO<sup>M</sup>**

Provider ID: 100102354004

 2185 GARNET AVE  
SAN DIEGO, CA 92109 (858) 270-9270 Chinese, Mandarin, Spanish



Effective as of 01-APR-23

**LUAN, GORDON, MD<sup>M†</sup>**

Provider ID: 100012685016

 4320 GENESEE AVE STE  
103

SAN DIEGO, CA 92117

 (858) 598-6789 Chinese, Mandarin



Effective as of 01-JUN-22

**LUAN, GORDON, MD<sup>M†</sup>**

Provider ID: 100012685018

 4320 GENESEE AVE STE  
103



SAN DIEGO, CA 92117

 (858) 598-6789 Chinese, Mandarin

Effective as of 01-NOV-23

**MARQUEZ, LUIS, MD<sup>M†</sup>**

Provider ID: 100078829006

 4060 4TH AVE STE 540  
SAN DIEGO, CA 92103 (619) 236-8796 Italian, Spanish



Effective as of 01-NOV-21

**MATSON, GARY, DO<sup>M†</sup>**

Provider ID: 100051901002

 4501 MISSION BAY DR STE  
3E


SAN DIEGO, CA 92109

 (858) 270-4343 French, Spanish

Effective as of 01-FEB-07

**MONTENEGRO, CLAUDIA, DO<sup>F</sup>**

Provider ID: 100427447004

 4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105 (619) 269-1269

Teleservice


Effective as of 01-APR-24

**MONTENEGRO, CLAUDIA, DO<sup>F</sup>**

Provider ID: 100427447003

 4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105



 (619) 255-9155

Teleservice

Effective as of 01-APR-24

**MORALES, ALEJANDRA, MD<sup>F†</sup>**


Provider ID: 100363732006

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113 (619) 662-4100

Effective as of 01-MAY-22

**MORALES, ALEJANDRA, MD<sup>F†</sup>**



Provider ID: 100363732003

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113 (619) 662-4100

Effective as of 01-JAN-21

**NGUYEN, LINHKIEU, MD<sup>F†</sup>**

Provider ID: 100073181012

 3575 EUCLID AVE STE 100  
SAN DIEGO, CA 92105 (619) 284-1400 Chinese, Spanish, Tagalog


Effective as of 01-JAN-21

**NGUYEN, HUONG, MD<sup>F†</sup>**

Provider ID: 100104992018

 4444 EL CAJON BLVD STE  
6

SAN DIEGO, CA 92115

 (619) 285-1522 Cambodian, Cantonese,  
Mandarin



Effective as of 01-OCT-23

**NGUYEN, HUONG, MD<sup>F††</sup>**

Provider ID: 100104992004

 4444 EL CAJON BLVD STE  
6

SAN DIEGO, CA 92115

 (619) 285-1522 Cambodian, Cantonese,  
Mandarin

## CI. List of Network Providers

### Primary Care Providers


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Effective as of 01-JAN-14

#### **NGUYEN, LINHKIEU, MD<sup>F†</sup>**

Provider ID: 100073181014

 6905 LINDA VISTA RD  
SAN DIEGO, CA 92111

 (619) 284-1400

 Chinese, Spanish, Tagalog


Effective as of 01-FEB-22

#### **ORTIZ ILIZALITURRI, ANA, MD**

<sup>F\*</sup>

Provider ID: 100394347011

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 (619) 280-4213

 Spanish


Teleservice

Effective as of 01-OCT-23

#### **RECALDE, FRANCISCO, MD<sup>M†</sup>**

Provider ID: 100015266018

 3811 EL CAJON BLVD  
SAN DIEGO, CA 92105

 (619) 284-5622


 Spanish

Effective as of 01-JAN-21

#### **RECALDE, FRANCISCO, MD<sup>M†</sup>**

Provider ID: 100015266003

 3811 EL CAJON BLVD  
SAN DIEGO, CA 92105

 (619) 284-5622


 Spanish

Effective as of 01-SEP-09

#### **RITTER, STEVEN, DO<sup>M†</sup>**

Provider ID: 100332302002


 950 S EUCLID AVE  
SAN DIEGO, CA 92114


 (619) 662-4100

Effective as of 01-AUG-18

#### **RODRIGUEZ, SEAN, MD<sup>M</sup>**

Provider ID: 100197884009

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 (619) 662-4100


 Spanish


Effective as of 01-MAR-21

#### **SALEH, ANDREW, MD<sup>M†</sup>**

Provider ID: 100293587004

 1370 ROSECRANS ST STE A  
SAN DIEGO, CA 92106

 (619) 223-2668


 Arabic, Spanish

Effective as of 01-DEC-23

#### **SAZEGAR, PAYAM, MD<sup>M†</sup>**

Provider ID: 100187888011

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 (619) 255-9155


Teleservice

Effective as of 01-JUL-21

#### **SAZEGAR, PAYAM, MD<sup>M†</sup>**

Provider ID: 100187888013

 4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105


 (619) 269-1269


Teleservice

Effective as of 01-JUL-21

#### **SCOTT, LAGINA, MD<sup>F</sup>**

Provider ID: 100363586003

 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

 (619) 662-4100

Teleservice


Effective as of 01-MAR-21


#### **SHAMANI, AZAM, MD<sup>F†</sup>**

Provider ID: 100132296022

 5555 RESERVOIR DR STE  
312

SAN DIEGO, CA 92120

 (619) 639-7285

 Faroese, Farsi, Spanish


Effective as of 01-SEP-21

#### **SHAMANI, AZAM, MD<sup>F†</sup>**

Provider ID: 100132296023

 5555 RESERVOIR DR STE  
312

SAN DIEGO, CA 92120

 (619) 639-7285

 Faroese, Farsi, Spanish


Effective as of 01-SEP-22


#### **SHAMANI, AZAM, MD<sup>F†</sup>**

Provider ID: 100132296021

 5555 RESERVOIR DR STE  
312

SAN DIEGO, CA 92120

 (619) 639-7285

 Faroese, Farsi, Spanish


Effective as of 01-JAN-21


#### **SHAMANI, AZAM, MD<sup>F†</sup>**

Provider ID: 100132296015

 5555 RESERVOIR DR STE  
312

SAN DIEGO, CA 92120

 (619) 639-7285


 Faroese, Farsi, Spanish

Effective as of 01-APR-18

#### **SINGER, JACOB, MD<sup>M</sup>**

Provider ID: 100340992007

 4320 GENESEE AVE  
SAN DIEGO, CA 92117


 (858) 598-6789

Effective as of 01-OCT-23

#### **SINGER, JACOB, MD<sup>M</sup>**

Provider ID: 100340992008

 4320 GENESEE AVE  
SAN DIEGO, CA 92117

 (858) 598-6789

Effective as of 01-DEC-23

#### **SIVA, TENAYA, MD<sup>M</sup>**


Provider ID: 100418703003




## CI. List of Network Providers

### Primary Care Providers

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 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 (619) 662-4100

Teleservice


Effective as of 01-NOV-23

#### **SNYDER, CHRISTOPHER, DO<sup>M†</sup>**

Provider ID: 100024789053

 4690 EL CAJON BLVD

SAN DIEGO, CA 92115

 (619) 662-4100

 Spanish

Teleservice


Effective as of 01-MAR-22

#### **STONES, RACHEL, MD<sup>F</sup>**

Provider ID: 100387928007

 4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

 (619) 255-9155

Teleservice


Effective as of 01-MAY-22

#### **STONES, RACHEL, MD<sup>F</sup>**

Provider ID: 100387928008

 4171 FAIRMOUNT AVE

SAN DIEGO, CA 92105

 (619) 269-1269

Teleservice


Effective as of 01-MAY-22

#### **SZMIDT, MARIA, MD<sup>F</sup>**

Provider ID: 100108398011

 12395 EL CAMINO REAL  
STE 100

SAN DIEGO, CA 92130

 (858) 259-5655

 Polish, Russian, Spanish


Effective as of 01-JAN-21

#### **SZMIDT, MARIA, MD<sup>F</sup>**

Provider ID: 100108398007

 12395 EL CAMINO REAL  
STE 100

SAN DIEGO, CA 92130

 (858) 259-5655

 Polish, Russian, Spanish


Effective as of 01-SEP-15


#### **TEGUH, COLLIN, DO<sup>M†</sup>**

Provider ID: 100089123007

 2045 ADAMS AVE

SAN DIEGO, CA 92116

 (619) 281-8988

 German, Indonesian,

Malayalam

Teleservice

Effective as of 01-AUG-20


#### **VAZQUEZ-BOJORQUEZ,**

#### **ALEJANDRA, MD<sup>F</sup>**

Provider ID: 100391945010

 3900 5TH AVE STE 110

SAN DIEGO, CA 92103

 (858) 554-1212

 Spanish


Effective as of 01-NOV-22


#### **VILLA, MARIA, MD<sup>F†</sup>**

Provider ID: 100111602017

 655 SATURN BLVD STE J

SAN DIEGO, CA 92154

 (619) 575-4442

 Spanish, Tagalog


Effective as of 01-JAN-21

#### **VILLA, MARIA, MD<sup>F†</sup>**

Provider ID: 100111602016

 655 SATURN BLVD STE J

SAN DIEGO, CA 92154

 (619) 575-4442

 Spanish, Tagalog


Effective as of 01-JAN-21

#### **VILLA, MARIA, MD<sup>F†</sup>**

Provider ID: 100111602015

 655 SATURN BLVD STE J

SAN DIEGO, CA 92154

 (619) 575-4442

 Spanish, Tagalog


Effective as of 01-JAN-21

#### **VILLA, MARIA, MD<sup>F†</sup>**

Provider ID: 100111602005

 655 SATURN BLVD STE J

SAN DIEGO, CA 92154

 (619) 575-4442

 Spanish, Tagalog


Effective as of 01-FEB-18


#### **VO, PHU LUONG, DO<sup>F</sup>**

Provider ID: 100415527003

 4690 EL CAJON BLVD

SAN DIEGO, CA 92115

 (619) 662-4100

 Spanish, Vietnamese

Teleservice


Effective as of 01-NOV-23

#### **VOURLITIS, MELISSA, DO<sup>F†</sup>**

Provider ID: 100090572016

 9800 GLEN CENTER DR

SAN DIEGO, CA 92131

 (858) 832-2500

Teleservice


Effective as of 01-NOV-23


#### **WONG, CALVIN, MD<sup>M†</sup>**

Provider ID: 100095226007

 444 W C ST STE 185

SAN DIEGO, CA 92101

 (619) 232-6262

 Chinese, Spanish

Effective as of 01-JUN-11


#### **YUEN, SELENE, MD<sup>F†</sup>**

Provider ID: 100246155013

 4320 GENESEE AVE STE

103

SAN DIEGO, CA 92117

 (858) 598-6789

 Chinese

Teleservice

Effective as of 01-APR-22

## CI. List of Network Providers

### Primary Care Providers


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#### **YUEN, SELENE, MD<sup>F†</sup>**

Provider ID: 100246155015

 4320 GENESEE AVE STE 103

SAN DIEGO, CA 92117

 (858) 598-6789


 Chinese


Teleservice

Effective as of 01-JUN-22

#### **ZINK, IRENE, MD<sup>F†</sup>**

Provider ID: 100324255002

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 (619) 662-4100


 German


Teleservice

Effective as of 01-AUG-17

#### **ZINK, IRENE, MD<sup>F†</sup>**

Provider ID: 100324255006

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 (619) 662-4100

 German

Teleservice

Effective as of 01-APR-23


### ***FQHC***

#### **DIAMOND NEIGHBORHOODS**

##### **FAMILY HLTH CTRS INC,**

Provider ID: PG0025044041

 4725 MARKET ST  
SAN DIEGO, CA 92102


 (619) 515-2560

Effective as of 01-JAN-21

#### **DOWNTOWN FAMILY CTR AT CONNECTIONS, †**

Provider ID: PG0084437004

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101


 (619) 515-2430

Effective as of 01-JAN-21

#### **FAMILY HEALTH CTR IBARRA, †**

Provider ID: PG0084517004

 4874 POLK AVE  
SAN DIEGO, CA 92105


 (619) 515-2426

Effective as of 01-JAN-21

#### **FAMILY HEALTH CTR OF SD-ELM ST, †**

Provider ID: PG0083911003

 140 ELM ST  
SAN DIEGO, CA 92101


 (619) 515-2520

Effective as of 01-JAN-21

#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK,**

Provider ID: PG0084522003

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105


 (619) 515-2454

Effective as of 01-JAN-21

#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK,**

Provider ID: PG0084522006

 2114 NATIONAL AVE  
SAN DIEGO, CA 92113

 (619) 515-2406


Effective as of 01-JAN-21

#### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,**

Provider ID: PG0083950003

 2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113

 (619) 515-2422


Effective as of 01-JAN-21

#### **FAMILY HLTH CTR SAN**

#### **DIEGO- CITY COLLEGE,**

Provider ID: PG0085338003

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101


 (619) 515-2525

Effective as of 01-JAN-21

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA,**

Provider ID: PG0083156003

 3705 MISSION BLVD  
SAN DIEGO, CA 92109


 (619) 515-2444

Effective as of 01-JAN-21

#### **FAMILY HLTH CTR SD HILLCREST, †**

Provider ID: PG0084516014

 4094 4TH AVE  
SAN DIEGO, CA 92103


 (619) 515-2545

Effective as of 01-JAN-21

#### **KING CHAVEZ HEALTH CENTER, †**

Provider ID: PG0047560014

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 (619) 662-4100


Teleservice

Effective as of 01-JAN-21

#### **LA MAESTRA FAMILY CLINIC INC, †**

Provider ID: PG0053396003

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 (619) 280-4213

Teleservice

Effective as of 01-JAN-21

#### **LINDA VISTA HEALTH CARE CTR,**


Provider ID: PG0024858005

## CI. List of Network Providers

### Primary Care Providers

---

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 (858) 279-0925


Teleservice

Effective as of 01-JUL-22

#### **LOGAN HEIGHTS FAMILY HEALTH CENTER,**

Provider ID: PG0025044036

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113


 (619) 515-2300

Effective as of 01-JAN-21

#### **LOGAN HEIGHTS FAMILY HEALTH CENTER,**

Provider ID: PG0025044044

 2204 NATIONAL AVE  
SAN DIEGO, CA 92113


 (619) 515-2355

Effective as of 01-JAN-21

#### **MID-CITY COMMUNITY CLINIC, †**

Provider ID: PG0049261010

 4290 POLK AVE  
SAN DIEGO, CA 92105

 (619) 563-0250


Teleservice

Effective as of 01-JUL-22

#### **MID-CITY COMMUNITY CLINIC,**

Provider ID: PG0049261008

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105


 (619) 280-2058

Effective as of 01-JUL-22

#### **NESTOR COMMUNITY HEALTH CENTER,**

Provider ID: PG0031643004

 1016 OUTER RD  
SAN DIEGO, CA 92154

 (619) 429-3733


Teleservice

Effective as of 01-JUL-22

#### **NORTH PARK FAMILY HEALTH CENTERS,**

Provider ID: PG0084186003

 3514 30TH ST  
SAN DIEGO, CA 92104


 (619) 515-2424

Effective as of 01-JAN-21

#### **NORTH PARK FAMILY HEALTH CENTERS,**

Provider ID: PG0025044037


 3544 30TH ST  
SAN DIEGO, CA 92104


 (619) 515-2424

Effective as of 01-JAN-21

#### **OPERATION SAMAHAN - MIRA MESA, †**

Provider ID: PG0083606005

 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126


 (844) 200-2426

Effective as of 01-JAN-21

#### **OPERATION SAMAHAN - MIRA MESA,**

Provider ID: PG0083606006


 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131


 (844) 200-2426

Effective as of 01-JAN-21

#### **OPERATION SAMAHAN RANCHO PENASQUITOS,**

Provider ID: PG0083903005

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129


 (844) 200-2426

Effective as of 01-JAN-21

#### **SAN DIEGO AMERICAN INDIAN HEALTH CENTER,**

Provider ID: PG0025869017

 2630 1ST AVE  
SAN DIEGO, CA 92103

 (619) 234-2158

Teleservice


Effective as of 01-JUL-22

Indian Health Services: Y

#### **SAN DIEGO FAMILY CARE,**

Provider ID: PG0092672004

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 (858) 810-8700


Teleservice

Effective as of 01-JUL-22

#### **SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,**

Provider ID: PG0094135003


 316 25TH ST  
SAN DIEGO, CA 92102


 (619) 238-5551

Effective as of 01-JAN-21

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW, †**

Provider ID: PG0047560013

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 (619) 662-4100


Teleservice

Effective as of 01-JAN-21

#### **SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,**

Provider ID: PG0094138003

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 (619) 662-4100

## C1. List of Network Providers

### Primary Care Providers

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Teleservice


Effective as of 01-JAN-21

#### **SAN YSIDRO HEALTH**

##### **PRECISION PARK,**

Provider ID: PG0128177002

 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173

 (619) 662-4100


Effective as of 01-APR-24

#### **SHERMAN HEIGHTS FAMILY**

##### **HLTH CTRS INC,**

Provider ID: PG0082766003

 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 (619) 515-2435


Effective as of 01-JAN-21

#### **ST VINCENT DE PAUL VILLAGE**

##### **FAMILY HEALTH CENTER, †**

Provider ID: PG0086361006

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 (619) 233-8500

Teleservice


Effective as of 01-JUL-22

#### **GENERAL PRACTICE**

##### **BORRERO, MARCOS, MD<sup>M†</sup>**

Provider ID: 100104392016

 3490 PALM AVE  
SAN DIEGO, CA 92154

 (619) 423-5616

 Spanish


Teleservice

Effective as of 01-NOV-20

##### **BORRERO, MARCOS, MD<sup>M†</sup>**

Provider ID: 100104392015

 3490 PALM AVE  
SAN DIEGO, CA 92154

 (619) 423-5616

 Spanish


Teleservice

Effective as of 01-JAN-21

##### **BORRERO, MARCOS, MD<sup>M†</sup>**

Provider ID: 100104392018

 3490 PALM AVE  
SAN DIEGO, CA 92154

 (619) 423-5616

 Spanish


Teleservice

Effective as of 01-DEC-21

##### **BORRERO, MARCOS, MD<sup>M†</sup>**

Provider ID: 100104392005

 3490 PALM AVE  
SAN DIEGO, CA 92154

 (619) 423-5616

 Spanish


Teleservice

Effective as of 01-MAY-18

##### **BORRERO, MARCOS, MD<sup>M†</sup>**

Provider ID: 100104392019

 3490 PALM AVE  
SAN DIEGO, CA 92154

 (619) 423-5616

 Spanish


Teleservice

Effective as of 01-JUN-23

##### **DABROWSKI, THOMAS, MD<sup>M</sup>**

Provider ID: 100343180011

 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103


 (858) 554-1212

Effective as of 01-APR-24

##### **DENYSIAK, JACQUELINE, MD<sup>F†</sup>**

Provider ID: 100363725006

 3969 4TH AVE STE 203  
SAN DIEGO, CA 92103

 (619) 294-6500


Teleservice

Effective as of 01-JAN-21

##### **GERBATSCH-BORNEMISZA, ILDIKO, MD<sup>F\*</sup>**

Provider ID: 100325246016

 3490 PALM AVE  
SAN DIEGO, CA 92154

 (619) 423-5616


Teleservice

Effective as of 01-JUL-23

##### **GUEFEN, URI, MD<sup>M</sup>**

Provider ID: 100072802030

 555 W C ST STE 102  
SAN DIEGO, CA 92101


 (858) 554-1212


 Spanish

Effective as of 01-DEC-23

##### **KIDOKORO, YASUKO, MD<sup>F†</sup>**

Provider ID: 100075657010

 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117


 (858) 277-9669


 Japanese

Effective as of 01-JUN-20

##### **KIDOKORO, YASUKO, MD<sup>F†</sup>**

Provider ID: 100075657015

 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117


 (858) 277-9669


 Japanese

Effective as of 01-JAN-21

##### **KIDOKORO, YASUKO, MD<sup>F†</sup>**

Provider ID: 100075657018

 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117

 (858) 277-9669

 Japanese

Effective as of 01-MAY-22




##### **MIRKARIMI, MORTEZA, MD<sup>M†</sup>**

Provider ID: 100084653010

## C1. List of Network Providers




### Primary Care Providers

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 3863 CLAIREMONT DR  
SAN DIEGO, CA 92117  
 (858) 483-5570  
 Faroese, Farsi, Spanish  
Effective as of 01-JAN-21




#### **MIRKARIMI, MORTEZA, MD<sup>Mt</sup>**

Provider ID: 100084653003

 3863 CLAIREMONT DR  
SAN DIEGO, CA 92117  
 (858) 483-5570  
 Faroese, Farsi, Spanish  
Effective as of 01-DEC-12




#### **MIRKARIMI, MORTEZA, MD<sup>Mt</sup>**

Provider ID: 100084653009

 3863 CLAIREMONT DR  
SAN DIEGO, CA 92117  
 (858) 483-5570  
 Faroese, Farsi, Spanish  
Effective as of 01-AUG-20




#### **NGUYEN, HUONG, MD<sup>Ft</sup>**

Provider ID: 100104992014

 4444 EL CAJON BLVD STE  
6  
SAN DIEGO, CA 92115  
 (619) 285-1522  
 Cambodian, Cantonese,  
Mandarin  
Effective as of 01-AUG-20

#### **NGUYEN, HUONG, MD<sup>Ft</sup>**



Provider ID: 100104992007

 4444 EL CAJON BLVD STE  
6  
SAN DIEGO, CA 92115  
 (619) 285-1522  
 Cambodian, Cantonese,  
Mandarin  
Effective as of 01-MAR-18

#### **RECALDE, FRANCISCO, MD<sup>Mt</sup>**




Provider ID: 100015266021

 3811 EL CAJON BLVD

SAN DIEGO, CA 92105  
 (619) 284-5622  
 Spanish  
Effective as of 01-SEP-22




#### **RECALDE, FRANCISCO, MD<sup>Mt</sup>**

Provider ID: 100015266019

 3811 EL CAJON BLVD  
SAN DIEGO, CA 92105  
 (619) 284-5622  
 Spanish  
Effective as of 01-JAN-21




#### **RECALDE, FRANCISCO, MD<sup>Mt</sup>**

Provider ID: 100015266017

 3811 EL CAJON BLVD  
SAN DIEGO, CA 92105  
 (619) 284-5622  
 Spanish  
Effective as of 01-AUG-20

#### **RECALDE, FRANCISCO, MD<sup>Mt</sup>**




Provider ID: 100015266020

 3811 EL CAJON BLVD  
SAN DIEGO, CA 92105  
 (619) 284-5622  
 Spanish  
Effective as of 01-JAN-21

### **INTERNAL MEDICINE**


#### **AL-SALEH, YADANI, MD<sup>Ft</sup>**



Provider ID: 100358544020

 3737 MORAGA AVE STE  
B103  
SAN DIEGO, CA 92117  
 (858) 799-0855  
 Spanish  
Effective as of 01-FEB-24




#### **AL-SALEH, YADANI, MD<sup>Ft</sup>**

Provider ID: 100358544019

 3737 MORAGA AVE STE  
B103  
SAN DIEGO, CA 92117




 (858) 799-0855  
 Spanish  
Effective as of 01-SEP-23

#### **AL-SALEH, YADANI, MD<sup>Ft</sup>**

Provider ID: 100358544012  
 3737 MORAGA AVE STE  
B103  
SAN DIEGO, CA 92117  
 (858) 799-0855  
 Spanish  
Effective as of 01-DEC-22




#### **BUTLER, LISA, MD<sup>Ft</sup>**

Provider ID: 100068570008

 3260 3RD AVE  
SAN DIEGO, CA 92103  
 (619) 297-3737  
 Hindi, Italian, Spanish  
Effective as of 01-JUN-20



#### **CARAMBAS, CLARITA, MD<sup>Ft</sup>**

Provider ID: 100070756004

 9190 MIRA MESA BLVD  
SAN DIEGO, CA 92126  
 (858) 689-1814  
 Tagalog  
Effective as of 01-SEP-22



#### **DE CARVALHO, CARLOS, MD<sup>Mt</sup>**

Provider ID: 100077227047

 2939 BEYER BLVD  
SAN DIEGO, CA 92154  
 (619) 423-0343  
 Portuguese, Spanish,  
Tagalog  
Teleservice  
Effective as of 01-JAN-21

#### **DE CARVALHO, CARLOS, MD<sup>Mt</sup>**

Provider ID: 100077227048

 2939 BEYER BLVD  
SAN DIEGO, CA 92154  
 (619) 423-0343  
 Portuguese, Spanish,

## C1. List of Network Providers

### Primary Care Providers

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Tagalog  
Teleservice  
Effective as of 01-SEP-20

#### **DE CARVALHO, CARLOS, MD<sup>M†</sup>**

Provider ID: 100077227054  
2939 BEYER BLVD  
SAN DIEGO, CA 92154  
(619) 423-0343  
Portuguese, Spanish,  
Tagalog  
Teleservice  
Effective as of 01-SEP-22

#### **EL GHONEIMY, AHMED, MD<sup>M†</sup>**

Provider ID: 100103500012  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
(619) 255-9155  
Arabic  
Teleservice  
Effective as of 01-AUG-22

#### **EL GHONEIMY, AHMED, MD<sup>M†</sup>**

Provider ID: 100103500013  
4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
(619) 269-1269  
Arabic  
Teleservice  
Effective as of 01-AUG-22

#### **ELIAS, RAMIZ, MD<sup>M†</sup>**

Provider ID: 100105850036  
7695 CARDINAL CT STE  
370-375  
SAN DIEGO, CA 92123  
(858) 384-7072  
Spanish  
Effective as of 01-MAR-18

#### **ELIAS, RAMIZ, MD<sup>M†</sup>**

Provider ID: 100105850039  
7695 CARDINAL CT STE

370-375  
SAN DIEGO, CA 92123  
(858) 384-7072  
Spanish

Effective as of 01-SEP-22

#### **FABELLA, GABRIEL, MD<sup>M</sup>**

Provider ID: 100011192020  
10737 CAMINO RUIZ STE 115  
SAN DIEGO, CA 92126  
(858) 695-1262  
Japanese, Spanish, Tagalog  
Effective as of 01-JAN-21

#### **FABELLA, GABRIEL, MD<sup>M</sup>**

Provider ID: 100011192018  
10737 CAMINO RUIZ STE 115  
SAN DIEGO, CA 92126  
(858) 695-1262  
Japanese, Spanish, Tagalog  
Effective as of 01-JAN-21

#### **FABELLA, GABRIEL, MD<sup>M</sup>**

Provider ID: 100011192021  
10737 CAMINO RUIZ STE 115  
SAN DIEGO, CA 92126  
(858) 695-1262  
Japanese, Spanish, Tagalog  
Effective as of 01-MAY-23

#### **FABELLA, GABRIEL, MD<sup>M</sup>**

Provider ID: 100011192003  
10737 CAMINO RUIZ STE 115  
SAN DIEGO, CA 92126  
(858) 695-1262  
Japanese, Spanish, Tagalog  
Effective as of 01-NOV-09

#### **FABELLA, GABRIEL, MD<sup>M</sup>**

Provider ID: 100011192019  
10737 CAMINO RUIZ STE 115  
SAN DIEGO, CA 92126  
(858) 695-1262  
Japanese, Spanish, Tagalog  
Effective as of 01-JAN-21

#### **FAKHRO, SAMEEH, MD<sup>M†</sup>**

Provider ID: 100379921002  
3490 PALM AVE  
SAN DIEGO, CA 92154  
(619) 423-5616  
Effective as of 01-NOV-21

#### **FAKHRO, SAMEEH, MD<sup>M†</sup>**

Provider ID: 100379921011  
3490 PALM AVE  
SAN DIEGO, CA 92154  
(619) 423-5616  
Effective as of 01-JUN-23

#### **FAKHRO, SAMEEH, MD<sup>M†</sup>**

Provider ID: 100379921004  
3490 PALM AVE  
SAN DIEGO, CA 92154  
(619) 423-5616  
Effective as of 01-DEC-21

#### **FAKHRO, SAMEEH, MD<sup>M†</sup>**

Provider ID: 100379921006  
3490 PALM AVE  
SAN DIEGO, CA 92154  
(619) 423-5616  
Effective as of 01-APR-22

#### **FRANK, STEWART, MD<sup>M††</sup>**

Provider ID: 100018840004  
4060 4TH AVE STE 605  
SAN DIEGO, CA 92103  
(619) 298-1318  
Spanish  
Effective as of 01-FEB-07

#### **GAVRILYUK, IGOR, MD<sup>M†</sup>**

Provider ID: 100107169005  
4060 4TH AVE STE 100  
SAN DIEGO, CA 92103  
(619) 718-9444  
Russian, Ukrainian  
Effective as of 01-SEP-09

#### **GREEN, BILLIE, MD<sup>F††</sup>**

## CI. List of Network Providers

### Primary Care Providers

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Provider ID: 100023101004

📍 1101 FELSPAR ST  
SAN DIEGO, CA 92109

☎ (858) 483-1720

🗂 French

Effective as of 01-AUG-05

#### **GREEN, BILLIE, MD<sup>F†</sup>**

Provider ID: 100023101005

📍 1101 FELSPAR ST  
SAN DIEGO, CA 92109

☎ (858) 483-1720

🗂 French

Effective as of 01-SEP-09

#### **GUHAROY, ASIM, MD<sup>M†</sup>**

Provider ID: 100107045011

📍 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123

☎ (858) 430-6656

🗂 Bengali, Hindi, Malay

Effective as of 01-JAN-21

#### **GUHAROY, ASIM, MD<sup>M†</sup>**

Provider ID: 100107045012

📍 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123

☎ (858) 430-6656

🗂 Bengali, Hindi, Malay

Effective as of 01-MAR-23

#### **GUHAROY, ASIM, MD<sup>M†</sup>**

Provider ID: 100107045003

📍 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123

☎ (858) 430-6656

🗂 Bengali, Hindi, Malay

Effective as of 01-APR-16

#### **GUHAROY, ASIM, MD<sup>M†</sup>**

Provider ID: 100107045016

📍 4540 KEARNY VILLA RD

STE 106

SAN DIEGO, CA 92123

☎ (858) 430-6656

🗂 Bengali, Hindi, Malay

Effective as of 01-OCT-23

#### **GUHAROY, ASIM, MD<sup>M†</sup>**

Provider ID: 100107045009

📍 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123

☎ (858) 430-6656

🗂 Bengali, Hindi, Malay

Effective as of 01-SEP-20

#### **GUHAROY, ASIM, MD<sup>M</sup>**

Provider ID: 100107045014

📍 4075 54TH ST  
SAN DIEGO, CA 92105

☎ (858) 598-5654

🗂 Bengali, Hindi, Malay

Effective as of 01-APR-23

#### **HENDRICKS, MARK, MD<sup>M†</sup>**

Provider ID: 100055830004

📍 2525 CAMINO DEL RIO S  
STE 165  
SAN DIEGO, CA 92108

☎ (619) 543-9655

Effective as of 01-AUG-22

#### **HENRY, ANEEL, MD<sup>M</sup>**

Provider ID: 100418814003

📍 6386 ALVARADO CT STE  
101  
SAN DIEGO, CA 92120

☎ (858) 554-1212

Effective as of 01-APR-24

#### **HENRY, ANEEL, MD<sup>M</sup>**

Provider ID: 100418814002

📍 6386 ALVARADO CT STE  
101  
SAN DIEGO, CA 92120

☎ (858) 554-1212

Effective as of 01-DEC-23

#### **HUA, NATHAN, MD<sup>M</sup>**

Provider ID: 100408831002

📍 7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111

☎ (858) 277-5463

🗂 Vietnamese

Effective as of 01-JUN-23

#### **HUYNH, ANDREW, MD<sup>M</sup>**

Provider ID: 100427366002

📍 4551 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ (619) 280-7185

Teleservice

Effective as of 01-APR-24

#### **KHEHAR, BHUPINDER, MD<sup>M†</sup>**

Provider ID: 100110360008

📍 3260 3RD AVE  
SAN DIEGO, CA 92103

☎ (619) 297-3737

🗂 Hindi, Punjabi, Swahili

Effective as of 01-JAN-21

#### **KINGSBURY, A GRANT, MD<sup>M†</sup>**

Provider ID: 100063083007

📍 4060 4TH AVE STE 102  
SAN DIEGO, CA 92103

☎ (619) 298-2900

Effective as of 01-NOV-22

#### **KURUVADI, NISHA, DO<sup>F\*</sup>**

Provider ID: 100412012004

📍 4276 54TH PL STE B  
SAN DIEGO, CA 92115

☎ (619) 267-0553

Effective as of 01-OCT-23

#### **KURUVADI, NISHA, DO<sup>F</sup>**

Provider ID: 100412012007

📍 4276 54TH PL STE B  
SAN DIEGO, CA 92115

☎ (619) 267-0553

## CI. List of Network Providers

### Primary Care Providers

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Effective as of 01-APR-24

#### **MOSSON, MARK, MD<sup>M†</sup>**

Provider ID: 100176768003

4060 4TH AVE STE 505  
SAN DIEGO, CA 92103

(619) 298-1318

Effective as of 01-AUG-13

#### **NAJAR, FAUZI, MD<sup>M</sup>**

Provider ID: 100390568003

3490 PALM AVE  
SAN DIEGO, CA 92154

(619) 423-5616

Arabic

Effective as of 01-DEC-22

#### **NAJAR, FAUZI, MD<sup>M</sup>**

Provider ID: 100390568002

3490 PALM AVE  
SAN DIEGO, CA 92154

(619) 423-5616

Arabic

Effective as of 01-AUG-22

#### **NAJAR, FAUZI, MD<sup>M\*</sup>**

Provider ID: 100390568005

3490 PALM AVE  
SAN DIEGO, CA 92154

(619) 423-5616

Arabic

Effective as of 01-JUN-23

#### **NAJAR, FAUZI, MD<sup>M</sup>**

Provider ID: 100390568007

3490 PALM AVE  
SAN DIEGO, CA 92154

(619) 423-5616

Arabic

Effective as of 01-OCT-23

#### **NGUYEN, NGOCBICH, MD<sup>F</sup>**

Provider ID: 100084488006

3969 4TH AVE STE 207  
SAN DIEGO, CA 92103

(619) 543-0042

Vietnamese

Effective as of 01-FEB-17

#### **O'ROURKE, COURTNEY, DO<sup>F</sup>**

Provider ID: 100152413026

9909 MIRA MESA BLVD  
STE 110  
SAN DIEGO, CA 92131

(858) 554-1212

Spanish

Effective as of 01-APR-24

#### **OLIVER, DEANNA, MD<sup>F†</sup>**

Provider ID: 100328564035

995 GATEWAY CENTER  
WAY  
SAN DIEGO, CA 92102

(619) 264-1935

Spanish

Effective as of 01-SEP-22

#### **QUINONEZ, JOSE, MD<sup>M</sup>**

Provider ID: 100085905004

250 MARKET ST  
SAN DIEGO, CA 92101

(619) 239-9675

Spanish

Effective as of 01-FEB-07

#### **RAMINENI, NEELAKANTAN, MD<sup>M†</sup>**

Provider ID: 100051318002

4537 COLLEGE AVE  
SAN DIEGO, CA 92115

(619) 265-0504

Spanish, Telugu

Effective as of 01-FEB-07

#### **RAMINENI, NEELAKANTAN, MD<sup>M†</sup>**

Provider ID: 100051318005

4537 COLLEGE AVE  
SAN DIEGO, CA 92115

(619) 265-0504

Spanish, Telugu

Effective as of 01-NOV-18

#### **RIADH, MAYSAM, MD<sup>F</sup>**

Provider ID: 100413125002

3260 3RD AVE  
SAN DIEGO, CA 92103

(619) 297-3737

Arabic

Effective as of 01-SEP-23

#### **SHAJAN, JOSHAN, MD<sup>M</sup>**

Provider ID: 100422554002

3863 CLAIREMONT DR  
SAN DIEGO, CA 92117

(858) 483-5570

Spanish

Effective as of 01-FEB-24

#### **SHI, RONG, MD<sup>F†</sup>**

Provider ID: 100133432007

3260 3RD AVE  
SAN DIEGO, CA 92103

(619) 297-3737

Mandarin

Effective as of 01-AUG-15

#### **SPECKART, PAUL, MD<sup>M††</sup>**

Provider ID: 100053933006

3260 3RD AVE  
SAN DIEGO, CA 92103

(619) 297-3737

Effective as of 01-FEB-07

#### **SZMIDT, MARIA, MD<sup>F</sup>**

Provider ID: 100108398006

12395 EL CAMINO REAL  
STE 100

SAN DIEGO, CA 92130

(858) 259-5655

Polish, Russian, Spanish

Effective as of 01-JUL-04

#### **TESSIER, ADLA, MD<sup>F</sup>**



Provider ID: 100077390010






## CI. List of Network Providers

### Primary Care Providers




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 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 (619) 255-9155  
Effective as of 01-JUN-23



#### **VILLA, MARIA, MD<sup>F†</sup>**

Provider ID: 100111602014  
 655 SATURN BLVD STE J  
SAN DIEGO, CA 92154  
 (619) 575-4442  
 Spanish, Tagalog  
Effective as of 01-JAN-21




#### **WAGNER, PAUL, MD<sup>M</sup>**

Provider ID: 100088692006  
 4060 4TH AVE STE 100  
SAN DIEGO, CA 92103  
 (619) 718-9444  
 Spanish  
Effective as of 01-JAN-08




#### **WATTS, ELI, MD<sup>M†</sup>**

Provider ID: 100384223003  
 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
 (619) 662-4100  
Effective as of 01-MAR-22



#### **WILLGING, STEFAN, MD<sup>M†</sup>**

Provider ID: 100106507003  
 4060 4TH AVE STE 505  
SAN DIEGO, CA 92103  
 (619) 298-1318  
 German  
Effective as of 01-FEB-07

#### **WILLIAMS, HOWARD, MD<sup>M†</sup>**




Provider ID: 100070298003  
 4060 4TH AVE STE 505  
SAN DIEGO, CA 92103  
 (619) 298-1318  
 Spanish  
Effective as of 01-FEB-07

#### **WOODALL, GARY, MD<sup>M†</sup>**

Provider ID: 100096806003  
 2970 5TH AVE STE 140  
SAN DIEGO, CA 92103  
 (619) 260-3456  
Effective as of 01-FEB-07




### ***PEDIATRICS***

#### **NGUYEN, HUONG, MD<sup>F†</sup>**



Provider ID: 100104992017  
 4444 EL CAJON BLVD STE  
6  
SAN DIEGO, CA 92115  
 (619) 285-1522  
 Cambodian, Cantonese,  
Mandarin  
Effective as of 01-APR-21

### ***FAMILY PRACTICE***


#### **ASHIZAWA, JAMES, MD<sup>M†</sup>**



Provider ID: 100056553008  
 31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
 (949) 661-9600  
 Japanese, Spanish  
Effective as of 01-JUL-15

#### **GIGER, ANTON, DO<sup>M†</sup>**



Provider ID: 100164128006  
 31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
 (949) 661-9600  
Effective as of 01-OCT-15

#### **GONZALEZ, DAVID, MD<sup>M†</sup>**




Provider ID: 100200908009  
 31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

 (949) 661-9600  
 Spanish  
Effective as of 01-JUL-15




#### **HONG, ANDREW, MD<sup>M†</sup>**

Provider ID: 100043550008  
 31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
 (949) 661-9600  
Effective as of 01-OCT-15




#### **NAFICY, K, MD<sup>M†</sup>**

Provider ID: 100104435018  
 30448 RANCHO VIEJO RD  
STE 150  
SAN JUAN CAPISTRANO,  
CA 92675  
 (949) 489-0773  
 Farsi, French, Spanish  
Teleservice  
Effective as of 01-JUL-21

#### **NAFICY, K, MD<sup>M†</sup>**

Provider ID: 100104435017  
 30448 RANCHO VIEJO RD  
STE 150  
SAN JUAN CAPISTRANO,  
CA 92675  
 (949) 489-0773  
 Farsi, French, Spanish  
Teleservice  
Effective as of 01-MAY-21

#### **NAFICY, K, MD<sup>M†</sup>**

Provider ID: 100104435016  
 30448 RANCHO VIEJO RD  
STE 150  
SAN JUAN CAPISTRANO,  
CA 92675  
 (949) 489-0773  
 Farsi, French, Spanish  
Teleservice  
Effective as of 01-MAY-21

## C1. List of Network Providers

### Primary Care Providers

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#### **PANDY, LIZANDER, DO<sup>M†</sup>**

Provider ID: 100113474013

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,  
CA 92675

(949) 661-9600

Spanish

Effective as of 01-OCT-21

#### **PANDY, LIZANDER, DO<sup>M†</sup>**

Provider ID: 100113474012

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,  
CA 92675

(949) 661-9600

Spanish

Effective as of 01-OCT-21

#### **SERNA, SANDY, MD<sup>F†</sup>**

Provider ID: 100393508002

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,  
CA 92675

(949) 661-9600

Spanish

Effective as of 01-SEP-22

#### **TRINH, MIMI, MD<sup>F†</sup>**

Provider ID: 100105591008

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,  
CA 92675

(949) 661-9600

Vietnamese

Effective as of 01-JUL-15

#### **ZHENG, VINCENT, DO<sup>M†</sup>**

Provider ID: 100393531003

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,  
CA 92675

(949) 661-9600

Effective as of 01-SEP-22

#### **ZHENG, VINCENT, DO<sup>M†</sup>**

Provider ID: 100393531002

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,  
CA 92675

(949) 661-9600

Effective as of 01-SEP-22

### **INTERNAL MEDICINE**

#### **FORTMANN, DANIEL, MD<sup>M\*</sup>**

Provider ID: 100017458004

32281 CAMINO CPSTRN  
C102

SAN JUAN CAPISTRANO,  
CA 92675

(949) 493-7981

Effective as of 01-JAN-18

#### **NGUYEN, THUYTRANG, MD<sup>F†</sup>**

Provider ID: 100198226006

30300 CAMINO  
CAPISTRANO  
SAN JUAN CAPISTRANO,  
CA 92675

(949) 240-2272

Spanish, Vietnamese

Effective as of 01-JAN-18

### **FAMILY PRACTICE**

#### **HALIM, NEIL, MD<sup>M</sup>**

Provider ID: 100153551007

1030 LA BONITA DR STE  
316

SAN MARCOS, CA 92078  
(760) 744-9626

Arabic, Spanish

Effective as of 01-FEB-13

#### **NATH, DEVARSHI, MD<sup>M</sup>**

Provider ID: 100138232021

150 VALPREDA RD  
SAN MARCOS, CA 92069

(760) 736-6767

Bengali

Effective as of 01-APR-24

#### **WILLIE, KADEN, DO<sup>M</sup>**

Provider ID: 100350661005

150 VALPREDA RD  
SAN MARCOS, CA 92069

(760) 736-6767

Portuguese

Effective as of 01-APR-23

### **FQHC**

#### **TRUECARE,**

Provider ID: PG0025086042

150 VALPREDA RD  
SAN MARCOS, CA 92069

(760) 736-6767

Teleservice

Effective as of 01-JUL-22

#### **TRUECARE,**

Provider ID: PG0025086047

1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

(760) 736-6767

Effective as of 01-FEB-23

### **INTERNAL MEDICINE**

#### **PONIACHIK, SAMUEL, MD<sup>M†</sup>**

Provider ID: 100099164020

150 VALPREDA RD  
SAN MARCOS, CA 92069

(760) 736-6767

Spanish

Effective as of 01-APR-24




#### **PONIACHIK, SAMUEL, MD<sup>M†</sup>**

Provider ID: 100099164012

## C1. List of Network Providers




### Primary Care Providers

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 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 (760) 736-6767  
 Spanish  
Effective as of 01-OCT-14

#### **WITCZAK, IZABELA, MD<sup>F†</sup>**



Provider ID: 100036527006

 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 (760) 736-6767  
 Polish  
Effective as of 01-FEB-19

### ***FAMILY PRACTICE***



#### **ALGHAMDI, ASMA, MD<sup>F†</sup>**

Provider ID: 100359014012

 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
Effective as of 01-AUG-22




#### **ALGHAMDI, ASMA, MD<sup>F†</sup>**

Provider ID: 100359014004

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
Effective as of 01-JAN-21



#### **ALVAREZ-ESTRADA, MIGUEL, MD<sup>M†</sup>**

Provider ID: 100360099010

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Effective as of 01-JAN-21

#### **ALVAREZ-ESTRADA, MIGUEL, MD<sup>M†</sup>**




Provider ID: 100360099011

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100

 Spanish  
Effective as of 01-JAN-21




#### **ARRIETA, NOEMI, DO<sup>F</sup>**

Provider ID: 100214881011

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Teleservice  
Effective as of 01-APR-23




#### **CARRIEDO CENICEROS, MARIA, MD<sup>F†</sup>**

Provider ID: 100066452012

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Effective as of 01-JAN-21




#### **CUTLER, MICHAEL, MD<sup>M</sup>**

Provider ID: 100225708022

 4630 BORDER VILLAGE RD  
STE H  
SAN YSIDRO, CA 92173  
 (619) 264-2591  
 Russian, Spanish  
Effective as of 01-JAN-24



#### **CUTLER, MICHAEL, MD<sup>M</sup>**

Provider ID: 100225708024

 4630 BORDER VILLAGE RD  
STE H  
SAN YSIDRO, CA 92173  
 (619) 264-2591  
 Russian, Spanish  
Effective as of 01-APR-24

#### **CUTLER, MICHAEL, MD<sup>M</sup>**




Provider ID: 100225708025

 4630 BORDER VILLAGE RD  
STE H  
SAN YSIDRO, CA 92173  
 (619) 264-2591

 Russian, Spanish  
Effective as of 01-APR-24




#### **DILLON, MAYRA, MD<sup>F†</sup>**

Provider ID: 100163378008

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Effective as of 01-NOV-20




#### **HERNANDEZ, RALPH, MD<sup>M†</sup>**

Provider ID: 100080408013

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Effective as of 01-JAN-21



#### **HERNANDEZ, RALPH, MD<sup>M†</sup>**

Provider ID: 100080408021

 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Effective as of 01-AUG-22




#### **LEE, JOSEPH, MD<sup>M†</sup>**

Provider ID: 100368709004

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
Teleservice  
Effective as of 01-AUG-21

#### **LEPEZ, DAVID, MD<sup>M†</sup>**

Provider ID: 100255267002

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Effective as of 01-NOV-15




#### **LEPEZ, DAVID, MD<sup>M†</sup>**

Provider ID: 100255267005




## CI. List of Network Providers

### Primary Care Providers




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 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Effective as of 01-APR-23




#### **MOYA, MARY, MD<sup>F\*</sup>**

Provider ID: 100099596010  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Effective as of 01-APR-23




#### **NAVARRO, VANESSA, MD<sup>F†</sup>**

Provider ID: 100173914012  
 3364 BEYER BLVD STE 103  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Filipino, Spanish, Tagalog  
Effective as of 01-JAN-21



#### **NAVARRO, VANESSA, MD<sup>F†</sup>**


Provider ID: 100173914015  
 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Filipino, Spanish, Tagalog  
Effective as of 01-AUG-22

#### **ORTEGA, LUIS, MD<sup>M†</sup>**




Provider ID: 100394387002  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Teleservice  
Effective as of 01-OCT-22

#### **ORTIZ ILIZALITURRI, ANA, MD<sup>F††</sup>**




Provider ID: 100394347003  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100

 Spanish  
Teleservice  
Effective as of 01-OCT-22



#### **RAJAIPOUR, NEGIN, MD<sup>F†</sup>**

Provider ID: 100300998007  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Farsi  
Effective as of 01-JAN-21




#### **SNYDER, CHRISTOPHER, DO<sup>M†</sup>**

Provider ID: 100024789042  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Effective as of 01-JAN-21

#### **STALEY, MICHAELA, MD<sup>F†</sup>**



Provider ID: 100359422003  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
Effective as of 01-JAN-21

#### **TALAVERA, GREGORY, MD<sup>M</sup>**

Provider ID: 100334847007  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Teleservice  
Effective as of 01-APR-23



### ***FQHC***

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR, †**



Provider ID: PG0047542012  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100

Teleservice  
Effective as of 01-JAN-21

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER, †**




Provider ID: PG0047448004  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
Teleservice  
Effective as of 01-JAN-21

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,**




Provider ID: PG0047560015  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
Teleservice  
Effective as of 01-JAN-21

### ***INTERNAL MEDICINE***



#### **CHEGINI, SEPIDEH, MD<sup>F</sup>**

Provider ID: 100042216003  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 German, Persian  
Effective as of 01-FEB-24

#### **DILLON, BENEDICT, MD<sup>M††</sup>**

Provider ID: 100166636010  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Effective as of 01-JAN-21

#### **PROMER, KATHERINE, MD<sup>F†</sup>**

Provider ID: 100357070007  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100

## CI. List of Network Providers

### Primary Care Providers


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 Spanish

Effective as of 01-MAY-22

**RAMIREZ SANCHEZ, CLAUDIA, MD<sup>Ft</sup>**

Provider ID: 100392011002

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 (619) 662-4100


 Spanish

Effective as of 01-AUG-22

**SALERNO, MARIANA, MD<sup>Ft</sup>**

Provider ID: 100287873007

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 (619) 662-4100


Teleservice

Effective as of 01-MAR-21

**SY, RAMON, MD<sup>Mt</sup>**

Provider ID: 100062889014

 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173


 (619) 662-4100


 Spanish, Tagalog

Effective as of 01-AUG-22

**SY, RAMON, MD<sup>Mt</sup>**

Provider ID: 100062889003

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 (619) 662-4100

 Spanish, Tagalog


Effective as of 01-AUG-22

**FAMILY PRACTICE**

**ADEMA, DONALD, DO<sup>M</sup>**

Provider ID: 100086591006

 10201 MISSION GORGE RD  
STE M  
SANTEE, CA 92071

 (619) 596-5445


Effective as of 01-JAN-14

**INTERNAL MEDICINE**

**CORBIN, DAVID, MD<sup>Mt</sup>**

Provider ID: 100378968002

 120 TOWN CENTER PKWY  
SANTEE, CA 92071

 (619) 662-4100


Teleservice

Effective as of 01-NOV-21

**GUERRA, JACQUELINE, MD<sup>Ft</sup>**

Provider ID: 100324693006

 120 TOWN CENTER PKWY  
SANTEE, CA 92071

 (619) 873-3476

Teleservice


Effective as of 01-MAR-21

**FAMILY PRACTICE**

**VOURLITIS, MELISSA, DO<sup>Ft</sup>**

Provider ID: 100090572017

 850 DEL MAR DOWNS RD  
SOLANA BEACH, CA 92075

 (858) 832-2500

Teleservice


Effective as of 01-NOV-23

**INTERNAL MEDICINE**

**WISNIEWSKI, MORRIS, MD<sup>M</sup>**

Provider ID: 100018082011

 380 STEVENS AVE STE 310  
SOLANA BEACH, CA 92075


 (858) 554-1212

Effective as of 01-AUG-23

**WISNIEWSKI, MORRIS, MD<sup>M</sup>**

Provider ID: 100018082007

 380 STEVENS AVE STE 310  
SOLANA BEACH, CA 92075

 (858) 554-1212


Effective as of 01-MAR-23

**FAMILY PRACTICE**

**AFFLALO, SUZANNE, MD<sup>F</sup>**

Provider ID: 100402675004

 10225 AUSTIN DR STE 105  
SPRING VALLEY, CA 91978

 (858) 648-0755

Teleservice


Effective as of 01-SEP-23

**FQHC**

**GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC,**

Provider ID: PG0025044038

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 (619) 515-2555


Effective as of 01-JAN-21

**FAMILY PRACTICE**

**BEHNAWA, SUSAN, MD<sup>Ft</sup>**

Provider ID: 100343610004

 27190 SUN CITY BLVD  
SUN CITY, CA 92586

 (951) 676-4193


Teleservice

Effective as of 01-JAN-20

**BEHNAWA, SUSAN, MD<sup>Ft</sup>**

Provider ID: 100343610010

 27190 SUN CITY BLVD  
SUN CITY, CA 92586

 (951) 676-4193

Teleservice


Effective as of 01-NOV-20

**GANTA, SANYASI, MD<sup>Mt</sup>**

Provider ID: 100113069009

 26960 CHERRY HILLS  
BLVD STE A  
SUN CITY, CA 92586


 (951) 672-2856

 (951) 672-2856

## C1. List of Network Providers


### Primary Care Providers


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 Hindi, Spanish, Telugu  
Teleservice  
Effective as of 01-NOV-17

#### **GANTA, SANYASI, MD<sup>M†</sup>**

Provider ID: 100113069006

 26960 CHERRY HILLS  
BLVD STE A  
SUN CITY, CA 92586


 (951) 672-2856


 Hindi, Spanish, Telugu  
Teleservice

Effective as of 01-AUG-16

#### **GANTA, SANYASI, MD<sup>M†</sup>**

Provider ID: 100113069012

 26960 CHERRY HILLS  
BLVD STE A  
SUN CITY, CA 92586

 (951) 672-2856


 Hindi, Spanish, Telugu  
Teleservice

Effective as of 01-APR-21

#### **SCHOONMAKER, JOHN, DO<sup>M†</sup>**

Provider ID: 100064979020

 29826 HAUN RD STE 300  
SUN CITY, CA 92586

 (951) 679-7022

 Spanish


Effective as of 01-SEP-22


### **INTERNAL MEDICINE**

#### **NGUYEN, THANG, MD<sup>M†</sup>**

Provider ID: 100068936002

 27830 BRADLEY RD  
SUN CITY, CA 92586

 (951) 679-2358

 Vietnamese


Effective as of 01-SEP-09


#### **NGUYEN, DAVID, MD<sup>M</sup>**

Provider ID: 100105561002

 27830 BRADLEY RD

SUN CITY, CA 92586

 (951) 679-2358


 Vietnamese

Effective as of 01-NOV-12

#### **STANFORD, DAVID, MD<sup>M†</sup>**

Provider ID: 100030388002

 29798 HAUN RD STE 308  
SUN CITY, CA 92586

 (951) 301-7611

Effective as of 01-SEP-09


### **FAMILY PRACTICE**

#### **AKLADEOS, NERMEEN, MD<sup>F</sup>**

Provider ID: 100399707003

 28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

 (951) 676-4193

 Arabic


Teleservice

Effective as of 01-AUG-23

#### **AYON MARTINEZ, CARLOS, MD<sup>M</sup>**

Provider ID: 100152029007

 41715 WINCHESTER RD  
TEMECULA, CA 92590

 (951) 694-9449


 Spanish

Effective as of 01-AUG-20

#### **AYON MARTINEZ, CARLOS, MD<sup>M</sup>**

Provider ID: 100152029006

 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

 (619) 440-2751

 Spanish

Effective as of 01-AUG-20


#### **BAILEY, CRISTINA, MD<sup>F†</sup>**

Provider ID: 100060834010

 28780 SINGLE OAK DR STE

160

TEMECULA, CA 92590

 (951) 676-4193

 Spanish


Effective as of 01-NOV-20

#### **BAILEY, CRISTINA, MD<sup>F†</sup>**

Provider ID: 100060834004

 28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

 (951) 676-4193

 Spanish


Effective as of 01-JUN-04

#### **BERNARDO, STACEY, DO<sup>F</sup>**

Provider ID: 100377889003

 28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

 (951) 676-4193

Teleservice


Effective as of 01-DEC-21

#### **BLOSSER, JOSHUA, DO<sup>M</sup>**

Provider ID: 100422006002

 31720 TEMECULA PKWY  
STE 200

TEMECULA, CA 92592

 (833) 684-4642


Effective as of 01-JAN-24

#### **BRIGGS, BRIDGET, MD<sup>F</sup>**

Provider ID: 100069323005

 31170 TEMECULA PKWY  
STE 100

TEMECULA, CA 92592

 (951) 698-6090

 Spanish

Effective as of 01-JAN-16

#### **CAMARILLO, DANIEL, MD<sup>M†</sup>**

Provider ID: 100110735008


 28780 SINGLE OAK DR STE  
160

## CI. List of Network Providers

### Primary Care Providers

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TEMECULA, CA 92590

 (951) 676-4193

 Spanish


Effective as of 01-MAR-12

#### **CAMARILLO, DANIEL, MD<sup>M†</sup>**

Provider ID: 100110735016

 28780 SINGLE OAK DR STE 160

TEMECULA, CA 92590

 (951) 676-4193


 Spanish

Effective as of 01-NOV-20

#### **COBIAN, VANESSA, MD<sup>F</sup>**

Provider ID: 100350271003

 41840 ENTERPRISE CIR N TEMECULA, CA 92590

 (951) 225-6400


Effective as of 01-MAR-22

#### **COMBS, WALTER, MD<sup>M†</sup>**

Provider ID: 100085605012

 28780 SINGLE OAK DR STE 160

TEMECULA, CA 92590

 (951) 252-8650

 Spanish


Effective as of 01-NOV-20

#### **COMBS, WALTER, MD<sup>M†</sup>**

Provider ID: 100085605005

 28780 SINGLE OAK DR STE 160

TEMECULA, CA 92590

 (951) 252-8650

 Spanish


Effective as of 01-JUN-04

#### **COMBS, MATTHEW, MD<sup>M†</sup>**

Provider ID: 100337168003

 28780 SINGLE OAK DR STE 160

TEMECULA, CA 92590


 (951) 676-4193

Effective as of 01-DEC-18

#### **DORR, KASIE, DO<sup>F</sup>**

Provider ID: 100422004002

 41840 ENTERPRISE CIR N TEMECULA, CA 92590

 (951) 225-6400


Effective as of 01-JAN-24

#### **ELKAYAM, ISAK, MD<sup>M</sup>**

Provider ID: 100400487003

 31720 TEMECULA PKWY STE 200

TEMECULA, CA 92592

 (760) 520-8100

 Hebrew, Spanish


Effective as of 01-NOV-23

#### **IM, TAE WOONG, MD<sup>M†</sup>**

Provider ID: 100039015004

 28780 SINGLE OAK DR STE 160

TEMECULA, CA 92590

 (951) 676-4193

 Korean


Effective as of 01-JUN-04

#### **JACKSON, ANITA, MD<sup>F†</sup>**

Provider ID: 100060861005

 44274 GEORGE CUSHMAN CT STE 212

TEMECULA, CA 92592

 (951) 694-4688

 Tagalog


Effective as of 01-NOV-11

#### **KURAIISHI, AQDAS, MD<sup>M†</sup>**

Provider ID: 100089154013

 31720 TEMECULA PKWY STE 203

TEMECULA, CA 92592

 (951) 302-4700


Effective as of 01-FEB-21

#### **MADRID, RICHARD, MD<sup>M†</sup>**

Provider ID: 100077741014

 28780 SINGLE OAK DR STE 160

TEMECULA, CA 92590

 (951) 676-4193


Effective as of 01-NOV-20

#### **MADRID, RICHARD, MD<sup>M†</sup>**

Provider ID: 100077741005

 28780 SINGLE OAK DR STE 160

TEMECULA, CA 92590


 (951) 676-4193


Effective as of 01-OCT-05

#### **MAJEED, WASAN, MD<sup>F</sup>**

Provider ID: 100398263003

 41840 ENTERPRISE CIR N TEMECULA, CA 92590

 (951) 225-6400

 Arabic


Effective as of 01-MAR-23

#### **MCDONALD, ROBERT, MD<sup>M†</sup>**

Provider ID: 100093825003

 31493 RANCHO PUEBLO RD STE 107

TEMECULA, CA 92592

 (951) 303-3337


Effective as of 01-OCT-09

#### **MCDONALD, MARY, MD<sup>F</sup>**

Provider ID: 100051408003

 31493 RANCHO PUEBLO RD STE 107

TEMECULA, CA 92592


 (951) 303-3337

Effective as of 01-OCT-09

#### **MILLER, BRANDON, DO<sup>M†</sup>**

Provider ID: 100148562008

 31720 TEMECULA PKWY TEMECULA, CA 92592

 (951) 676-4193

Effective as of 01-OCT-11

## CI. List of Network Providers

### Primary Care Providers


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#### **MILLER, BRANDON, DO<sup>M†</sup>**

Provider ID: 100148562007

 28780 SINGLE OAK DR STE 160

TEMECULA, CA 92590


 (951) 676-4193

Effective as of 01-OCT-11

#### **NWOSU, MICHAEL, MD<sup>M</sup>**

Provider ID: 100367685005

 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

 (951) 225-6400


Effective as of 01-AUG-22

#### **PHILLIPS, LILY, MD<sup>F††</sup>**

Provider ID: 100113116012

 31565 RANCHO PUEBLO  
RD STE 102B

TEMECULA, CA 92592

 (951) 231-1385

 Chinese, Mandarin, Spanish


Effective as of 01-SEP-18

#### **POSTE, ALETHEA, MD<sup>F</sup>**

Provider ID: 100418802002

 28780 SINGLE OAK DR STE 160

TEMECULA, CA 92590

 (951) 676-4193


Teleservice


Effective as of 01-JAN-24

#### **RAHMAN, MAISARA, MD<sup>F†</sup>**

Provider ID: 100083398023

 31720 TEMECULA PKWY  
TEMECULA, CA 92592

 (951) 676-4193

 Arabic

Effective as of 01-NOV-20


#### **RAHMAN, MAISARA, MD<sup>F†</sup>**


Provider ID: 100083398012

 31150 TEMECULA PKWY

STE 200

TEMECULA, CA 92592

 (951) 676-4193


 Arabic

Effective as of 01-AUG-16

#### **SCHULTZ, JAMES, MD<sup>M†</sup>**

Provider ID: 100030577018

 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

 (951) 225-6400

 Farsi, Greek, Spanish


Effective as of 01-AUG-20

#### **SIMMONS, PAMELA, MD<sup>F†</sup>**

Provider ID: 100057995006

 28780 SINGLE OAK DR STE 160

TEMECULA, CA 92590

 (951) 676-4193


Effective as of 01-JUL-17

#### **VINCENT, WILLIAM, MD<sup>M†</sup>**

Provider ID: 100320230007

 31720 TEMECULA PKWY  
STE 100

TEMECULA, CA 92592

 (951) 225-6838


Effective as of 01-MAY-21

#### **WISE, DOUGLAS, DO<sup>M††</sup>**

Provider ID: 100023557005

 40285 WINCHESTER RD  
STE 103

TEMECULA, CA 92591

 (951) 296-5844


Effective as of 01-NOV-22


#### **ZEBARJADI, OMID, DO<sup>M</sup>**

Provider ID: 100379100008

 27699 JEFFERSON AVE STE 305

TEMECULA, CA 92590

 (951) 503-8730

 Farsi, Spanish

Teleservice


Effective as of 01-AUG-23

#### **ZEBRACK, DAVID, DO<sup>M†</sup>**

Provider ID: 100064903010

 40285 WINCHESTER RD  
STE 103

TEMECULA, CA 92591

 (951) 296-5844

 Spanish


Effective as of 01-NOV-22

#### **ZEBRACK, DAVID, DO<sup>M†</sup>**

Provider ID: 100064903006

 40285 WINCHESTER RD  
STE 103

TEMECULA, CA 92591

 (951) 296-5844


 Spanish

Effective as of 01-SEP-04

#### **ZURITA, DANIELA, MD<sup>F†</sup>**

Provider ID: 100396617008

 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

 (951) 216-2200

 Spanish

Effective as of 01-DEC-22


### ***INTERNAL MEDICINE***

#### **BASCH, MICHAEL, MD<sup>M†</sup>**

Provider ID: 100011399007

 41593 WINCHESTER RD  
STE 101

TEMECULA, CA 92590

 (951) 719-1111

 Arabic, Spanish

Effective as of 01-SEP-09

#### **BLOSSER, NICHELE, DO<sup>F</sup>**

Provider ID: 100411369003

 28780 SINGLE OAK DR STE 160


TEMECULA, CA 92590



## C1. List of Network Providers


### Primary Care Providers


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 (951) 676-4193  
Effective as of 01-NOV-23

#### **GISI, SYLVIA, MD<sup>F</sup>**

Provider ID: 100100126002

 31493 RANCHO PUEBLO  
RD STE 206  
TEMECULA, CA 92592


 (951) 303-6158


 Spanish

Effective as of 01-AUG-19

#### **GOMER, JEREMY, MD<sup>M†</sup>**

Provider ID: 100379005002


 27403 YNEZ RD STE 108  
TEMECULA, CA 92591


 (951) 750-7888

Effective as of 01-NOV-21

#### **KIM, IRENE, DO<sup>F</sup>**

Provider ID: 100380710003

 28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590


 (951) 676-4193

Effective as of 01-JAN-22

#### **MAPLETON, SHARINA, DO<sup>F</sup>**

Provider ID: 100384944005


 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590


 (951) 225-6400

Effective as of 01-FEB-24

#### **SALAS, ERNESTO, MD<sup>M†</sup>**

Provider ID: 100093444002

 27699 JEFFERSON AVE STE  
311  
TEMECULA, CA 92590

 (951) 693-1159


 Spanish, Tagalog

Effective as of 01-NOV-00

#### **HERMAN, SAM, MD<sup>M</sup>**

Provider ID: 100414181005

 31951 DOVE CANYON DR  
TRABUCO CANYON, CA  
92679

 (949) 557-0890


Effective as of 01-SEP-23

### ***FAMILY PRACTICE***

#### **SCHULTZ, JAMES, MD<sup>M</sup>**

Provider ID: 100030577024

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 (760) 742-9919


 Farsi, Greek, Spanish

Effective as of 01-MAR-23

#### **SCHULTZ, JAMES, MD<sup>M</sup>**

Provider ID: 100030577029

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 (760) 742-9919

 Farsi, Greek, Spanish


Effective as of 01-JAN-24

### ***FQHC***

#### **NEIGHBORHOOD HEALTHCARE,**

Provider ID: PG0024990061

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 (760) 742-9919

Teleservice


Effective as of 01-FEB-24

### ***FAMILY PRACTICE***

#### **CASTREJON, JOSEPH, MD<sup>M\*</sup>**

Provider ID: 100097250007

 2023 W VISTA WAY STE K  
VISTA, CA 92083

 (760) 806-1406


 Spanish

Effective as of 01-SEP-21

#### **CLARK, MA BELEN, MD<sup>F†</sup>**

Provider ID: 100015309003

 1954 VIA CTR STE B  
VISTA, CA 92081

 (760) 529-9700


 Tagalog

Effective as of 01-DEC-15

#### **DONNELL, MARTI, MD<sup>F\*</sup>**

Provider ID: 100049875024

 134 GRAPEVINE RD  
VISTA, CA 92083

 (844) 308-5003


 Spanish

Effective as of 01-JAN-24

#### **DONNELL, MARTI, MD<sup>F\*</sup>**

Provider ID: 100049875023

 1000 VALE TERRACE DR  
VISTA, CA 92084

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

#### **ESPINOSA-SILVA, YAMINAH, DO<sup>F\*</sup>**

Provider ID: 100358800014

 1000 VALE TERRACE DR  
VISTA, CA 92084

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

#### **ESPINOSA-SILVA, YAMINAH, DO<sup>F\*</sup>**

Provider ID: 100358800015

 134 GRAPEVINE RD  
VISTA, CA 92083

 (760) 631-5000

 Spanish

Effective as of 01-JAN-24



#### **FERBER, JEFFREY, MD<sup>M††</sup>**

Provider ID: 100092669014



## CI. List of Network Providers

### Primary Care Providers



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 1926 VIA CTR  
VISTA, CA 92081  
 (760) 940-7000  
Effective as of 01-SEP-21



#### **HIKES, RYAN, MD<sup>M</sup>**

Provider ID: 100391207006  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 (760) 631-5000  
Effective as of 01-AUG-23



#### **HIKES, RYAN, MD<sup>M</sup>**

Provider ID: 100391207004  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 (760) 631-5000  
Effective as of 01-NOV-22




#### **HIKES, RYAN, MD<sup>M</sup>**

Provider ID: 100391207008  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 (760) 631-5000  
Effective as of 01-JAN-24


#### **HURD, MELISSA, MD<sup>F†</sup>**



Provider ID: 100054491003  
 161 THUNDER DR STE 103  
VISTA, CA 92083  
 (760) 758-1988  
Effective as of 01-JUL-13

#### **LEONARD, LISA, MD<sup>F†</sup>**




Provider ID: 100278907004  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 (760) 631-5000  
 French, Spanish  
Effective as of 01-OCT-21

#### **MARTINEZ, LESLY, MD<sup>F\*</sup>**



Provider ID: 100397984039  
 1000 VALE TERRACE DR  
VISTA, CA 92084

 (760) 631-5000  
 Spanish  
Effective as of 01-JAN-24




#### **MARTINEZ, LESLY, MD<sup>F\*</sup>**

Provider ID: 100397984035  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 (760) 631-5000  
 Spanish  
Effective as of 01-JAN-24




#### **NOVAK, LOREN, DO<sup>M†</sup>**

Provider ID: 100093766013  
 1926 VIA CENTRE DRIVE  
SUITE A  
VISTA, CA 92081  
 (760) 940-7000  
Effective as of 01-SEP-21




#### **ONG, DONALD, MD<sup>M†</sup>**

Provider ID: 100033027006  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 (760) 631-5000  
 Filipino, Spanish, Tagalog  
Effective as of 01-JAN-24

#### **POP, SIMONA, MD<sup>F†</sup>**




Provider ID: 100021772013  
 145 THUNDER DR  
VISTA, CA 92083  
 (760) 941-9002  
 Romanian  
Effective as of 01-NOV-23

#### **RIVERA, MIDORI, MD<sup>F</sup>**




Provider ID: 100111732027  
 204 S SANTA FE AVE  
VISTA, CA 92084  
 (858) 554-1212  
 Japanese, Spanish  
Effective as of 01-DEC-23

#### **RIVERA, MIDORI, MD<sup>F</sup>**




Provider ID: 100111732024

 204 S SANTA FE AVE  
VISTA, CA 92084  
 (858) 554-1212  
 Japanese, Spanish  
Effective as of 01-OCT-23




#### **TRAN, DAO, DO<sup>M</sup>**

Provider ID: 100325638002  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 (760) 631-5000  
 Vietnamese  
Effective as of 01-JUL-19




#### **TRAN, DAO, DO<sup>M</sup>**

Provider ID: 100325638010  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 (760) 631-5000  
 Vietnamese  
Effective as of 01-MAR-20




#### **TRAN, DAO, DO<sup>M</sup>**

Provider ID: 100325638014  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 (760) 631-5000  
 Vietnamese  
Effective as of 01-JAN-24

#### **TRAN, DAO, DO<sup>M</sup>**

Provider ID: 100325638009  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 (760) 631-5000  
 Vietnamese  
Effective as of 01-MAR-20

#### **VIDAL, MONICA, DO<sup>F†</sup>**

Provider ID: 100327876045  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 (760) 631-5000  
 Spanish

## CI. List of Network Providers

### Primary Care Providers


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Effective as of 01-JAN-24

#### **VIDAL, MONICA, DO<sup>F†</sup>**

Provider ID: 100327876041

 134 GRAPEVINE RD  
VISTA, CA 92083

 (844) 308-5003

 Spanish


Effective as of 01-JAN-24

#### ***FQHC***

#### **VCC DURIAN, †**

Provider ID: PG0083886011

 105 DURIAN ST STE A  
VISTA, CA 92083


 (844) 308-5003

Effective as of 01-JUL-22

#### **VISTA COMMUNITY CLINIC GRAPEVINE,**

Provider ID: PG0085050004

 134 GRAPEVINE RD  
VISTA, CA 92083

 (760) 631-5000

Teleservice


Effective as of 01-JUL-22

#### ***GENERAL PRACTICE***

#### **OLIVA, CARLOS, MD<sup>M†</sup>**

Provider ID: 100102198003

 969 S SANTA FE AVE STE A  
VISTA, CA 92083

 (760) 941-7050


 Spanish

Effective as of 01-DEC-17

#### **OLIVA, CARLOS, MD<sup>M†</sup>**

Provider ID: 100102198008

 969 S SANTA FE AVE STE A  
VISTA, CA 92083

 (760) 941-7050


 Spanish

Effective as of 01-SEP-22

#### **ONG, DONALD, MD<sup>M†</sup>**

Provider ID: 100033027003

 1000 VALE TERRACE DR  
VISTA, CA 92084

 (760) 631-5000


 Filipino, Spanish, Tagalog

Effective as of 01-DEC-10

#### **ONG, DONALD, MD<sup>M†</sup>**

Provider ID: 100033027005

 1000 VALE TERRACE DR  
VISTA, CA 92084

 (760) 631-5000


 Filipino, Spanish, Tagalog

Effective as of 01-MAR-20

#### **SMITH, GREGORY, MD<sup>M\*</sup>**

Provider ID: 100062596003

 161 THUNDER DR STE 207  
VISTA, CA 92083


 (760) 598-8410


Effective as of 01-DEC-06

#### ***INTERNAL MEDICINE***

#### **BOQUIN, ENRIQUE, MD<sup>M</sup>**

Provider ID: 100062570008

 1000 VALE TERRACE DR  
VISTA, CA 92084


 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

#### **BOQUIN, ENRIQUE, MD<sup>M</sup>**

Provider ID: 100062570005

 1000 VALE TERRACE DR  
VISTA, CA 92084

 (760) 631-5000

 Spanish


Effective as of 01-NOV-20

#### **BOQUIN, ENRIQUE, MD<sup>M</sup>**

Provider ID: 100062570003

 1000 VALE TERRACE DR

VISTA, CA 92084

 (760) 631-5000


 Spanish

Effective as of 01-DEC-07

#### **BRAR, KARANBIR, MD<sup>M†</sup>**

Provider ID: 100305037016

 1926 VIA CTR STE A  
VISTA, CA 92081


 (760) 940-7000

Effective as of 01-SEP-21

#### **CLANCY, TARA, DO<sup>F††</sup>**

Provider ID: 100265397003

 2375 S MELROSE DR  
VISTA, CA 92081


 (760) 305-1900

Effective as of 01-JUL-16

#### **CLANCY, JOHN, DO<sup>M†</sup>**

Provider ID: 100215810013

 2375 S MELROSE DR  
VISTA, CA 92081


 (760) 305-1900

Effective as of 01-SEP-21

#### **DAO, MARC, MD<sup>M</sup>**

Provider ID: 100307890016

 1000 VALE TERRACE DR  
VISTA, CA 92084

 (760) 631-5000


 French, Vietnamese

Effective as of 01-JAN-24

#### **DAO, MARC, MD<sup>M</sup>**

Provider ID: 100307890010

 1000 VALE TERRACE DR  
VISTA, CA 92084

 (760) 631-5000

 French, Vietnamese

Effective as of 01-FEB-23

#### **DAO, MARC, MD<sup>M</sup>**

Provider ID: 100307890014

 1000 VALE TERRACE DR

## CI. List of Network Providers

### Primary Care Providers

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VISTA, CA 92084  
☎ (760) 631-5000  
📄 French, Vietnamese  
Effective as of 01-JUN-23

**HALPERIN, JASON, MD<sup>M</sup>**  
Provider ID: 100400241004  
📄 134 GRAPEVINE RD  
VISTA, CA 92083  
☎ (760) 631-5000  
Effective as of 01-JAN-24

**KOBAYASHI, GARY, MD<sup>M†</sup>**  
Provider ID: 100090343008  
📄 145 THUNDER DR STE 1  
VISTA, CA 92083  
☎ (760) 941-9002  
Effective as of 01-SEP-21

**LI, XIANGLI, MD<sup>F†</sup>**  
Provider ID: 100239749009  
📄 1926 VIA CTR STE A  
VISTA, CA 92081  
☎ (760) 940-7000  
Effective as of 01-SEP-21

**MOASIS, KAREEM, MD<sup>M</sup>**  
Provider ID: 100379398004  
📄 145 THUNDER DR  
VISTA, CA 92083  
☎ (760) 941-9002  
📄 Arabic  
Effective as of 01-JAN-24

**NGUYEN, ETHAN, MD<sup>M</sup>**  
Provider ID: 100362686005  
📄 145 THUNDER DR  
VISTA, CA 92083  
☎ (760) 941-9002  
Effective as of 01-AUG-22

**RHIANNON, JULIA, MD<sup>F</sup>**  
Provider ID: 100382647008  
📄 105 DURIAN ST STE B  
VISTA, CA 92083

☎ (760) 631-5000  
Effective as of 01-SEP-22

**RHIANNON, JULIA, MD<sup>F</sup>**  
Provider ID: 100382647010  
📄 105 DURIAN ST STE B  
VISTA, CA 92083  
☎ (760) 631-5000  
Effective as of 01-JAN-24

**RHIANNON, JULIA, MD<sup>F</sup>**  
Provider ID: 100382647007  
📄 105 DURIAN ST STE A  
VISTA, CA 92083  
☎ (760) 631-5000  
Effective as of 01-SEP-22

**RHIANNON, JULIA, MD<sup>F</sup>**  
Provider ID: 100382647009  
📄 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ (760) 631-5000  
Effective as of 01-JAN-24

**RHIANNON, JULIA, MD<sup>F</sup>**  
Provider ID: 100382647006  
📄 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ (760) 631-5000  
Effective as of 01-SEP-22

**RHIANNON, JULIA, MD<sup>F</sup>**  
Provider ID: 100382647002  
📄 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ (760) 631-5000  
Effective as of 01-JAN-22

**RUTMAN, MICHAEL, DO<sup>M†</sup>**  
Provider ID: 100024612005  
📄 2355 S MELROSE DR  
VISTA, CA 92081  
☎ (760) 598-0088  
Effective as of 01-OCT-00

**RUTMAN, MICHAEL, DO<sup>M†</sup>**  
Provider ID: 100024612023  
📄 2355 S MELROSE DR  
VISTA, CA 92081  
☎ (760) 598-0088  
Effective as of 01-JAN-21

**SHALI, REYZAN, MD<sup>F†</sup>**  
Provider ID: 100113968008  
📄 1926 VIA CTR STE A  
VISTA, CA 92081  
☎ (760) 940-7000  
📄 Arabic, Hebrew  
Effective as of 01-SEP-21

### ***FAMILY PRACTICE***

**BONNICI, MARCELLA, MD<sup>F\*</sup>**  
Provider ID: 100072106002  
📄 36320 INLAND VALLEY DR  
STE 201  
WILDOMAR, CA 92595  
☎ (951) 816-3233  
Effective as of 01-OCT-16

### ***INTERNAL MEDICINE***

**PATEL, REENABEN, MD<sup>F</sup>**  
Provider ID: 100380064004  
📄 36243 INLAND VALLEY DR  
STE 160  
WILDOMAR, CA 92595  
☎ (951) 698-8821  
Effective as of 01-JAN-22

## CI. List of Network Providers

### Specialty Care Physician

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#### ***CERTIFIED NURSE PRACTITIONER***

##### **WONG, KRISTLE, NP**

Provider ID: N/A

26671 ALISO CREEK RD STE 202  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-23

#### ***DERMATOLOGY***

##### **LANDER, JEFFREY, MD†**

Provider ID: N/A

24541 PACIFIC PARK DR STE 103  
ALISO VIEJO, CA 92656  
Effective as of 01-DEC-22

##### **LANDER, JEFFREY, MD†**

Provider ID: N/A

24541 PACIFIC PARK DR STE 103  
ALISO VIEJO, CA 92656  
Effective as of 01-OCT-23

#### ***DEVELOPMENTAL***

#### ***BEHAVIORAL PEDIATRICS***

##### **FELDMAN, GARY, MD†**

Provider ID: N/A

11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-JAN-23

#### ***ENDOCRINOLOGY***

#### ***METABOLISM DIABETES***

##### **NADEAU, DANIEL, MD**

Provider ID: N/A

26671 ALISO CREEK RD STE 205  
ALISO VIEJO, CA 92656  
Effective as of 01-JUN-23

##### **NADEAU, DANIEL, MD**

Provider ID: N/A

26671 ALISO CREEK RD STE 205  
ALISO VIEJO, CA 92656  
Effective as of 01-JUN-23

##### **ROBERTSON, ASHA, MD**

Provider ID: N/A

26671 ALISO CREEK RD STE 205  
ALISO VIEJO, CA 92656  
Effective as of 01-JUN-23

##### **ROBERTSON, ASHA, MD**

Provider ID: N/A

26671 ALISO CREEK RD STE 205  
ALISO VIEJO, CA 92656  
Effective as of 01-JUN-23

#### ***HEMATOLOGY / ONCOLOGY***

##### **IYER, LAXMI, MD†**

Provider ID: N/A

2 JOURNEY STE 201  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-21

##### **IYER, LAXMI, MD†**

Provider ID: N/A

2 JOURNEY STE 201  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-21

##### **IYER, LAXMI, MD†**

Provider ID: N/A

2 JOURNEY STE 201  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-21

##### **IYER, LAXMI, MD†**

Provider ID: N/A

2 JOURNEY STE 201  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-21

##### **IYER, LAXMI, MD†**

Provider ID: N/A

2 JOURNEY STE 201  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-21

##### **POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

2 JOURNEY STE 201  
ALISO VIEJO, CA 92656\*  
Effective as of 01-NOV-21

#### ***INFECTIOUS DISEASE***

##### **BAILEY, CHARLES, MD†**

Provider ID: N/A

26671 ALISO CREEK RD STE 301  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

##### **BAILEY, CHARLES, MD†**

Provider ID: N/A

26671 ALISO CREEK RD STE 301  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

#### ***NEUROLOGY***

##### **BIXBY, MINDY, DO**

Provider ID: N/A

26671 ALISO CREEK RD STE 203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-JAN-23

##### **BIXBY, MINDY, DO**

Provider ID: N/A

26671 ALISO CREEK RD STE

## C1. List of Network Providers

### Specialty Care Physician

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203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-JAN-23

#### **BIXBY, MINDY, DO**

Provider ID: N/A  
☑ 26671 ALISO CREEK RD STE  
203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-FEB-23

#### **BIXBY, MINDY, DO**

Provider ID: N/A  
☑ 26671 ALISO CREEK RD STE  
203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-FEB-23

#### **BIXBY, MINDY, DO**

Provider ID: N/A  
☑ 26671 ALISO CREEK RD STE  
203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-FEB-23

#### **BIXBY, MINDY, DO**

Provider ID: N/A  
☑ 26671 ALISO CREEK RD STE  
203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-FEB-23

#### **BIXBY, MINDY, DO**

Provider ID: N/A  
☑ 26671 ALISO CREEK RD STE  
203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-FEB-23

**LUDEMA, THOMAS, MD†**  
Provider ID: N/A  
☑ 15 MAREBLU STE 250  
ALISO VIEJO, CA 92656  
Effective as of 01-OCT-18

**LUDEMA, THOMAS, MD†**  
Provider ID: N/A  
☑ 15 MAREBLU STE 250  
ALISO VIEJO, CA 92656  
Effective as of 01-OCT-18

**MARTINEZ, KENNETH, MD**  
Provider ID: N/A  
☑ 5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

**MARTINEZ, KENNETH, MD**  
Provider ID: N/A  
☑ 5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JAN-17

**MARTINEZ, KENNETH, MD**  
Provider ID: N/A  
☑ 5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-14

**MARTINEZ, KENNETH, MD**  
Provider ID: N/A  
☑ 5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

**MARTINEZ, KENNETH, MD**  
Provider ID: N/A  
☑ 5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

**MARTINEZ, KENNETH, MD**  
Provider ID: N/A  
☑ 5 JOURNEY STE 210

ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

#### **SALEHI, HAMID, MD†**

Provider ID: N/A  
☑ 26895 ALISO CREEK RD  
STE B302  
ALISO VIEJO, CA 92656  
Effective as of 01-JAN-18

### ***OPTOMETRIST***

#### **NGUYEN, LETHUY, OD†**

Provider ID: N/A  
☑ 27001 MOULTON PKWY  
STE A100  
ALISO VIEJO, CA 92656  
Effective as of 01-JAN-18

### ***PEDIATRICS***

#### **FELDMAN, GARY, MD†**

Provider ID: N/A  
☑ 11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-FEB-23

#### **FELDMAN, GARY, MD†**

Provider ID: N/A  
☑ 11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-18

#### **YANNI, ELIZABETH, MD†**

Provider ID: N/A  
☑ 26671 ALISO CREEK RD STE  
200  
ALISO VIEJO, CA 92656\*  
Effective as of 01-JAN-21

### ***PHYSICIANS ASSISTANT***

#### **GREEN, TRAVIS, PA**

Provider ID: N/A  
☑ 26671 ALISO CREEK RD STE

## C1. List of Network Providers

### Specialty Care Physician

---

101  
ALISO VIEJO, CA 92656\*  
Effective as of 01-MAY-23

#### **PODIATRIST**

##### **ENG, STEVE, DPM†**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JUL-21

##### **ENG, STEVE, DPM†**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JUL-21

##### **ENG, STEVE, DPM†**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JUL-21

##### **ENG, STEVE, DPM†**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JUL-21

##### **ENG, STEVE, DPM†**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

##### **ENG, STEVE, DPM†**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

##### **HEHE, KYLE, DPM**

Provider ID: N/A  
15 MAREBLU STE 240

ALISO VIEJO, CA 92656  
Effective as of 01-AUG-23

##### **HEHE, KYLE, DPM**

Provider ID: N/A  
15 MAREBLU STE 240  
ALISO VIEJO, CA 92656  
Effective as of 01-AUG-23

#### **PSYCHIATRY**

##### **MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JAN-17

##### **MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

##### **MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

##### **MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

##### **MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

##### **MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656

Effective as of 01-NOV-14

##### **MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JAN-17

##### **MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

##### **MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

##### **MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

##### **MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

##### **MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-14

#### **PULMONARY DISEASES**

##### **GALKO, BARBARA, MD**

Provider ID: N/A  
11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-23

## CI. List of Network Providers

### Specialty Care Physician

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#### **SHAHINIAN, GEORGE, MD**

Provider ID: N/A

11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-23

#### **SHAHINIAN, GEORGE, MD**

Provider ID: N/A

11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-23

#### **SHAHINIAN, GEORGE, MD**

Provider ID: N/A

11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-JUL-23

#### **SHAHINIAN, GEORGE, MD**

Provider ID: N/A

11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-24

#### **SHAHINIAN, GEORGE, MD**

Provider ID: N/A

11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-24

#### ***SURGERY GENERAL***

#### **RUSSO, MICHAEL, MD†**

Provider ID: N/A

11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-21

#### **RUSSO, MICHAEL, MD†**

Provider ID: N/A

11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-MAY-21

#### **RUSSO, MICHAEL, MD†**

Provider ID: N/A

11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-MAY-21

#### ***SURGERY***

#### ***NEUROLOGICAL***

#### **MEHTA, VIKRAM, MD**

Provider ID: N/A

26671 ALISO CREEK RD STE  
203  
ALISO VIEJO, CA 92656  
Effective as of 01-DEC-23

#### **MEHTA, VIKRAM, MD**

Provider ID: N/A

26671 ALISO CREEK RD STE  
203  
ALISO VIEJO, CA 92656  
Effective as of 01-DEC-23

#### ***CERTIFIED NURSE***

#### ***PRACTITIONER***

#### **SANDERS, JESSICA, NP†**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Teleservice  
Effective as of 01-NOV-22

#### ***CHIROPRACTOR***

#### **KELCHNER, MATTHEW, DC†**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Effective as of 01-JAN-21

#### **PHILLIPS, KATHERINE, DC**

Provider ID: N/A

1620 ALPINE BLVD STE 110

ALPINE, CA 91901

Effective as of 01-FEB-24

#### ***FAMILY PRACTICE***

#### **VAN HOLLEBEKE, RACHEL, MD**

Provider ID: N/A

1620 ALPINE BLVD  
ALPINE, CA 91901  
Effective as of 01-JUN-23

#### ***LICENSED CLINICAL SOCIAL WORKER***

#### **KHALEEL, AMMAR, LCSW**

Provider ID: N/A

1620 ALPINE BLVD  
ALPINE, CA 91901  
Effective as of 01-NOV-22

#### ***OPHTHALMOLOGY***

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-JAN-21

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

#### **CHANG, TOM, MD†**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

#### **PATEL, SARJAN, MD†**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901



## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-SEP-22

#### **PATEL, GITANE, MD<sup>†</sup>**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Effective as of 01-SEP-22

#### **PATEL, GITANE, MD<sup>†</sup>**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Effective as of 01-MAR-18

#### **PATEL, GITANE, MD<sup>†</sup>**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Effective as of 01-JAN-21

#### **PATEL, GITANE, MD<sup>†</sup>**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Effective as of 01-AUG-20

### ***OPTOMETRIST***

#### **AOTO, KIM, OD<sup>†</sup>**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Effective as of 01-SEP-22

#### **DYER, SHARON, OD<sup>†</sup>**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Effective as of 01-JAN-21

#### **DYER, SHARON, OD<sup>†</sup>**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Effective as of 01-SEP-22

#### **MARR, RYAN, OD**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Effective as of 01-DEC-22

### ***PSYCHOLOGIST***

#### **FRITZ, JENNIFER, PhD<sup>†</sup>**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Effective as of 01-DEC-22

#### **FRITZ, JENNIFER, PhD<sup>†</sup>**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Effective as of 01-DEC-22

#### **SMITH, STEPHANIE, PhD<sup>†</sup>**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Teleservice

Effective as of 01-AUG-22

#### **SMITH, STEPHANIE, PhD<sup>†</sup>**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Teleservice

Effective as of 01-AUG-22

#### **TORRES, RANDALL, PSYD**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Effective as of 01-FEB-24

#### **TORRES, RANDALL, PSYD**

Provider ID: N/A

📍 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Effective as of 01-FEB-24

### ***OPTOMETRIST***

#### **HOLMSTROM, STEVEN, OD<sup>†</sup>**

Provider ID: N/A

📍 31722 RAILROAD CANYON  
RD  
CANYON LAKE, CA 92587

Effective as of 01-JUL-23

### ***ANESTHESIOLOGY PAIN MANAGEMENT***

#### **MADHAV, SANDIP, MD<sup>†</sup>**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-20

#### **MADHAV, SANDIP, MD<sup>†</sup>**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

#### **PRASAD, RUPA, MD<sup>†</sup>**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-NOV-21

#### **PRASAD, RUPA, MD<sup>†</sup>**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-NOV-23

#### **AUDIOLOGIST**

##### **HORNER, HEATHER, AuD†**

Provider ID: N/A

1820 MARRON RD STE 102  
CARLSBAD, CA 92008

Teleservice

Effective as of 01-JUN-22

##### **SILVERSTEIN, KAYLI, AuD**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008

Teleservice

Effective as of 01-APR-24

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **BINAVI, HOWNAZ, NP†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-SEP-22

##### **BISHOP, LESLIE, NP†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

##### **BISHOP, LESLIE, NP†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

##### **HALPERN, DAVID, NP†**

Provider ID: N/A

1905 CALLE BARCELONA  
STE 211  
CARLSBAD, CA 92009

Effective as of 01-JAN-21

##### **HOOPER, BONNIE, NP†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

##### **HOOPER, BONNIE, NP†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

##### **POLIZZI, BRITTANY, NP†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-JAN-22

##### **POLIZZI, BRITTANY, NP†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-SEP-22

##### **RICE, ELIZABETH, NP**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-MAR-24

##### **SOLIC, DIANE, NP**

Provider ID: N/A

1905 CALLE BARCELONA

STE 211

CARLSBAD, CA 92009

Teleservice

Effective as of 01-OCT-22

##### **SYMANSKI, ELIZABETH, NP†**

Provider ID: N/A

1905 CALLE BARCELONA  
STE 211  
CARLSBAD, CA 92009

Teleservice

Effective as of 01-AUG-22

#### **CHIROPRACTOR**

##### **BERRY, MICHAEL, DC**

Provider ID: N/A

6986 EL CAMINO REAL STE  
F  
CARLSBAD, CA 92009

Effective as of 01-APR-15

##### **MILLER, JAMES, DC**

Provider ID: N/A

6986 EL CAMINO REAL STE  
F  
CARLSBAD, CA 92009

Effective as of 01-JUL-17

#### **CLINICAL**

#### **NEUROPSYCHOLOGIST**

##### **ALASANTRO, LORI, PhD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

##### **ALASANTRO, LORI, PhD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-FEB-18

## C1. List of Network Providers

### Specialty Care Physician

---

#### **ALASANTRO, LORI, PhD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

#### **DERMATOLOGY**

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JUL-21

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JUL-21

#### **BUSCH, HEIDI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-MAR-23

#### **BUSCH, HEIDI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-NOV-23

#### **BUSCH, HEIDI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-24

#### **BUSCH, HEIDI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-OCT-22

#### **RILEY, JESSICA, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-JAN-24

#### **RILEY, JESSICA, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-NOV-23

#### **RILEY, JESSICA, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

#### **RILEY, JESSICA, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

#### **ZUBAIR, RAHEEL, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011\*

Effective as of 01-NOV-23

#### **ZUBAIR, RAHEEL, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-MAR-24

#### **ZUBAIR, RAHEEL, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JAN-24

#### **FAMILY PRACTICE**

#### **MADHAV, KINJAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-24

#### **HEARING AID DEALER / SUPPLIER**

#### **DAVIS, KELLE, MA†**

Provider ID: N/A

1820 MARRON RD  
CARLSBAD, CA 92008  
Effective as of 01-JAN-21

#### **DAVIS, KELLE, MA†**

Provider ID: N/A

1820 MARRON RD STE 102  
CARLSBAD, CA 92008  
Effective as of 01-SEP-22

#### **NEPHROLOGY**

#### **SAVANI, AMAN, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD

## C1. List of Network Providers

### Specialty Care Physician

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STE 200  
CARLSBAD, CA 92011  
Effective as of 01-AUG-23

#### **NEUROLOGY**

##### **BAKER, DAVID, DO**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-JAN-24

##### **BAKER, DAVID, DO**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-DEC-23

##### **CHOUDRY, BILAL, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

##### **CHOUDRY, BILAL, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

##### **CHOUDRY, BILAL, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-JAN-21

##### **CHOUDRY, BILAL, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200

CARLSBAD, CA 92011  
Effective as of 01-JAN-21

##### **DELANEY, MICHAEL, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-JAN-21

##### **DELANEY, MICHAEL, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-NOV-22

##### **DELANEY, MICHAEL, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-SEP-21

##### **DROKER, BRIAN, MD**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-MAR-24

##### **DROKER, BRIAN, MD**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-DEC-23

##### **FARNSWORTH, WILLIAM, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-22

##### **FARNSWORTH, WILLIAM, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-NOV-21

##### **FARNSWORTH, WILLIAM, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-NOV-21

##### **FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-21

##### **FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

##### **FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

##### **FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A  
6010 HIDDEN VALLEY RD  
STE 200

**C1. List of Network Providers**  
**Specialty Care Physician**

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CARLSBAD, CA 92011  
 Effective as of 01-SEP-22

**FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-JAN-21

**HALL, JACOB, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-JAN-21

**HALL, JACOB, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-FEB-21

**HALL, JACOB, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-JAN-24

**HO, GILBERT, MD**

Provider ID: N/A

5814 VAN ALLEN WAY STE  
 209

CARLSBAD, CA 92008  
 Effective as of 01-JAN-21

**LANE, RICHARD, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-JAN-21

**LANE, RICHARD, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-SEP-22

**LANE, RICHARD, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-APR-24

**LANE, RICHARD, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-DEC-23

**LOBATZ, MICHAEL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-SEP-22

**LOBATZ, MICHAEL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-FEB-16

**LOBATZ, MICHAEL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-JAN-21

**LUHAR, RIYA, DO**

Provider ID: N/A

6010 HIDDEN VALLEY RD

STE 200  
 CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-23

**LUHAR, RIYA, DO**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Teleservice

Effective as of 01-AUG-23

**LUHAR, RIYA, DO**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Teleservice

Effective as of 01-JAN-23

**NIELSEN, AMY, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-FEB-16

**NIELSEN, AMY, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-JAN-16

**NIELSEN, AMY, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
 STE 200

CARLSBAD, CA 92011  
 Effective as of 01-JAN-21

**NIELSEN, AMY, DO†**

Provider ID: N/A


6010 HIDDEN VALLEY RD

**C1. List of Network Providers**  
**Specialty Care Physician**


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STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-MAR-21


**NIELSEN, AMY, DO†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-SEP-21


**OH, IRENE, MD†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-SEP-22


**OH, IRENE, MD†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-JAN-21


**OH, IRENE, MD†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-FEB-16


**OH, IRENE, MD†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-JAN-21


**OMURO, ARTHUR, DO†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-SEP-22


**OMURO, ARTHUR, DO†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-NOV-23


**PADUGA, REMIA, MD†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-JAN-24


**PADUGA, REMIA, MD†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-FEB-16


**QUESNELL, TARA, DO†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-JAN-24

**QUESNELL, TARA, DO†**


Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-NOV-23

**QUESNELL, TARA, DO†**


Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-SEP-21

**SADOFF, MARK, MD†**


Provider ID: N/A

 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-FEB-16


**SADOFF, MARK, MD†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-JAN-21


**SADOFF, MARK, MD†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-FEB-16


**SADOFF, MARK, MD†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-JAN-21


**SAVANI, AMAN, MD**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-NOV-23

**SCHIM, JACK, MD†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-JAN-21

**SCHIM, JACK, MD†**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011

## CI. List of Network Providers

### Specialty Care Physician

---

Effective as of 01-FEB-16

#### **SCHIM, JACK, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

#### **WANG, CHUNYANG, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

#### **WANG, CHUNYANG, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-FEB-16

#### **WANG, ANCHI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

#### **WANG, ANCHI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

#### **WANG, CHUNYANG, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-FEB-16

#### **WANG, ANCHI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-FEB-16

#### **WANG, ANCHI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-FEB-16

#### **WANG, ANCHI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-SEP-21

#### **WANG, CHUNYANG, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-24

#### **WRIGHT, BRENTON, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-AUG-23

#### **YOSHII-CONTRERAS, JUNE, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-23

### **NEUROPHYSIOLOGY CLINICAL**

#### **PADUGA, REMIA, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-NOV-23

### **OTOLARYNGOLOGY**

#### **ABDOU, RAMI, MD†**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008

Effective as of 01-AUG-22

#### **CALZADA, AUDREY, MD†**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008

Effective as of 01-OCT-22

#### **CHANG, EDWARD, MD**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008

Effective as of 01-MAR-24

#### **DATE, AMIT, MD**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008

Teleservice

Effective as of 01-MAY-23

#### **DONALDSON, CHADWICK, MD†**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008

Teleservice

Effective as of 01-JAN-21

#### **DONALDSON, CHADWICK, MD†**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

📍 2390 FARADAY AVE  
CARLSBAD, CA 92008

Teleservice

Effective as of 01-JAN-21

#### **GOLDSZTEIN, HERNAN, MD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 210  
CARLSBAD, CA 92011

Effective as of 01-FEB-18

#### **PAUL, SUPRITI, MD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 210  
CARLSBAD, CA 92011

Effective as of 01-FEB-22

#### **SALGADO, MOSES, MD**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 210  
CARLSBAD, CA 92011

Effective as of 01-FEB-18

#### **TIAN, QING, MD†**

Provider ID: N/A

📍 2390 FARADAY AVE  
CARLSBAD, CA 92008

Teleservice

Effective as of 01-JAN-21

#### **TIAN, QING, MD†**

Provider ID: N/A

📍 2390 FARADAY AVE  
CARLSBAD, CA 92008

Teleservice

Effective as of 01-NOV-21

### ***PHYSICAL MEDICINE / REHABILITATION***

#### **CURRY, JASON, MD†**

Provider ID: N/A

📍 6121 PASEO DEL NORTE  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-SEP-21

#### **MADHAV, SANDIP, MD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

#### **TAHAEI, SEYED, MD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 110  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-OCT-22

### ***PHYSICIANS ASSISTANT***

#### **DE VERA, SARAH, PA**

Provider ID: N/A

📍 2659 GATEWAY RD STE 106  
CARLSBAD, CA 92009

Teleservice

Effective as of 01-APR-24

#### **DRILLING, KATHERINE, PA**

Provider ID: N/A

📍 1905 CALLE BARCELONA  
STE 211  
CARLSBAD, CA 92009

Effective as of 01-MAR-23

#### **DU, SARAH, PA**

Provider ID: N/A

📍 2390 FARADAY AVE  
CARLSBAD, CA 92008

Teleservice

Effective as of 01-APR-24

#### **FANNIN, HANA AH, PA**

Provider ID: N/A

📍 2659 GATEWAY RD STE 106  
CARLSBAD, CA 92009

Effective as of 01-JAN-23

#### **HERMANSON, KATHLEEN, PA†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-SEP-22

#### **HERMANSON, KATHLEEN, PA†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

#### **HUANG, STEPHANIE, PA†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-OCT-22

#### **HUANG, STEPHANIE, PA†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

#### **INOCELDA, ANDREW, PA†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

#### **INOCELDA, ANDREW, PA†**



## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

#### **MEGALI, NICOLE, PA**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-JAN-24

#### **MEGALI, NICOLE, PA**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-APR-24

#### **MORENO, SYDNIE, PA**

Provider ID: N/A

1905 CALLE BARCELONA  
STE 211  
CARLSBAD, CA 92009  
Effective as of 01-APR-24

#### **POGGI, SARA, PA**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008  
Teleservice  
Effective as of 01-APR-24

#### **POLLINGTON, CHRISTOPHER, PA**

Provider ID: N/A

6121 PASEO DEL NORTE  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-OCT-23

#### **RAHIM, ARIANNA, PA**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-OCT-23

#### **REUSCH, KEVIN, PA**

Provider ID: N/A

6121 PASEO DEL NORTE  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-OCT-23

### **PSYCHIATRY**

#### **CAI, SHEILA, MD<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011  
Effective as of 01-OCT-23

#### **CAI, SHEILA, MD<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011  
Effective as of 01-OCT-23

#### **CAI, SHEILA, MD<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

#### **CAI, SHEILA, MD<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011  
Effective as of 01-OCT-23

#### **CAI, SHEILA, MD<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011  
Effective as of 01-OCT-23

#### **CAI, SHEILA, MD<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

#### **PAULITSCH-BUCKINGHAM, ANDREA, MD<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011  
Effective as of 01-OCT-23

#### **PAULITSCH-BUCKINGHAM, ANDREA, MD<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011  
Effective as of 01-OCT-23

#### **PAULITSCH-BUCKINGHAM, ANDREA, MD<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011  
Effective as of 01-OCT-23

#### **PAULITSCH-BUCKINGHAM, ANDREA, MD<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011  
Effective as of 01-OCT-23

## CI. List of Network Providers

### Specialty Care Physician

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#### ***PSYCHIATRY CHILD***

##### **CAI, SHEILA, MD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011

Effective as of 01-OCT-23

##### **CAI, SHEILA, MD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011

Effective as of 01-OCT-23

##### **CAI, SHEILA, MD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011

Effective as of 01-SEP-22

##### **CAI, SHEILA, MD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011

Effective as of 01-OCT-23

##### **CAI, SHEILA, MD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011

Effective as of 01-OCT-23

##### **CAI, SHEILA, MD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011

Effective as of 01-SEP-22

#### ***PSYCHOLOGIST***

##### **KAUP, ALLISON, PhD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-NOV-23

##### **KAUP, ALLISON, PhD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-24

##### **KAUP, ALLISON, PhD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-24

##### **KAUP, ALLISON, PhD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-NOV-23

##### **NOEL, NANCY, PhD**

Provider ID: N/A

📍 6768 PASEO DEL VIS  
CARLSBAD, CA 92009

Effective as of 01-FEB-23

##### **NOEL, NANCY, PhD**

Provider ID: N/A

📍 6768 PASEO DEL VIS  
CARLSBAD, CA 92009

Effective as of 01-FEB-23

##### **NOEL, NANCY, PhD**

Provider ID: N/A

📍 6768 PASEO DEL VIS  
CARLSBAD, CA 92009

Effective as of 01-FEB-23

##### **NOEL, NANCY, PhD**

Provider ID: N/A

📍 6768 PASEO DEL VIS  
CARLSBAD, CA 92009

Effective as of 01-FEB-23

##### **ROSEN, JAY, PhD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-SEP-22

##### **ROSEN, JAY, PhD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

##### **ROSEN, JAY, PhD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-SEP-22

##### **ROSEN, JAY, PhD†**

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

#### ***REGISTERED PHYSICAL THERAPIST***

##### **AMBROSE, CHRISTOPHER, PT**

Provider ID: N/A

📍 3070 MADISON ST  
CARLSBAD, CA 92008

Effective as of 01-JAN-21

## CI. List of Network Providers

### Specialty Care Physician

---

#### **BOUTELLE, DAVID, PT**

Provider ID: N/A

3070 MADISON ST  
CARLSBAD, CA 92008  
Effective as of 01-JAN-21

#### **BOUTELLE, BARBARA, PT**

Provider ID: N/A

3070 MADISON ST  
CARLSBAD, CA 92008  
Effective as of 01-SEP-22

#### **DOULL, MATTHEW, PT**

Provider ID: N/A

6121 PASEO DEL NORTE  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-JUN-23

#### **GARBER, MARC, PT**

Provider ID: N/A

6121 PASEO DEL NORTE  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-OCT-21

#### **MCGEE, JACQUELINE, PT**

Provider ID: N/A

3070 MADISON ST  
CARLSBAD, CA 92008  
Effective as of 01-JAN-21

#### **TAMAYO, SYDNIE, PT**

Provider ID: N/A

6121 PASEO DEL NORTE  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-OCT-23

#### **SLEEP MEDICINE**

#### **MADHAV, KINJAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-JAN-21

#### **MADHAV, KINJAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-OCT-19

#### **SURGERY**

#### **NEUROLOGICAL**

#### **MURTHY, NIKHIL, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-JUL-23

#### **ADVANCED HEART**

#### **FAILURE AND**

#### **TRANSPLANT**

#### **CARDIOLOGY**

#### **DURAN, ANTONIO, MD**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-JUL-23

#### **HOAGLAND, PETER, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-21

#### **JASKI, BRIAN, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-JAN-21

#### **ALLERGY IMMUNOLOGY**

#### **SHARMA, KUSUM, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911  
Effective as of 01-JUN-22

#### **SHARMA, KUSUM, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

#### **ANESTHESIOLOGY**

#### **GLASSER, MARGA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-21

#### **GLASSER, MARGA, MD†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-21

#### **GLASSER, MARGA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914  
Effective as of 01-OCT-21

#### **MACCHIO, GREGORY, MD†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914  
Effective as of 01-JUL-22

#### **ROMERO, KENNETH, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 206  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

#### **THOMPSON, SANDRA, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **VERDOLIN, MICHAEL, MD**

Provider ID: N/A

2452 FENTON ST STE 205  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-21

### ***ANESTHESIOLOGY***

### ***CRITICAL CARE MEDICINE***

#### **MACCHIO, GREGORY, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-22

#### **MACCHIO, GREGORY, MD†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-22

### ***ANESTHESIOLOGY PAIN MANAGEMENT***

#### **BROWNLOW, ROY, MD**

Provider ID: N/A

344 F ST STE 203  
CHULA VISTA, CA 91910  
Effective as of 01-APR-24

#### **DAIRO, BRANDON, MD†**

Provider ID: N/A

340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-NOV-22

#### **GLASSER, MARGA, MD†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-22

#### **LEE, INSUN, MD†**

Provider ID: N/A

344 F ST STE 203  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-APR-24

#### **MACCHIO, GREGORY, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914  
Effective as of 01-DEC-18

#### **NAVARRO, ROSA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-14

#### **NAVARRO, ROSA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914  
Effective as of 01-JUL-22

#### **NAVARRO, ROSA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101

CHULA VISTA, CA 91914  
Effective as of 01-SEP-22

#### **NAVARRO, ROSA, MD†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-22

#### **NAVARRO, ROSA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-15

#### **NAVARRO, ROSA, MD†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914  
Effective as of 01-AUG-17

#### **ROMERO, KENNETH, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 103  
CHULA VISTA, CA 91911  
Effective as of 01-JUN-19

#### **VERDOLIN, MICHAEL, MD**

Provider ID: N/A

2452 FENTON ST STE 205  
CHULA VISTA, CA 91914  
Effective as of 01-MAR-22

### ***AUDIOLOGIST***

#### **HORNER, HEATHER, AuD†**

Provider ID: N/A

310 3RD AVE STE B21  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUN-22


#### **JESPERSEN, RHONDA, AuD**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician


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 310 3RD AVE STE B21  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-23

#### **CARDIAC ELECTROPHYSIOLOGY**


##### **ATHILL, CHARLES, MD†**

Provider ID: N/A

 890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-21


##### **BERMAN, BRETT, MD†**

Provider ID: N/A

 321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-16


##### **DAWOOD, FARAH, MD†**

Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911  
Effective as of 01-DEC-20


##### **LERNER, JONATHAN, MD**

Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-23

##### **LERNER, JONATHAN, MD**

Provider ID: N/A

 865 THIRD AVE  
STE 133  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-23

##### **PUGH, MATTHEW, DO†**


Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 205

CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-NOV-21

##### **PUGH, MATTHEW, DO†**

Provider ID: N/A


 765 MEDICAL CENTER CT  
STE 205  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-SEP-21


##### **SHAH, ABHISHEK, MD†**

Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

##### **SHAH, ABHISHEK, MD**


Provider ID: N/A

 865 3RD AVE STE 133  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

#### **CARDIOVASCULAR DISEASE**


##### **ABELHAD, NADIA, MD**

Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

##### **AIZIN, VITALI, MD†**

Provider ID: N/A

 321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-21

##### **AIZIN, VITALI, MD†**


Provider ID: N/A

 321 E ST STE A

CHULA VISTA, CA 91910  
Effective as of 01-JUN-16


##### **AIZIN, VITALI, MD†**

Provider ID: N/A

 321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


##### **BERMAN, BRETT, MD†**

Provider ID: N/A

 321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-21


##### **CARLSON, STEVEN, MD†**

Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-APR-21


##### **CARLSON, STEVEN, MD†**

Provider ID: N/A

 751 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21


##### **CARLSON, STEVEN, MD†**

Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-SEP-22

##### **CEPIN, DANIEL, MD†**

Provider ID: N/A

 890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-14

## C1. List of Network Providers

### Specialty Care Physician

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#### **CEPIN, DANIEL, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE 205

CHULA VISTA, CA 91914

Effective as of 01-FEB-21

#### **COX, JUSTIN, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE 205

CHULA VISTA, CA 91914

Teleservice

Effective as of 01-SEP-21

#### **DAWOOD, FARAH, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT STE 207

CHULA VISTA, CA 91911

Effective as of 01-AUG-21

#### **DAWOOD, FARAH, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT STE 207

CHULA VISTA, CA 91911

Effective as of 01-SEP-22

#### **DO, HULBERT, MD**

Provider ID: N/A

765 MEDICAL CENTER CT STE 211

CHULA VISTA, CA 91911

Effective as of 01-OCT-23

#### **DO, HULBERT, MD**

Provider ID: N/A

865 THIRD AVE STE 133

CHULA VISTA, CA 91911

Effective as of 01-OCT-23

#### **FERNANDEZ, GENARO, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT STE 207

CHULA VISTA, CA 91911

Effective as of 01-AUG-21

#### **GOLLAPUDI, RAGHAVA, MD†**

Provider ID: N/A

450 4TH AVE STE 215

CHULA VISTA, CA 91910

Effective as of 01-NOV-23

#### **HOURANI, RAYAN, MD**

Provider ID: N/A

890 EASTLAKE PKWY STE 205

CHULA VISTA, CA 91914

Teleservice

Effective as of 01-FEB-23

#### **KAFRI, HASSAN, MD†**

Provider ID: N/A

429 BROADWAY

CHULA VISTA, CA 91910

Effective as of 01-AUG-22

#### **KHAN, HASHIM, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE 205

CHULA VISTA, CA 91914

Effective as of 01-APR-21

#### **KHARAZI, ALEXANDRA, MD†**

Provider ID: N/A

345 F ST STE 200

CHULA VISTA, CA 91910

Effective as of 01-SEP-22

#### **KIM, JAMES, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT STE 101

CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JUN-23

#### **KIM, JAMES, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT STE 101

CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JUN-21

#### **LY, NANCY, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT STE 101

CHULA VISTA, CA 91911

Effective as of 01-JUN-21

#### **LY, NANCY, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT STE 101

CHULA VISTA, CA 91911

Effective as of 01-JUN-23

#### **LY, NANCY, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT STE 101

CHULA VISTA, CA 91911

Effective as of 01-NOV-23

#### **MEHTA, HIRSCH, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE 205

CHULA VISTA, CA 91914

Effective as of 01-JAN-21

#### **MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT STE 211

CHULA VISTA, CA 91911

Effective as of 01-SEP-22

#### **MONDRAGON, GUSTAVO, MD**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

855 THIRD AVE  
STE 2230  
CHULA VISTA, CA 91911

Effective as of 01-OCT-23

#### **MONDRAGON, GUSTAVO, MD**

Provider ID: N/A

855 THIRD AVE  
STE 2230  
CHULA VISTA, CA 91911

Effective as of 01-FEB-24

#### **MONDRAGON, GUSTAVO, MD†**

Provider ID: N/A

480 4TH AVE STE 500  
CHULA VISTA, CA 91910

Effective as of 01-NOV-20

#### **NAGHI, JESSE, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911

Effective as of 01-AUG-21

#### **NARAYANAN, MEENA, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Effective as of 01-APR-21

#### **NARAYANAN, MEENA, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

#### **NISHIMURA, MARIN, MD**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-MAR-23

#### **OMRAN, JAD, MD**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-FEB-23

#### **OVIEDO-LINARES, RAUL, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

Effective as of 01-JUN-21

#### **OVIEDO-LINARES, RAUL, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

Effective as of 01-JUN-23

#### **PARIKH, MILIND, DO†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

#### **PARIKH, MILIND, DO†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

#### **PARIZO, JUSTIN, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-SEP-21

#### **PONCE, SONIA, MD†**

Provider ID: N/A

480 4TH AVE STE 401  
CHULA VISTA, CA 91910

Effective as of 01-AUG-20

#### **PONCE, SONIA, MD†**

Provider ID: N/A

450 4TH AVE STE 215  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

#### **PONCE, SONIA, MD†**

Provider ID: N/A

340 4TH AVE STE 11  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-APR-21

#### **PONCE, SONIA, MD†**

Provider ID: N/A

340 4TH AVE STE 11  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JAN-21

#### **PONCE, SONIA, MD†**

Provider ID: N/A

340 4TH AVE STE 11  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAR-24

#### **ROUGH, STEVEN, MD**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-AUG-23

#### **SARSAM, LUAY, MD**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-23

#### **SARSAM, LUAY, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-23

#### **SARSAM, LUAY, MD**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-23

#### **SARSAM, LUAY, MD**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-23

#### **SHAH, KULIN, MD<sup>†</sup>**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

#### **SHAH, KULIN, MD<sup>†</sup>**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

#### **SHAH, ABHISHEK, MD<sup>†</sup>**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

#### **SHEREV, DIMITRI, MD<sup>†</sup>**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-21

#### **SHEREV, DIMITRI, MD**

Provider ID: N/A

340 FOURTH AVE  
STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-23

#### **SUDHAKAR, DEEPTHI, MD<sup>†</sup>**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

#### **SUDHAKAR, DEEPTHI, MD<sup>†</sup>**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

#### **WYSOCZANSKI, MARIUSZ, MD<sup>†</sup>**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

#### **WYSOCZANSKI, MARIUSZ, MD<sup>†</sup>**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JUN-23

#### **WYSOCZANSKI, MARIUSZ, MD<sup>†</sup>**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-JUN-21

#### **YAU, STEPHEN, MD<sup>†</sup>**

Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-AUG-22

#### **YAU, STEPHEN, MD<sup>†</sup>**

Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAR-23

#### **ZAVARO, SUHAIL, MD**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-FEB-23

### ***CERTIFIED***

### ***ACUPUNCTURIST***

#### **LAM, KHANH, LAC<sup>†</sup>**

Provider ID: N/A

340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-21

#### **WILCOX, WENONAH, LAC<sup>†</sup>**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### ***CERTIFIED NURSE***

### ***PRACTITIONER***



## CI. List of Network Providers

### Specialty Care Physician

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**BRAYTENBAH, MELANIE, NP†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JAN-21

**BRAYTENBAH, MELANIE, NP†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-SEP-22

**BURKE, ALICIA, NP**

Provider ID: N/A

765 3RD AVE STE 100  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-DEC-22

**CARRION GELABERT, ANA, NPF**

Provider ID: N/A

450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910

Effective as of 01-NOV-23

**CORREA, CARINA, NP**

Provider ID: N/A

299 J ST  
CHULA VISTA, CA 91910

Effective as of 01-AUG-22

**HALE, EMILY, NPF**

Provider ID: N/A

344 F ST STE 203  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAY-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-AUG-21

**KANTAS, PARIS, NP†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-AUG-22

**KELLER, YESENIA, NP**

Provider ID: N/A

340 FOURTH AVE  
STE 11  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUL-23

**KELLER, YESENIA, NP**

Provider ID: N/A

340 FOURTH AVE  
STE 11  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-FEB-24

**MAGANDA, JESSICA, NP**

Provider ID: N/A

340 FOURTH AVE  
STE 11  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-APR-24

**MAYOYO, MARILYNN, NP**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Effective as of 01-MAR-23

**OLESCO, JENNIFER, NP†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911

Effective as of 01-NOV-22

**PANTOJA, DANICA-ELLA, NP**

Provider ID: N/A

340 FOURTH AVE  
STE 9  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAR-24

**ROSS, CRYSTAL, NP†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAY-21

**SICKLES, MAGGIE, NP**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-DEC-21

**SPAULDING, ENJOLI, NP†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**TOMICICH, STEPHANIE, NP**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

Effective as of 01-JAN-24

**YALDO, ATHMAR, NP†**

Provider ID: N/A

429 BROADWAY

## CI. List of Network Providers


### Specialty Care Physician

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CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-DEC-21

#### ***CERTIFIED REGISTERED NURSE MIDWIFE***

**MARTINEZ, NANCY, CRNM**  
Provider ID: N/A

 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

#### ***CHIROPRACTOR***

**WENDEL, TREVOR, DC**


Provider ID: N/A

 535 H ST  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### ***DERMATOLOGY***

**ANGRA, KUNAL, MD†**

Provider ID: N/A

 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-DEC-22


**BARNARD, CHRISTOPHER, MD**

Provider ID: N/A

 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Effective as of 01-MAR-24

**BARNARD, CHRISTOPHER, MD**

Provider ID: N/A

 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Effective as of 01-MAR-24

**MCKESEY, JACQUELINE, MD**

Provider ID: N/A

 256 LANDIS AVE FL 3  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-23


**RULLAN, JENNIFER, MD†**

Provider ID: N/A

 256 LANDIS AVE STE 300  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-14


**RULLAN, PETER, MD†**

Provider ID: N/A

 256 LANDIS AVE STE 300  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15


**STEIN, ALEXANDER, MD†**

Provider ID: N/A

 340 4TH AVE STE 14  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22


**STEIN, ALEXANDER, MD†**

Provider ID: N/A

 340 4TH AVE STE 14  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


**STEIN, ALEXANDER, MD†**

Provider ID: N/A

 340 4TH AVE STE 14  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-23

**TOMPKINS, STACY, MD†**

Provider ID: N/A

 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-AUG-22

**TOMPKINS, STACY, MD†**

Provider ID: N/A


 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-DEC-22


**TOMPKINS, STACY, MD†**

Provider ID: N/A

 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-DEC-22


**TOMPKINS, STACY, MD†**

Provider ID: N/A

 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-NOV-23


**ZALESKI LARSEN, LISA, DO**

Provider ID: N/A

 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-NOV-23


**ZALESKI LARSEN, LISA, DO**

Provider ID: N/A

 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-MAY-23

**ZALESKI LARSEN, LISA, DO**

Provider ID: N/A

 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-JAN-24

#### ***EMERGENCY MEDICINE***

**AZAM, ARSALAN, MD**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910

## C1. List of Network Providers


### Specialty Care Physician

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Effective as of 01-FEB-24


#### **BRODAK, DANIKA, MD**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-24


#### **DILLMAN, ARIANA, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


#### **DILLMAN, ARIANA, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22


#### **EINSTEIN, ERIC, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22


#### **EINSTEIN, ERIC, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


#### **FRENCH, TONIANNE, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


#### **FRENCH, TONIANNE, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22


#### **GALASSO, MADISON, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22


#### **GALASSO, MADISON, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


#### **GRIESINGER, MICHAEL, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


#### **GRIESINGER, MICHAEL, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22


#### **HARE, MARC, MD†**

Provider ID: N/A

 1111 BROADWAY STE 305  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-APR-23


#### **HARE, MARC, MD†**

Provider ID: N/A

 1111 BROADWAY STE 305  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-MAR-24


#### **HARRELL-BURDER, BEVERLY, MD†**

Provider ID: N/A

 333 H ST STE 280  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-21


#### **JOURDAIN, VICTOR, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22


#### **JOURDAIN, VICTOR, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-21


#### **MCMILLAN, MONICA, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22


#### **NARDI, SEAN, DO†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-21


#### **PORTILLO, TANIA, MD†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22


#### **QUENZER, FAITH, DO†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


#### **QUENZER, FAITH, DO†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

#### **REARDON, JACQUELINE, DO†**

Provider ID: N/A

 333 H ST STE 2080  
CHULA VISTA, CA 91910

**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-JUL-22

**REARDON, JACQUELINE, DO†**

Provider ID: N/A

333 H ST STE 2080  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-21

**ROXAS, ROGER, MD†**

Provider ID: N/A

333 H ST STE 2080  
 CHULA VISTA, CA 91910  
 Effective as of 01-JUL-22

**ROXAS, ROGER, MD†**

Provider ID: N/A

333 H ST STE 2080  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-21

**SBIROLO, EMILY, MD†**

Provider ID: N/A

333 H ST STE 2080  
 CHULA VISTA, CA 91910  
 Effective as of 01-AUG-21

**SBIROLO, EMILY, MD†**

Provider ID: N/A

333 H ST STE 2080  
 CHULA VISTA, CA 91910  
 Effective as of 01-JUL-22

**TOVAR, JUAN, MD†**

Provider ID: N/A

333 H ST STE 2080  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-21

**TRESENITTER, MEGAN, MD†**

Provider ID: N/A

333 H ST STE 2080  
 CHULA VISTA, CA 91910  
 Effective as of 01-JUL-22

**TRESENITTER, MEGAN, MD†**

Provider ID: N/A

333 H ST STE 2080  
 CHULA VISTA, CA 91910  
 Effective as of 01-AUG-21

**WHITLEY, NICHOLAS, MD†**

Provider ID: N/A

678 3RD AVE  
 CHULA VISTA, CA 91910\*  
 Effective as of 01-AUG-18

**YAU, STEPHEN, MD†**

Provider ID: N/A

429 BROADWAY  
 CHULA VISTA, CA 91910  
 Teleservice  
 Effective as of 01-APR-23

**ENDOCRINOLOGY**  
**METABOLISM DIABETES**

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

340 4TH AVE STE 7A  
 CHULA VISTA, CA 91910  
 Effective as of 01-JUL-22

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

340 4TH AVE STE 7A  
 CHULA VISTA, CA 91910  
 Effective as of 01-JUN-19

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

340 4TH AVE STE 7A  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-21

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

340 4TH AVE STE 7A  
 CHULA VISTA, CA 91910\*  
 Effective as of 01-JAN-21

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

340 4TH AVE STE 7A  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-21

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

340 4TH AVE STE 7A  
 CHULA VISTA, CA 91910  
 Effective as of 01-SEP-20

**CARRILLO, MARITZA, MD†**

Provider ID: N/A

678 3RD AVE  
 CHULA VISTA, CA 91910  
 Teleservice  
 Effective as of 01-JUL-22

**CARRILLO, MARITZA, MD†**

Provider ID: N/A

678 3RD AVE  
 CHULA VISTA, CA 91910  
 Teleservice  
 Effective as of 01-JAN-22

**ROGERS, MEGAN, MD†**

Provider ID: N/A

480 4TH AVE STE 202A  
 CHULA VISTA, CA 91910  
 Teleservice  
 Effective as of 01-JUL-22

**ROGERS, MEGAN, MD†**

Provider ID: N/A

480 4TH AVE STE 202A  
 CHULA VISTA, CA 91910  
 Teleservice  
 Effective as of 01-JUL-22

**ROGERS, MEGAN, MD†**

Provider ID: N/A

480 4TH AVE STE 202A  
 CHULA VISTA, CA 91910

## CI. List of Network Providers

### Specialty Care Physician

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Teleservice

Effective as of 01-AUG-22

#### **VINCENT, LAUREN, MD†**

Provider ID: N/A

📍 678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

#### **VINCENT, LAUREN, MD†**

Provider ID: N/A

📍 678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

### ***FAMILY PRACTICE***

#### **DILLON, MAYRA, MD**

Provider ID: N/A

📍 880 THIRD AVE  
# A  
CHULA VISTA, CA 91911

Effective as of 01-AUG-23

#### **LOZANO, JUAN, MD**

Provider ID: N/A

📍 1637 THIRD AVE  
STE B  
CHULA VISTA, CA 91911

Effective as of 01-JAN-24

#### **RODRIGUEZ, NATALIE, MD**

Provider ID: N/A

📍 480 PALOMAR ST  
CHULA VISTA, CA 91911\*

Effective as of 01-NOV-23

#### **SHAFT, ALEXANDER, MD†**

Provider ID: N/A

📍 303 H ST STE 103  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAR-22

#### **SHAFT, ALEXANDER, MD†**

Provider ID: N/A

📍 303 H ST STE 103  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-FEB-23

### ***GASTROENTEROLOGY***

#### **ALAYO, ERICK, MD†**

Provider ID: N/A

📍 400 E ST  
CHULA VISTA, CA 91910

Effective as of 01-OCT-21

#### **ALAYO, ERICK, MD†**

Provider ID: N/A

📍 400 E ST  
CHULA VISTA, CA 91910

Effective as of 01-OCT-21

#### **ALAYO, ERICK, MD†**

Provider ID: N/A

📍 400 E ST  
CHULA VISTA, CA 91910

Effective as of 01-OCT-21

#### **ALAYO, ERICK, MD†**

Provider ID: N/A

📍 587 3RD AVE  
CHULA VISTA, CA 91910\*

Effective as of 01-DEC-23

#### **BAIG, NABIL, DO†**

Provider ID: N/A

📍 303 H ST STE 103  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-OCT-22

#### **DESTA, TADDESE, MD**

Provider ID: N/A

📍 296 H ST STE 301  
CHULA VISTA, CA 91910

Effective as of 01-JAN-23

#### **DUQUE, JOHN, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-JAN-14

#### **DUQUE, JOHN, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

#### **DUQUE, JOHN, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-SEP-15

#### **DUQUE, JOHN, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

#### **DUQUE, JOHN, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

#### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

📍 303 H ST STE 103  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUL-21

#### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

📍 256 LANDIS AVE STE 202  
CHULA VISTA, CA 91910

Effective as of 01-MAR-18


#### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

## C1. List of Network Providers


### Specialty Care Physician

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 256 LANDIS AVE STE 204  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15


**HASSANEIN, TAREK, MD†**

Provider ID: N/A

 256 LANDIS AVE STE 202  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22


**HASSANEIN, TAREK, MD†**

Provider ID: N/A

 303 H ST STE 103  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-22


**HASSANEIN, TAREK, MD†**

Provider ID: N/A

 303 H ST STE 103  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAY-21


**HASSANEIN, TAREK, MD†**

Provider ID: N/A

 1323 3RD AVE  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22


**KORN, ERROL, MD**

Provider ID: N/A

 769 MEDICAL CENTER CT  
STE 303  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23


**KORN, ERROL, MD**

Provider ID: N/A

 769 MEDICAL CENTER CT  
STE 303  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-23


**NOVO, MEGAN, MD**

Provider ID: N/A

 296 H ST STE 301  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-23


**SEVILLA, CLAUDIA, MD†**

Provider ID: N/A

 750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-SEP-22


**SWEET, PATRICK, MD†**

Provider ID: N/A

 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAY-22

**THOMAS, CARLTON, MD†**

Provider ID: N/A

 296 H ST  
CHULA VISTA, CA 91910  
Effective as of 01-APR-21


**WIENER, GREGORY, MD†**

Provider ID: N/A

 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


**WIENER, GREGORY, MD†**

Provider ID: N/A

 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22


**WIENER, GREGORY, MD†**

Provider ID: N/A

 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22


**WIENER, GREGORY, MD†**

Provider ID: N/A

 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-20


**WIENER, GREGORY, MD†**

Provider ID: N/A

 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-14

**WIENER, GREGORY, MD†**


Provider ID: N/A

 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910\*  
Effective as of 01-SEP-15

### ***HEARING AID DEALER / SUPPLIER***


**ANDERSON, ELAINE, MA†**

Provider ID: N/A

 310 3RD AVE STE B21/C11  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


**ANDERSON, ELAINE, MA†**

Provider ID: N/A

 310 3RD AVE STE C11  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**DAVIS, KELLE, MA†**

Provider ID: N/A

 310 3RD AVE STE C11  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

### ***HEMATOLOGY / ONCOLOGY***

**ANDREY, JEFFREY, MD†**

Provider ID: N/A

 450 4TH AVE STE 311

## CI. List of Network Providers

### Specialty Care Physician

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CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

#### **BASERI, BABAK, MD†**

Provider ID: N/A

450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-23

#### **BASERI, BABAK, MD†**

Provider ID: N/A

450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-24

#### **BASERI, BABAK, MD†**

Provider ID: N/A

450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

#### **ITURBE-ALESSIO, IGNACIO, MD†**

Provider ID: N/A

855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JAN-23

#### **ITURBE-ALESSIO, IGNACIO, MD†**

Provider ID: N/A

855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-FEB-22

#### **JOHNSON, KENNETH, MD†**

Provider ID: N/A

769 MEDICAL CENTER CT  
STE 202  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-15

#### **MARJON, PHILIP, MD†**

Provider ID: N/A

450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

#### **MOOLANI, RAMESH, MD†**

Provider ID: N/A

855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
Effective as of 01-FEB-22

#### **MOOLANI, RAMESH, MD†**

Provider ID: N/A

855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
Effective as of 01-APR-23

#### **NAIDZIONAK, ULADZISLAU, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 9  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

#### **NORTON, MARILYN, MD†**

Provider ID: N/A

769 MEDICAL CENTER CT  
STE 202  
CHULA VISTA, CA 91911  
Effective as of 01-FEB-22

#### **NORTON, MARILYN, MD†**

Provider ID: N/A

769 MEDICAL CENTER CT  
STE 202  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-15

#### **QUIROZ, ELISA, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-OCT-21

#### **SAUNDERS, PHILLIP, DO†**

Provider ID: N/A

450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-22

#### **SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A

450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-22

#### **SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A

450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

#### **SONG, SEUNG-YIL, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 9  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

### **INTERNAL MEDICINE**

#### **BALDERAS-MAGALLANES, RODOLFO, MD**

Provider ID: N/A

678 THIRD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-APR-24

#### **CHITKARA, PUJA, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21


#### **JAIN, SUPRABHA, MD**

Provider ID: N/A

## CI. List of Network Providers


### Specialty Care Physician

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 765 3RD AVE STE 10  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-OCT-22


#### **LIRA, JOSE, MD†**

Provider ID: N/A

 841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-NOV-23


#### **LIU, ANDREW, MD**

Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-23


#### **MEYER, JILL, MD†**

Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-24


#### **MEYER, JILL, MD†**

Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-24


#### **MEYER, JILL, MD†**

Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21


#### **MOOLANI, UJJALA, MD**

Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-23


#### **MOOLANI, UJJALA, MD†**

Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23


#### **NARULA, ARVIN, MD†**

Provider ID: N/A

 890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-21


#### **OLIVER, DEANNA, MD†**

Provider ID: N/A

 303 H ST STE 103  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-21


#### **OLIVER, DEANNA, MD†**

Provider ID: N/A

 303 H ST STE 103  
CHULA VISTA, CA 91910\*  
Effective as of 01-OCT-22

#### **PATEL, AMAR, MD†**

Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-NOV-23


#### **PONCE, SONIA, MD†**

Provider ID: N/A

 429 BROADWAY  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

#### **REDDY, SMITHA, MD†**

Provider ID: N/A

 272 CHURCH AVE STE 1  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22


#### **REDDY, SMITHA, MD†**

Provider ID: N/A

 272 CHURCH AVE STE 1  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **SOLTERO, RICARDO, MD†**


Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-21

### ***INTERVENTIONAL CARDIOLOGY***


#### **AIZIN, VITALI, MD†**

Provider ID: N/A

 321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-16


#### **BARVALIA, MIHIR, MD†**

Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911  
Effective as of 01-NOV-22


#### **BERMAN, BRETT, MD†**

Provider ID: N/A

 321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22


#### **BERMAN, BRETT, MD†**

Provider ID: N/A

 321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **BERMAN, BRETT, MD†**

Provider ID: N/A

 321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-16



## C1. List of Network Providers

### Specialty Care Physician

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#### **CEPIN, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205

CHULA VISTA, CA 91914

Effective as of 01-DEC-22

#### **FERNANDEZ, GENARO, MD<sup>†</sup>**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207

CHULA VISTA, CA 91911

Effective as of 01-MAR-23

#### **GOLLAPUDI, RAGHAV, MD<sup>†</sup>**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205

CHULA VISTA, CA 91914

Effective as of 01-JAN-21

#### **GOLLAPUDI, RAGHAV, MD<sup>†</sup>**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205

CHULA VISTA, CA 91914

Effective as of 01-JUN-21

#### **JOHN, ALAN, MD**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911

Effective as of 01-MAY-23

#### **JOHN, ALAN, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

Effective as of 01-MAY-23

#### **KAFRI, HASSAN, MD<sup>†</sup>**

Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910

Effective as of 01-AUG-20

#### **KAFRI, HASSAN, MD<sup>†</sup>**

Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910

Effective as of 01-APR-21

#### **KAFRI, HASSAN, MD<sup>†</sup>**

Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

#### **KAFRI, HASSAN, MD<sup>†</sup>**

Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

#### **MOHAMEDALI, BURHAN, MD<sup>†</sup>**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

Effective as of 01-JAN-21

#### **MONDRAGON, GUSTAVO, MD<sup>†</sup>**

Provider ID: N/A

480 4TH AVE STE 500  
CHULA VISTA, CA 91910\*

Effective as of 01-JAN-21

#### **NAGHI, JESSE, MD<sup>†</sup>**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207

CHULA VISTA, CA 91911

Effective as of 01-JAN-21

#### **NARAYANAN, MEENA, MD<sup>†</sup>**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

Effective as of 01-JAN-21

#### **OVIEDO-LINARES, RAUL, MD<sup>†</sup>**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

Effective as of 01-FEB-24

#### **OVIEDO-LINARES, RAUL, MD<sup>†</sup>**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

Effective as of 01-OCT-23

#### **PONCE, SONIA, MD<sup>†</sup>**

Provider ID: N/A

340 4TH AVE STE 11  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-SEP-22

#### **PONCE, SONIA, MD<sup>†</sup>**

Provider ID: N/A

340 4TH AVE STE 11  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUL-21

#### **PONCE, SONIA, MD<sup>†</sup>**

Provider ID: N/A

450 4TH AVE STE 215  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

#### **ROUGH, STEVEN, MD**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

Teleservice

Effective as of 01-OCT-23

#### **ROUGH, STEVEN, MD**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-NOV-23

#### **ROUGH, STEVEN, MD**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JAN-24

#### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Effective as of 01-DEC-22

#### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911

Effective as of 01-MAY-23

#### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911

Effective as of 01-DEC-22

#### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Effective as of 01-MAY-23

#### **SHAH, KULIN, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911  
Effective as of 01-APR-23

#### **SHARF, ALBERT, MD**

Provider ID: N/A

1310 3RD AVE STE B4  
CHULA VISTA, CA 91911

Effective as of 01-JAN-24

#### **SHEREV, DIMITRI, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

#### **SHEREV, DIMITRI, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911

Effective as of 01-OCT-19

#### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911

Effective as of 01-APR-23

#### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Effective as of 01-APR-23

#### **WYSOCZANSKI, MARIUSZ, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

Effective as of 01-JAN-24

#### **WYSOCZANSKI, MARIUSZ, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 3  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

#### ***MARRIAGE FAMILY THERAPIST***

#### **CAMARGO, SANDRA, MFT**

Provider ID: N/A

880 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-APR-24

#### **CASTELLANOS, GRACIELA, MFT†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
303  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-DEC-21

#### **CASTELLANOS, GRACIELA, MFT†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
304  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-DEC-21

#### **CASTELLANOS, GRACIELA, MFT†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
305  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-DEC-21

#### **SHIELDS, SEBASTIAN, MFT**

Provider ID: N/A

678 3RD AVE

## C1. List of Network Providers

### Specialty Care Physician

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CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUN-23

#### **NEPHROLOGY**

##### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-23

##### **FERNANDEZ, RODRIGO, MD†**

Provider ID: N/A  
450 4TH AVE STE 201  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-21

##### **HOREISH, ADAM, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-15

##### **HOREISH, ADAM, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

##### **HOREISH, ADAM, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

##### **HOREISH, ADAM, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

##### **HOREISH, ADAM, MD†**

Provider ID: N/A  
340 4TH AVE STE 4

CHULA VISTA, CA 91910  
Effective as of 01-JUL-15

##### **KAYAL, ANAS, MD†**

Provider ID: N/A  
296 H ST STE 304  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-22

##### **KHAING, KATHY, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

##### **KHAING, KATHY, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-APR-19

##### **KHAING, KATHY, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

##### **KHAING, KATHY, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

##### **LOZADA-PASTORIO, ELIZABETH, MD†**

Provider ID: N/A  
340 4TH AVE STE 14  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-20

##### **LOZADA-PASTORIO, ELIZABETH, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

##### **LOZADA-PASTORIO, ELIZABETH, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

##### **LOZADA-PASTORIO, ELIZABETH, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-15

##### **LOZADA-PASTORIO, ELIZABETH, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

##### **LOZADA-PASTORIO, ELIZABETH, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

##### **LOZADA-PASTORIO, ELIZABETH, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-NOV-16


##### **LOZADA-PASTORIO, ELIZABETH, MD†**

Provider ID: N/A

## CI. List of Network Providers


### Specialty Care Physician

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 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22


#### **MEYER, JILL, MD†**

Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22


#### **MEYER, JILL, MD†**

Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21


#### **MEYER, JILL, MD†**

Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-14


#### **MEYER, JILL, MD†**

Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22


#### **MEYER, JILL, MD†**

Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **MEYER, JILL, MD†**

Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-14


#### **MEYER, JILL, MD†**

Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-20


#### **MOOLANI, UJJALA, MD†**

Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-FEB-23


#### **MOOLANI, UJJALA, MD†**

Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-NOV-22


#### **MOOLANI, UJJALA, MD†**

Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-OCT-22


#### **MOOLANI, UJJALA, MD†**

Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23


#### **PATEL, AMAR, MD†**

Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-21

#### **PATEL, AMAR, MD†**


Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-FEB-20


#### **PATEL, AMAR, MD†**

Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-24


#### **PHAM, JENNIFER, MD**

Provider ID: N/A

 340 FOURTH AVE  
STE 4  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-24


#### **PHAM, JENNIFER, MD**

Provider ID: N/A

 340 FOURTH AVE  
STE 4  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-NOV-23


#### **SOLTERO, RICARDO, MD†**

Provider ID: N/A

 340 4TH AVE STE 14  
CHULA VISTA, CA 91910  
Effective as of 01-APR-17


#### **SOLTERO, RICARDO, MD†**

Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-14

#### **SOLTERO, RICARDO, MD†**

Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


#### **SOLTERO, RICARDO, MD†**

Provider ID: N/A


## CI. List of Network Providers

### Specialty Care Physician


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 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


**SOLTERO, RICARDO, MD†**  
Provider ID: N/A

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22


**SOLTERO, RICARDO, MD†**  
Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22


**VIDEEN, JOHN, MD†**  
Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-20


**VIDEEN, JOHN, MD†**  
Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22


**VIDEEN, JOHN, MD†**  
Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21


**VIDEEN, JOHN, MD†**  
Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**VIDEEN, JOHN, MD†**  
Provider ID: N/A

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**VIDEEN, JOHN, MD†**  
Provider ID: N/A


 786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**YUAN, HENRY, MD†**  
Provider ID: N/A


 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

### **NEUROLOGY**


**BINDAL, ANKUR, MD†**  
Provider ID: N/A

 765 3RD AVE STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-22

**FARHIDVASH, FARIBA, MD†**  
Provider ID: N/A

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-22


**FARHIDVASH, FARIBA, MD†**  
Provider ID: N/A

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-22


**GRATIANNE, ROBERTO, MD†**  
Provider ID: N/A

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-22

**GRATIANNE, ROBERTO, MD†**  
Provider ID: N/A

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-22


**GUPTA, MONIKA, MD†**  
Provider ID: N/A

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-22


**GUPTA, MONIKA, MD†**  
Provider ID: N/A

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


**HOSSEIN ZADEH MALEKI,  
ANA, MD**

Provider ID: N/A  
 450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAR-24

**HOSSEIN ZADEH MALEKI,  
ANA, MD**

Provider ID: N/A  
 450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAR-24

**HUISA-GARATE, BRANKO, MD†**  
Provider ID: N/A


 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-24

**HUISA-GARATE, BRANKO, MD†**  
Provider ID: N/A

## CI. List of Network Providers


### Specialty Care Physician

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 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


**HUISA-GARATE, BRANKO, MD<sup>†</sup>**

Provider ID: N/A

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-21


**MAREK, MAKSYM, MD**

Provider ID: N/A

 450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-FEB-24


**MAREK, MAKSYM, MD**

Provider ID: N/A

 450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAR-24


**MAREK, MAKSYM, MD**

Provider ID: N/A

 450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-OCT-23

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

 450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAR-24

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A


 450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-AUG-23


**MOHAMMAD, AHMAD SHAH,  
MD<sup>†</sup>**

Provider ID: N/A

 750 MEDICAL CENTER CT  
STE 6  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21


**MOHAMMAD, AHMAD SHAH,  
MD<sup>†</sup>**

Provider ID: N/A

 750 MEDICAL CENTER CT  
STE 6  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21


**OLENSKI, KLARI, DO<sup>†</sup>**

Provider ID: N/A

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-22


**PHAM, ALISE, DO**

Provider ID: N/A

 450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-FEB-24


**PHAM, ALISE, DO**

Provider ID: N/A

 450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAR-24


**PHAM, JENNIFER, MD**

Provider ID: N/A

 340 FOURTH AVE  
STE 4  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAR-24


**SILVER, BRENT, MD<sup>†</sup>**

Provider ID: N/A

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-22


**SILVER, BRENT, MD<sup>†</sup>**

Provider ID: N/A

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-22


**SORIA LOPEZ, JOSE, MD<sup>†</sup>**

Provider ID: N/A

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-21

**SORIA LOPEZ, JOSE, MD<sup>†</sup>**


Provider ID: N/A

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-21

### **NEUROLOGY CHILD**

**OLENSKI, KLARI, DO<sup>†</sup>**

Provider ID: N/A

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-22

### **OBSTETRICS / GYNECOLOGY**

**ANGUIANO, FRANCISCO, MD<sup>†</sup>**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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765 MEDICAL CENTER CT  
STE 209  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**ATIGA, SCHUBERT, MD<sup>†</sup>**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-20

**ATIGA, SCHUBERT, MD<sup>†</sup>**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

**ATIGA, SCHUBERT, MD<sup>†</sup>**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**ATIGA, SCHUBERT, MD<sup>†</sup>**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**CHAC, RICK, MD<sup>†</sup>**

Provider ID: N/A

660 OLD TELEGRAPH  
CANYON RD  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-20

**CHAC, RICK, MD<sup>†</sup>**

Provider ID: N/A

660 OLD TELEGRAPH  
CANYON RD  
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

**CHAC, RICK, MD<sup>†</sup>**

Provider ID: N/A

660 OLD TELEGRAPH  
CANYON RD  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-20

**CHAC, RICK, MD<sup>†</sup>**

Provider ID: N/A

660 OLD TELEGRAPH  
CANYON RD  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-16

**MENDEZ, DIEGO, MD<sup>†</sup>**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-NOV-21

**SHORT, ABIADE, MD<sup>†</sup>**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-DEC-22

### ***OCCUPATIONAL THERAPIST***

**CUA, NICOLE, OT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-APR-24

**CUA, NICOLE, OT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-24

**HUGHES, ELISA, OT<sup>†</sup>**

Provider ID: N/A

880 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JUN-22

**LOPEZ, ALYSSA-NICOLE, OT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-23

**LOPEZ, ALYSSA-NICOLE, OT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-23

**MORRIS, SHEILA, OT<sup>†</sup>**

Provider ID: N/A

1020 TIERRA DEL REY STE  
A-1  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**PORTER, EILEEN, OT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-22

**PORTER, EILEEN, OT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-23

### ***OPHTHALMOLOGY***

**BRYANT, DUANE, MD<sup>†</sup>**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-OCT-19


## C1. List of Network Providers

### Specialty Care Physician

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#### **BRYANT, DUANE, MD†**

Provider ID: N/A

 342 F ST  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-21


#### **BRYANT, DUANE, MD†**

Provider ID: N/A

 342 F ST  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-21


#### **BRYANT, DUANE, MD†**

Provider ID: N/A

 342 F ST  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-21

#### **BRYANT, DUANE, MD†**

Provider ID: N/A

 342 F ST  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUN-19

#### **CARRABY, ARNETT, MD†**

Provider ID: N/A

 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

#### **CARRABY, ARNETT, MD†**

Provider ID: N/A

 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

#### **CARRABY, ARNETT, MD†**

Provider ID: N/A

 835 3RD AVE STE A

CHULA VISTA, CA 91911  
Effective as of 01-AUG-20

#### **COCKERHAM, KIMBERLY, MD**

Provider ID: N/A

 342 F ST  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-23

#### **DELENGOCKY, TAYSON, DO†**

Provider ID: N/A

 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

#### **DELENGOCKY, TAYSON, DO†**

Provider ID: N/A

 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

#### **MANI, MAJID, MD†**

Provider ID: N/A

 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22


#### **MANI, NASRIN, MD†**

Provider ID: N/A

 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

#### **MANI, NASRIN, MD†**

Provider ID: N/A

 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

#### **MANI, MAJID, MD†**

Provider ID: N/A

 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22


#### **MANI, NASRIN, MD†**

Provider ID: N/A

 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22


#### **MASLIN, JESSICA, MD**

Provider ID: N/A

 311 DEL MAR AVE  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-23


#### **MASLIN, JESSICA, MD**

Provider ID: N/A

 480 FOURTH AVE  
STE 201  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-23

#### **MASLIN, JESSICA, MD**

Provider ID: N/A

 311 DEL MAR AVE  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-23


#### **MASLIN, JESSICA, MD**

Provider ID: N/A

 311 DEL MAR AVE  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-23


#### **MASLIN, JESSICA, MD**

Provider ID: N/A

 480 FOURTH AVE  
STE 201  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-23

#### **MCDONNELL, EMMA, MD†**

Provider ID: N/A

 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-APR-23

#### **MCDONNELL, EMMA, MD†**



## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

#### **PAPASTERGIOU, GEORGIOS, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

#### **PAPASTERGIOU, GEORGIOS, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

#### **PAPASTERGIOU, GEORGIOS, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

#### **PEAIRS, JAMES, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

#### **PEAIRS, JAMES, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-20

#### **PONS, MAURICIO, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-22

#### **PONS, MAURICIO, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

#### **PONS, MAURICIO, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

#### **PONS, MAURICIO, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

#### **RAJSBAUM, MARTIN, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

#### **RAJSBAUM, MARTIN, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

#### **SASSANI, PATRICK, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-MAR-23

#### **SASSANI, PATRICK, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-APR-24

#### **SASSANI, PATRICK, MD†**

Provider ID: N/A

835 3RD AVE STE A

CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

#### **SCHER, BARRY, MD†**

Provider ID: N/A

480 4TH AVE STE 201  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-24

#### **SCHER, BARRY, MD†**

Provider ID: N/A

480 4TH AVE STE 201  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-19

#### **SCHER, BARRY, MD**

Provider ID: N/A

311 DEL MAR AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-23

#### **SCHER, BARRY, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

#### **SKAF, AYHAM, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

#### **SKAF, AYHAM, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

#### **SKAF, AYHAM, MD†**


Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21


**C1. List of Network Providers**  
**Specialty Care Physician**

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**SKAF, AYHAM, MD<sup>†</sup>**

Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-SEP-22


**STAINER, GREGORY, MD<sup>†</sup>**

Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-JAN-21


**ZABANEH, ALEXANDER, MD<sup>†</sup>**

Provider ID: N/A  
 342 F ST  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-24


**ZABANEH, ALEXANDER, MD<sup>†</sup>**

Provider ID: N/A  
 342 F ST  
 CHULA VISTA, CA 91910  
 Effective as of 01-JUL-20


**ZABANEH, ALEXANDER, MD<sup>†</sup>**

Provider ID: N/A  
 342 F ST  
 CHULA VISTA, CA 91910  
 Effective as of 01-NOV-20

**ZABANEH, ALEXANDER, MD<sup>†</sup>**


Provider ID: N/A  
 342 F ST  
 CHULA VISTA, CA 91910  
 Effective as of 01-NOV-23

**ZABANEH, ALEXANDER, MD<sup>†</sup>**


Provider ID: N/A  
 342 F ST  
 CHULA VISTA, CA 91910  
 Effective as of 01-NOV-23

**OPTOMETRIST**


**CHAIN, PEI CHI, OD**

Provider ID: N/A  
 342 F ST  
 CHULA VISTA, CA 91910  
 Effective as of 01-APR-23


**EL-MOGHRABI, ROULA, OD<sup>†</sup>**

Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-JAN-21


**EL-MOGHRABI, NANCY, OD<sup>†</sup>**

Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-JAN-21


**KOO, ANITA, OD**

Provider ID: N/A  
 835 THIRD AVE  
 STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-FEB-24


**KOO, ANITA, OD**

Provider ID: N/A  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Effective as of 01-FEB-24


**KOO, ANITA, OD**

Provider ID: N/A  
 835 THIRD AVE  
 STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-JAN-24


**MASCARENO, EFRAIN, OD<sup>†</sup>**

Provider ID: N/A  
 2260 OTAY LAKES RD STE  
 111  
 CHULA VISTA, CA 91915  
 Effective as of 01-JAN-21


**MASCARENO, EFRAIN, OD<sup>†</sup>**

Provider ID: N/A  
 2260 OTAY LAKES RD STE  
 111  
 CHULA VISTA, CA 91915  
 Effective as of 01-SEP-22


**MASCARENO, EFRAIN, OD<sup>†</sup>**

Provider ID: N/A  
 440 4TH AVE STE 9  
 CHULA VISTA, CA 91910  
 Effective as of 01-SEP-22


**MASCARENO, EFRAIN, OD<sup>†</sup>**

Provider ID: N/A  
 440 4TH AVE STE 9  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-21


**NGUYEN, THU, OD<sup>†</sup>**

Provider ID: N/A  
 342 F ST  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-21


**NGUYEN, THU, OD<sup>†</sup>**

Provider ID: N/A  
 342 F ST  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-21

**SCOVILL, ALEXANDRA, OD<sup>†</sup>**

Provider ID: N/A  
 342 F ST  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-21

**SCOVILL, ALEXANDRA, OD<sup>†</sup>**

Provider ID: N/A  
 342 F ST  
 CHULA VISTA, CA 91910  
 Effective as of 01-APR-23

**OTOLARYNGOLOGY**

**ABDOU, RAMI, MD<sup>†</sup>**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

577 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-22

#### **BANTHIA, VISHAL, MD†**

Provider ID: N/A

577 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-21

#### **BANTHIA, VISHAL, MD†**

Provider ID: N/A

577 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-22

#### **BANTHIA, VISHAL, MD†**

Provider ID: N/A

577 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-AUG-21

#### **CALZADA, AUDREY, MD†**

Provider ID: N/A

577 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-22

#### **CHANG, EDWARD, MD**

Provider ID: N/A

577 THIRD AVE,  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-24

#### **JIMENEZ, CARLOS, MD†**

Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-20

#### **JIMENEZ, CARLOS, MD†**

Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-20

#### **MEHTA, RITVIK, MD†**

Provider ID: N/A

577 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

#### **MOSHTAGHI, OMID, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

#### **PATSIAS, ALEXIS, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-APR-21

#### **PATSIAS, ALEXIS, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-MAY-21

#### **PATSIAS, ALEXIS, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-SEP-22

#### **SAEZ, NEIL, MD**

Provider ID: N/A

2060 OTAY LAKES RD STE  
140  
CHULA VISTA, CA 91913  
Effective as of 01-NOV-23

#### **SAEZ, NEIL, MD**

Provider ID: N/A

2060 OTAY LAKES RD STE  
140  
CHULA VISTA, CA 91913  
Effective as of 01-FEB-24

#### **SAEZ, NEIL, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

#### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JUL-22

#### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JAN-21

#### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-AUG-20

#### **WOO, LINDA, MD†**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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435 H ST  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-21

#### **WOO, LINDA, MD†**

Provider ID: N/A

321 E ST  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-18

#### **WOO, LINDA, MD†**

Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-20

#### **WOO, LINDA, MD†**

Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-18

#### **WOO, LINDA, MD†**

Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **WOO, LINDA, MD†**

Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

### ***PEDIATRICS***

#### **PIANSAY, MARIA CORAZON, MD**

Provider ID: N/A

1637 3RD AVE STE B-F  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23

#### **PIANSAY, MARIA CORAZON, MD**

Provider ID: N/A

1637 3RD AVE STE H-I  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23

#### **ROWHANI, NAGHMEH, MD**

Provider ID: N/A

280 E ST  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-24

#### **TIZNADO, ERNESTO, MD†**

Provider ID: N/A

1635 3RD AVE STE L  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

### ***PHYS MED/ REHAB PAIN MEDICINE***

#### **KATZEN, SETH, DO**

Provider ID: N/A

480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-24

#### **KATZEN, SETH, DO**

Provider ID: N/A

480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-23

#### **KOLODGE, GAVIN, DO**

Provider ID: N/A

955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-JUN-23

#### **RICHARDSON, HENRY, MD†**

Provider ID: N/A

340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### ***PHYSICAL MEDICINE /***

### ***REHABILITATION***

#### **BULLOCK, ANDREW, DO†**

Provider ID: N/A

344 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **BULLOCK, ANDREW, DO†**

Provider ID: N/A

344 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

#### **BULLOCK, ANDREW, DO†**

Provider ID: N/A

344 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

#### **KATZEN, SETH, DO**

Provider ID: N/A

480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-22

#### **KOLODGE, GAVIN, DO**

Provider ID: N/A

955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-23

#### **TAHAEI, SEYED, MD†**

Provider ID: N/A

340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-OCT-22

### ***PHYSICIANS ASSISTANT***

#### **BEITTER, KEERSTIN, PA†**

Provider ID: N/A

340 4TH AVE STE 19  
CHULA VISTA, CA 91910

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-MAR-22

#### **CHAN, ALONSO, PA<sup>†</sup>**

Provider ID: N/A

📍 299 J ST  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **DOUGHERTY, CLARA, PA**

Provider ID: N/A

📍 752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

#### **DOUGHERTY, CLARA, PA**

Provider ID: N/A

📍 752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-FEB-24

#### **DU, SARAH, PA**

Provider ID: N/A

📍 577 THIRD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-APR-24

#### **GUTH, CARA, PA<sup>†</sup>**

Provider ID: N/A

📍 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-21

#### **GUTH, CARA, PA<sup>†</sup>**

Provider ID: N/A

📍 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-24

#### **INDA, PRISCILLA, PA<sup>†</sup>**

Provider ID: N/A

📍 429 BROADWAY  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **INDA, PRISCILLA, PA<sup>†</sup>**

Provider ID: N/A

📍 429 BROADWAY  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-24

#### **INDA, PRISCILLA, PA<sup>†</sup>**

Provider ID: N/A

📍 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **INDA, PRISCILLA, PA<sup>†</sup>**

Provider ID: N/A

📍 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **INDA, PRISCILLA, PA<sup>†</sup>**

Provider ID: N/A

📍 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **INDA, PRISCILLA, PA**

Provider ID: N/A

📍 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-23

#### **KOLODGE, KAITLEN, PA**

Provider ID: N/A

📍 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-AUG-23

#### **KOLODGE, KAITLEN, PA**

Provider ID: N/A

📍 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-DEC-21

#### **LEE, MYUNGHEE, PA**

Provider ID: N/A

📍 340 FOURTH AVE  
STE 7A  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-NOV-23

#### **LENIHAN, MICHAEL, PA**

Provider ID: N/A

📍 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-DEC-21

#### **MACASADIA, MARITES, PA**

Provider ID: N/A

📍 752 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-20

#### **MENDEZ, JESUS, PA<sup>†</sup>**

Provider ID: N/A

📍 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **NGUYEN, THUY-VY, PA<sup>†</sup>**

Provider ID: N/A

📍 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-AUG-22

#### **NGUYEN, THUY-VY, PA<sup>†</sup>**

Provider ID: N/A

📍 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-NOV-23

#### **ORTEGA-ENDAHL, DAVID, PA**

Provider ID: N/A

📍 2648 MAIN ST STE A

## CI. List of Network Providers

### Specialty Care Physician

---

CHULA VISTA, CA 91911  
Effective as of 01-OCT-21

#### **PEDROZA, JENNIFER, PA†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 106

CHULA VISTA, CA 91911  
Effective as of 01-AUG-20

#### **POGGI, SARA, PA**

Provider ID: N/A

577 THIRD AVE  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-APR-24

#### **PYLE, ALEXANDRA, PA**

Provider ID: N/A

480 FOURTH AVE  
STE 501  
CHULA VISTA, CA 91910

Effective as of 01-JAN-24

#### **ROBICHAUD, FAITH, PA**

Provider ID: N/A

299 J ST  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAR-23

#### **ROBINSON, JENELLE, PA**

Provider ID: N/A

340 FOURTH AVE  
STE 7A  
CHULA VISTA, CA 91910

Effective as of 01-NOV-23

#### **SHAH, SHEENA, PA**

Provider ID: N/A

765 3RD AVE STE 100  
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

#### **STIFF, TYLER, PA**

Provider ID: N/A

296 H ST STE 203  
CHULA VISTA, CA 91910

Effective as of 01-APR-24

#### **TAYLOR, RYAN, PA**

Provider ID: N/A

480 FOURTH AVE  
STE 501  
CHULA VISTA, CA 91910

Effective as of 01-JAN-24

#### **TODD, RACHEL, PA**

Provider ID: N/A

299 J ST  
CHULA VISTA, CA 91910

Effective as of 01-JUN-23

#### **VARGAS, CHRISTOPHER, PA**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

Effective as of 01-JAN-23

#### **VARGAS, CHRISTOPHER, PA†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914

Effective as of 01-JAN-23

#### **VARGAS, CHRISTOPHER, PA†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914

Effective as of 01-SEP-22

#### **WHITE, KYLE, PA**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911

Effective as of 01-MAY-23

#### **WILAND, WINONA, PA**

Provider ID: N/A

577 3RD AVE  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUN-23

#### **WRIGHT, DEREK, PA**

Provider ID: N/A

340 FOURTH AVE  
STE 19  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-NOV-23

#### **WRIGHT, DEREK, PA**

Provider ID: N/A

340 FOURTH AVE  
STE 19  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-AUG-23

#### **WRIGHT, DEREK, PA**

Provider ID: N/A

340 FOURTH AVE  
STE 19  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUL-23

### ***PODIATRIST***

#### **BANKS, JAMINELLI, DPM†**

Provider ID: N/A

855 3RD AVE STE 1100  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

#### **CAINE, SAMUEL, DPM**

Provider ID: N/A

345 F ST STE 100  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-DEC-23

#### **CAINE, SAMUEL, DPM**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

☐ 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-APR-24

#### **CHU, ANDREW, DPM†**

Provider ID: N/A  
☐ 855 3RD AVE STE 1100  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

#### **COLLINS, MICHAEL, DPM†**

Provider ID: N/A  
☐ 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **COLLINS, MICHAEL, DPM†**

Provider ID: N/A  
☐ 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **COLLINS, MICHAEL, DPM†**

Provider ID: N/A  
☐ 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-23

#### **COLLINS, MICHAEL, DPM†**

Provider ID: N/A  
☐ 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-APR-23

#### **DAVIDSON, JOHN, DPM†**

Provider ID: N/A  
☐ 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-22

#### **DAVIDSON, JOHN, DPM†**

Provider ID: N/A

☐ 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-DEC-23

#### **DAVIDSON, JOHN, DPM†**

Provider ID: N/A  
☐ 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-AUG-18

#### **DAVIDSON, JOHN, DPM†**

Provider ID: N/A  
☐ 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-21

#### **DAVIDSON, JOHN, DPM†**

Provider ID: N/A  
☐ 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-21

#### **DAVIDSON, JOHN, DPM†**

Provider ID: N/A  
☐ 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-22

#### **HAN, KYOUNG, DPM**

Provider ID: N/A  
☐ 855 3RD AVE STE 1100  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-22

#### **KRIGER, STEPHEN, DPM†**

Provider ID: N/A  
☐ 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-JAN-22

#### **KRIGER, STEPHEN, DPM†**

Provider ID: N/A  
☐ 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-FEB-22

#### **MANCHEL, BRUCE, DPM†**

Provider ID: N/A  
☐ 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

#### **MAZZA, DAVID, DPM†**

Provider ID: N/A  
☐ 276 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-14

#### **MAZZA, DAVID, DPM†**

Provider ID: N/A  
☐ 276 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-22

#### **MAZZA, DAVID, DPM†**

Provider ID: N/A  
☐ 276 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15

#### **MORGAN, CRAIG, DPM†**

Provider ID: N/A  
☐ 276 CHURCH AVE STE A  
CHULA VISTA, CA 91910\*  
Effective as of 01-DEC-17

#### **NGUYEN, HAN, DPM**

Provider ID: N/A  
☐ 345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-23

## CI. List of Network Providers

### Specialty Care Physician

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#### **NGUYEN, HAN, DPM**

Provider ID: N/A

📍 345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-23

#### **NGUYEN, HAN, DPM**

Provider ID: N/A

📍 345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-24

#### **PUCCINELLI, ALAYNA, DPM†**

Provider ID: N/A

📍 340 4TH AVE STE 6  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

#### **PUCCINELLI, ALAYNA, DPM†**

Provider ID: N/A

📍 340 4TH AVE STE 6  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-22

#### **QUE, HOWIE, DPM**

Provider ID: N/A

📍 750 MEDICAL CENTER CT  
STE 6  
CHULA VISTA, CA 91911  
Effective as of 01-JUN-23

#### **READ, TRENTON, DPM**

Provider ID: N/A

📍 855 3RD AVE STE 1100  
CHULA VISTA, CA 91911  
Effective as of 01-APR-23

#### **SMITH, COLLIN, DPM†**

Provider ID: N/A

📍 855 3RD AVE STE 1100  
CHULA VISTA, CA 91911  
Effective as of 01-JUN-21

#### **SMITH, COLLIN, DPM†**

Provider ID: N/A

📍 855 3RD AVE STE 1100  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

#### **SOUVOROVA, JULIA, DPM†**

Provider ID: N/A

📍 336 OXFORD ST STE 104  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-MAR-24

#### **TOUMA, ELIE, DPM**

Provider ID: N/A

📍 1111 BROADWAY STE 305  
CHULA VISTA, CA 91911  
Effective as of 01-APR-23

#### **TSAI, GRACE, DPM**

Provider ID: N/A

📍 345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-23

#### **TSAI, GRACE, DPM**

Provider ID: N/A

📍 345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-APR-23

#### **TSAI, GRACE, DPM**

Provider ID: N/A

📍 345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-23

#### **TSAI, GRACE, DPM**

Provider ID: N/A

📍 345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-23

#### **XU, DIXON, DPM†**

Provider ID: N/A

📍 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-21

#### **XU, DIXON, DPM†**

Provider ID: N/A

📍 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAY-21

#### **XU, DIXON, DPM†**

Provider ID: N/A

📍 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAR-24

#### **XU, DIXON, DPM†**

Provider ID: N/A

📍 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-NOV-20

#### **XU, DIXON, DPM†**

Provider ID: N/A

📍 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-DEC-23

#### **XU, DIXON, DPM†**

Provider ID: N/A

📍 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-22

#### **XU, DIXON, DPM†**

Provider ID: N/A

📍 345 F ST STE 100  
CHULA VISTA, CA 91910




**C1. List of Network Providers**  
**Specialty Care Physician**

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Teleservice  
 Effective as of 01-SEP-22

**PSYCHIATRY**


**BINDAL, ANKUR, MD†**

Provider ID: N/A  
 765 3RD AVE STE 100  
 CHULA VISTA, CA 91910  
 Teleservice  
 Effective as of 01-SEP-22


**BINDAL, ANKUR, MD†**

Provider ID: N/A  
 765 3RD AVE STE 100  
 CHULA VISTA, CA 91910  
 Teleservice  
 Effective as of 01-JUL-22


**BINDAL, ANKUR, MD†**

Provider ID: N/A  
 765 3RD AVE STE 100  
 CHULA VISTA, CA 91910  
 Teleservice  
 Effective as of 01-JUL-22


**BINDAL, ANKUR, MD†**

Provider ID: N/A  
 765 3RD AVE STE 100  
 CHULA VISTA, CA 91910  
 Teleservice  
 Effective as of 01-SEP-22

**BINDAL, ANKUR, MD†**


Provider ID: N/A  
 765 3RD AVE STE 100  
 CHULA VISTA, CA 91910  
 Teleservice  
 Effective as of 01-JUL-22

**BINDAL, ANKUR, MD†**


Provider ID: N/A  
 765 3RD AVE STE 100  
 CHULA VISTA, CA 91910

Teleservice  
 Effective as of 01-JUL-22


**CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A  
 2300 BOSWELL RD STE 225  
 CHULA VISTA, CA 91914  
 Effective as of 01-AUG-22

**CHAUDHRI, YASHWANT, MD†**


Provider ID: N/A  
 2300 BOSWELL RD STE 225  
 CHULA VISTA, CA 91914  
 Effective as of 01-AUG-22

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A  
 765 MEDICAL CENTER CT  
 STE 216  
 CHULA VISTA, CA 91911


Teleservice  
 Effective as of 01-JUN-22

**KARIPPOT, ANOOP, MD†**


Provider ID: N/A  
 765 MEDICAL CENTER CT  
 STE 216  
 CHULA VISTA, CA 91911

Teleservice  
 Effective as of 01-JUN-22

**MARTINEZ, STEPHANIE, MD†**

Provider ID: N/A  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-21

**MARTINEZ, STEPHANIE, MD†**

Provider ID: N/A  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-21


**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

 450 FOURTH AVE  
 STE 215  
 CHULA VISTA, CA 91910


Teleservice  
 Effective as of 01-AUG-23

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A  
 450 FOURTH AVE  
 STE 215  
 CHULA VISTA, CA 91910


Teleservice  
 Effective as of 01-MAR-24

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A  
 450 FOURTH AVE  
 STE 215  
 CHULA VISTA, CA 91910


Teleservice  
 Effective as of 01-MAR-24

**MCGEHRIN, KEVIN, MD**


Provider ID: N/A  
 450 FOURTH AVE  
 STE 215  
 CHULA VISTA, CA 91910

Teleservice  
 Effective as of 01-AUG-23

**MISHRA, GAURAV, MD†**

Provider ID: N/A  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-21

**MISHRA, GAURAV, MD†**

Provider ID: N/A  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Effective as of 01-JAN-21


**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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 765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JUL-22

#### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JUL-22

#### **PHAM, ALISE, DO**

Provider ID: N/A


 450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAR-24

#### **PHAM, ALISE, DO**

Provider ID: N/A

 450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAR-24

#### **TROYER, EMILY, MD†**

Provider ID: N/A

 678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-JAN-22

#### **TROYER, EMILY, MD†**

Provider ID: N/A


 678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-JAN-22

#### **PSYCHIATRY CHILD**

#### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A


 765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JAN-23

#### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JUN-22

#### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A


 765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JAN-23

#### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JUN-22

#### **MISHRA, GAURAV, MD†**

Provider ID: N/A

 678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

#### **MISHRA, GAURAV, MD†**

Provider ID: N/A

 678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

#### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JUL-22

#### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911


Teleservice

Effective as of 01-JUL-22

#### **PSYCHIATRY SLEEP MEDICINE**

#### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JAN-23

#### **PSYCHOLOGIST**

#### **BAYLON, ALDO, PSYD**

Provider ID: N/A

 678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-JAN-22

#### **BAYLON, ALDO, PSYD**

Provider ID: N/A

 678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-JAN-22

#### **CELAYA, PATRICIA, PhD†**

Provider ID: N/A

 678 3RD AVE  
CHULA VISTA, CA 91910

## CI. List of Network Providers

### Specialty Care Physician

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Teleservice

Effective as of 01-AUG-22

**CELAYA, PATRICIA, PhD†**

Provider ID: N/A

📍 678 3RD AVE

CHULA VISTA, CA 91910

Teleservice

Effective as of 01-AUG-22

**GALLO, LINDA, PhD**

Provider ID: N/A

📍 780 BAY BLVD STE 200

CHULA VISTA, CA 91910

Effective as of 01-APR-23

**GALLO, LINDA, PhD**

Provider ID: N/A

📍 780 BAY BLVD STE 200

CHULA VISTA, CA 91910

Effective as of 01-APR-23

**GOULD, HILARY, PhD†**

Provider ID: N/A

📍 678 3RD AVE

CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**GOULD, HILARY, PhD†**

Provider ID: N/A

📍 678 3RD AVE

CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**MAPLES, RANDI, PSYD†**

Provider ID: N/A

📍 765 3RD AVE STE 100

CHULA VISTA, CA 91910

Effective as of 01-JUL-22

**MAPLES, RANDI, PSYD†**

Provider ID: N/A

📍 765 3RD AVE STE 100

CHULA VISTA, CA 91910

Effective as of 01-JUL-22

**PATTERSON-HYATT,**

**KIMBERLY, PSYD†**

Provider ID: N/A

📍 1061 TIERRA DEL REY STE

303

CHULA VISTA, CA 91910

Effective as of 01-NOV-21

**PATTERSON-HYATT,**

**KIMBERLY, PSYD†**

Provider ID: N/A

📍 1061 TIERRA DEL REY STE

305

CHULA VISTA, CA 91910

Effective as of 01-NOV-21

**PATTERSON-HYATT,**

**KIMBERLY, PSYD†**

Provider ID: N/A

📍 1061 TIERRA DEL REY STE

304

CHULA VISTA, CA 91910

Effective as of 01-NOV-21

**PATTERSON-HYATT,**

**KIMBERLY, PSYD†**

Provider ID: N/A

📍 1061 TIERRA DEL REY STE

303

CHULA VISTA, CA 91910

Effective as of 01-NOV-21

**PATTERSON-HYATT,**

**KIMBERLY, PSYD†**

Provider ID: N/A

📍 1061 TIERRA DEL REY STE

304

CHULA VISTA, CA 91910

Effective as of 01-NOV-21

**PATTERSON-HYATT,**

**KIMBERLY, PSYD†**

Provider ID: N/A

📍 1061 TIERRA DEL REY STE

305

CHULA VISTA, CA 91910

Effective as of 01-NOV-21

**WIJAYARATNE, IMANIE,**

**PSYD†**

Provider ID: N/A

📍 678 3RD AVE

CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**WIJAYARATNE, IMANIE,**

**PSYD†**

Provider ID: N/A

📍 678 3RD AVE

CHULA VISTA, CA 91910

Effective as of 01-JAN-21

### ***PULMONARY DISEASES***

**LIRA, JOSE, MD†**

Provider ID: N/A

📍 841 KUHN DR STE 200

CHULA VISTA, CA 91914

Effective as of 01-JAN-14

**LIRA, JOSE, MD†**

Provider ID: N/A

📍 841 KUHN DR STE 200

CHULA VISTA, CA 91914

Effective as of 01-FEB-21

**LIRA, JOSE, MD†**

Provider ID: N/A

📍 841 KUHN DR STE 200

CHULA VISTA, CA 91914

Effective as of 01-JAN-24

**LIRA, JOSE, MD†**

Provider ID: N/A

📍 841 KUHN DR STE 200

CHULA VISTA, CA 91914

Effective as of 01-SEP-22

## CI. List of Network Providers

### Specialty Care Physician

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#### **LOZANO, MARTHA, MD†**

Provider ID: N/A

841 KUHN DR STE 200  
CHULA VISTA, CA 91914

Effective as of 01-SEP-15

#### **LOZANO, MARTHA, MD†**

Provider ID: N/A

841 KUHN DR STE 200  
CHULA VISTA, CA 91914

Effective as of 01-SEP-22

#### **LOZANO, MARTHA, MD†**

Provider ID: N/A

841 KUHN DR STE 200  
CHULA VISTA, CA 91914

Effective as of 01-MAR-21

#### **LOZANO, MARTHA, MD†**

Provider ID: N/A

841 KUHN DR STE 200  
CHULA VISTA, CA 91914

Effective as of 01-JAN-14

#### **PENA ROMERO, CESAR, MD†**

Provider ID: N/A

227 CHURCH AVE  
CHULA VISTA, CA 91910

Effective as of 01-SEP-15

#### **PENA ROMERO, CESAR, MD†**

Provider ID: N/A

227 CHURCH AVE  
CHULA VISTA, CA 91910

Effective as of 01-OCT-19

#### **SANCHEZ, LUIS, MD†**

Provider ID: N/A

227 CHURCH AVE  
CHULA VISTA, CA 91910\*

Effective as of 01-JAN-14

#### **SANCHEZ, LUIS, MD†**

Provider ID: N/A

227 CHURCH AVE

CHULA VISTA, CA 91910

Effective as of 01-SEP-15

### ***RADIATION ONCOLOGY***

#### **BRUGGEMAN, ANDREW, MD**

Provider ID: N/A

769 MEDICAL CENTER CT  
STE 100

CHULA VISTA, CA 91911

Effective as of 01-JAN-24

#### **CARMONA, RUBEN, MD**

Provider ID: N/A

769 MEDICAL CENTER CT  
STE 100

CHULA VISTA, CA 91911

Effective as of 01-JAN-24

#### **CARMONA, RUBEN, MD**

Provider ID: N/A

769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

Effective as of 01-JAN-24

#### **COLEMAN, LORI, MD†**

Provider ID: N/A

769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

Effective as of 01-JAN-21

#### **HATTANGADI GLUTH, JONA, MD†**

Provider ID: N/A

959 LANE AVE  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-DEC-21

#### **JABBARI, SIAVASH, MD†**

Provider ID: N/A

769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

Effective as of 01-OCT-22

#### **MANSY, GINA, MD†**

Provider ID: N/A

959 LANE AVE  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-APR-21

#### **MELL, LOREN, MD†**

Provider ID: N/A

959 LANE AVE  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-DEC-21

#### **PEJAVAR, SUNANDA, MD†**

Provider ID: N/A

769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

Effective as of 01-JAN-21

#### **RAHN, DOUGLAS, MD†**

Provider ID: N/A

959 LANE AVE  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-APR-21

#### **RASH, DOMINIQUE, MD†**

Provider ID: N/A

959 LANE AVE  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-DEC-21

#### **ROSE, BRENT, MD†**

Provider ID: N/A

959 LANE AVE  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-DEC-21

#### **STRAKA, CHRISTOPHER, MD†**

Provider ID: N/A

959 LANE AVE

## CI. List of Network Providers

### Specialty Care Physician

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CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-DEC-21

#### **UHL, BARRY, MD†**

Provider ID: N/A  
769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JAN-21

#### **VOLPP, PAUL, MD†**

Provider ID: N/A  
769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

#### **WEINSTEIN, GEOFFREY, MD†**

Provider ID: N/A  
769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

#### **WHITE, EVAN, MD†**

Provider ID: N/A  
959 LANE AVE  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-APR-21

### ***RADIOLOGY DIAGNOSTIC***

#### **YORK, JOHN, MD**

Provider ID: N/A  
865 3RD AVE STE 100  
CHULA VISTA, CA 91911  
Effective as of 01-JUN-23

#### **YORK, JOHN, MD**

Provider ID: N/A  
865 3RD AVE STE 100  
CHULA VISTA, CA 91911  
Effective as of 01-DEC-23

### ***REGISTERED PHYSICAL***

### ***THERAPIST***

#### **ALLOS, ALEXANDER, PT†**

Provider ID: N/A  
88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-21

#### **BURLAKOVSKY, NATHAN, PT**

Provider ID: N/A  
88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-21

#### **CHENG, BRANDON, PT**

Provider ID: N/A  
1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-FEB-24

#### **DAGOSTINO, JACQUELINE, PT†**

Provider ID: N/A  
1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-JAN-21

#### **DORSEY, KYLE, PT†**

Provider ID: N/A  
1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-DEC-21

#### **DORSEY, KYLE, PT†**

Provider ID: N/A  
1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-SEP-22

#### **FARRAR, COURTNEY, PT**

Provider ID: N/A  
340 FOURTH AVE

STE 19  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-23

#### **HERMAN, RACHEL, PT†**

Provider ID: N/A  
1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-SEP-22

#### **HERMAN, RACHEL, PT†**

Provider ID: N/A  
1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-NOV-21

#### **JAIN, ALEXANDRA, PT**

Provider ID: N/A  
880 THIRD AVE  
STE A  
CHULA VISTA, CA 91911  
Effective as of 01-MAR-24

#### **KARANDE, PRACHI, PT†**

Provider ID: N/A  
1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-JAN-22

#### **LONG, RYAN, PT**

Provider ID: N/A  
320 BROADWAY STE 2  
CHULA VISTA, CA 91910\*  
Effective as of 01-JUL-22

#### **LONG, RYAN, PT**

Provider ID: N/A  
2417 FENTON ST STE A  
CHULA VISTA, CA 91914\*  
Effective as of 01-JUL-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **NGUYEN, TIA, PT**

Provider ID: N/A

1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913  
Effective as of 01-MAR-24

#### **NOVENCIDO, ANDREW, PT†**

Provider ID: N/A

1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913  
Effective as of 01-SEP-22

#### **PAPA, AMY, PT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-23

#### **PAPA, AMY, PT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-21

#### **PHILLIP, OMARI, PT†**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-21

#### **POLIS, NICK, PT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-22

#### **SPARKS, TODD, PT†**

Provider ID: N/A

1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913  
Effective as of 01-JAN-21

#### **STAHL, KEVIN, PT**

Provider ID: N/A

1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913  
Effective as of 01-SEP-23

#### **THOMAS, KAITLIN, PT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-23

### ***RHEUMATOLOGY***

#### **AL NAHLAWI, BASMA, MD†**

Provider ID: N/A

296 H ST STE 304  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-22

#### **CHITKARA, PUJA, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT STE 216  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

#### **CHITKARA, PUJA, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT STE 216  
CHULA VISTA, CA 91911  
Effective as of 01-MAR-16

#### **CHITKARA, PUJA, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT STE 216  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-15

#### **CHWA, JEFFREY, DO**

Provider ID: N/A

765 MEDICAL CENTER CT STE 216  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

#### **HAMMETT, ERIN, DO†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **KHANNA, SURABHI, MD**

Provider ID: N/A

765 MEDICAL CENTER CT STE 216  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JUN-23

#### **REDDY, DANA, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **REDDY, SMITHA, MD†**

Provider ID: N/A

272 CHURCH AVE STE 1  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-19

### ***SPEECH PATHOLOGIST***

#### **AROCHO-SALGADO, MIRELIS, SP**

Provider ID: N/A

333 H ST STE 5000  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-22

#### **AROCHO-SALGADO, MIRELIS, SP**

Provider ID: N/A

333 H ST STE 5000  
CHULA VISTA, CA 91910

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JUN-22

**CALDERON MORALES,  
ASTRID, SP**

Provider ID: N/A

786 333 H ST STE 5000  
CHULA VISTA, CA 91910

Effective as of 01-APR-24

***SURGERY GENERAL***

**ARCOVEDO, RODOLFO, MD†**

Provider ID: N/A

786 786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-AUG-23

**ARCOVEDO, RODOLFO, MD†**

Provider ID: N/A

786 786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**ARCOVEDO, RODOLFO, MD†**

Provider ID: N/A

786 786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**ARCOVEDO, RODOLFO, MD†**

Provider ID: N/A

786 786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-JUN-19

**ARCOVEDO, RODOLFO, MD†**

Provider ID: N/A

786 786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-JUN-19

**BARRERA, HUGO, MD†**

Provider ID: N/A

786 786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**BARRERA, HUGO, MD†**

Provider ID: N/A

786 786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**BARRERA, HUGO, MD†**

Provider ID: N/A

786 786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-SEP-14

**BARRERA, HUGO, MD†**

Provider ID: N/A

786 786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-JAN-19

**CASILLAS BERUMEN, SERGIO,  
MD**

Provider ID: N/A

1111 1111 BROADWAY STE 305  
CHULA VISTA, CA 91911

Effective as of 01-FEB-24

**EWBANK, CLIFTON, MD†**

Provider ID: N/A

786 786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-NOV-22

**EWBANK, CLIFTON, MD†**

Provider ID: N/A

786 786 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-NOV-22

**EWBANK, CLIFTON, MD†**

Provider ID: N/A

786 786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-OCT-22

**EWBANK, CLIFTON, MD†**

Provider ID: N/A

786 786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-AUG-22

**HSU, ANDREW, MD†**

Provider ID: N/A

480 480 4TH AVE STE 404  
CHULA VISTA, CA 91910

Effective as of 01-SEP-15

**HSU, BRADFORD, MD†**

Provider ID: N/A

480 480 4TH AVE STE 404  
CHULA VISTA, CA 91910

Effective as of 01-SEP-15

**HSU, BRADFORD, MD†**

Provider ID: N/A

480 480 4TH AVE STE 404  
CHULA VISTA, CA 91910

Effective as of 01-JAN-14

**HSU, ANDREW, MD†**

Provider ID: N/A

480 480 4TH AVE STE 404  
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

**HSU, ANDREW, MD†**

Provider ID: N/A

480 480 4TH AVE STE 404  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**HSU, BRADFORD, MD†**

Provider ID: N/A

480 480 4TH AVE STE 404  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**HSU, ANDREW, MD†**

Provider ID: N/A

480 480 4TH AVE STE 404

## CI. List of Network Providers

### Specialty Care Physician

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CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **HSU, BRADFORD, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **HUANG, MARK, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-17

#### **KHARAZI, ALEXANDRA, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-23

#### **MOLDOVAN, STEFAN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-MAR-24

#### **MOLDOVAN, STEFAN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-MAR-24

#### **MORAL, JOHN, MD**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-23

#### **MORAL, JOHN, MD**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-SEP-23

#### **SPITZER, BLAKE, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-20

#### **SPITZER, BLAKE, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-22

#### **SPITZER, BLAKE, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-19

#### **SPITZER, BLAKE, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **SUMMERS, STEPHEN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15

#### **SUMMERS, STEPHEN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **SUMMERS, STEPHEN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **SUMMERS, STEPHEN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-21

#### **TALEBZADEH, NOJAN, MD†**

Provider ID: N/A

246 F ST  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-14

#### **YANG, YIFAN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-23

#### **YANG, YIFAN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-19

#### **YANG, YIFAN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **YANG, YIFAN, MD†**

Provider ID: N/A

786 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **YANG, YIFAN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **YANG, YIFAN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910



## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-SEP-15

#### ***SURGERY GENERAL VASCULAR***

##### **MORENO MARTINEZ, ENRIQUE, MD†**

Provider ID: N/A

📍 1111 BROADWAY STE 305  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-MAR-24

##### **SALLOUM, ALEXANDER, MD†**

Provider ID: N/A

📍 1111 BROADWAY STE 305  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-MAR-24

##### **SALLOUM, ALEXANDER, MD†**

Provider ID: N/A

📍 1111 BROADWAY STE 305  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-MAR-24

##### **SALLOUM, ALEXANDER, MD†**

Provider ID: N/A

📍 1111 BROADWAY STE 305  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-MAR-24

#### ***SURGERY HAND***

##### **POMERANTZ, MICHAEL, MD†**

Provider ID: N/A

📍 955 LANE AVE STE 200  
CHULA VISTA, CA 91914

Effective as of 01-DEC-21

#### ***SURGERY***

#### ***NEUROLOGICAL***

##### **WHITE, DANIEL, MD†**

Provider ID: N/A

📍 296 H ST STE 303  
CHULA VISTA, CA 91910

Effective as of 01-MAR-23

##### **WHITE, DANIEL, MD†**

Provider ID: N/A

📍 296 H ST STE 303  
CHULA VISTA, CA 91910

Effective as of 01-OCT-21

##### **WHITE, DANIEL, MD†**

Provider ID: N/A

📍 296 H ST STE 303  
CHULA VISTA, CA 91910

Effective as of 01-SEP-23

#### ***SURGERY ORTHOPEDIC***

##### **ANDRY, JAMES, MD**

Provider ID: N/A

📍 750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911\*

Effective as of 01-MAR-24

##### **ANDRY, JAMES, MD**

Provider ID: N/A

📍 750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911

Effective as of 01-MAR-24

##### **BRERETON, DANIEL, DO†**

Provider ID: N/A

📍 750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911

Effective as of 01-DEC-21

##### **DOWNING, KRISTOPHER, MD**

Provider ID: N/A

📍 750 MEDICAL CENTER CT

STE 14

CHULA VISTA, CA 91911\*

Effective as of 01-MAR-24

##### **DOWNING, KRISTOPHER, MD**

Provider ID: N/A

📍 750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911

Effective as of 01-MAR-24

##### **DUTTON, PASCUAL, MD**

Provider ID: N/A

📍 750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911

Effective as of 01-JAN-24

##### **DUTTON, PASCUAL, MD**

Provider ID: N/A

📍 955 LANE AVE STE 200  
CHULA VISTA, CA 91914

Effective as of 01-JAN-24

##### **DUTTON, PASCUAL, MD**

Provider ID: N/A

📍 296 H ST STE 203  
CHULA VISTA, CA 91910

Effective as of 01-JAN-24

##### **EVES, WILLIAM, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 307  
CHULA VISTA, CA 91910

Effective as of 01-SEP-15

##### **EVES, WILLIAM, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 307  
CHULA VISTA, CA 91910

Effective as of 01-JAN-14

##### **GROTTING, JOHN, MD**

Provider ID: N/A

📍 296 H ST STE 203

## C1. List of Network Providers


### Specialty Care Physician

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CHULA VISTA, CA 91910  
Effective as of 01-JAN-24


#### **GROTTING, JOHN, MD**

Provider ID: N/A

 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-24


#### **GROTTING, JOHN, MD†**

Provider ID: N/A

 750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24


#### **GROTTING, JOHN, MD†**

Provider ID: N/A

 750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-NOV-21

#### **GROTTING, JOHN, MD†**

Provider ID: N/A

 750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-23


#### **HOFMEISTER, ERIC, MD†**

Provider ID: N/A

 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-NOV-21

#### **HOFMEISTER, ERIC, MD†**

Provider ID: N/A

 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-AUG-23

#### **HOFMEISTER, ERIC, MD†**


Provider ID: N/A

 955 LANE AVE STE 200

CHULA VISTA, CA 91914  
Effective as of 01-FEB-18


#### **KIMBALL, MICHAEL, MD†**

Provider ID: N/A

 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22


#### **KLATMAN, SAMUEL, MD†**

Provider ID: N/A

 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-AUG-23


#### **KLATMAN, SAMUEL, MD†**

Provider ID: N/A

 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-NOV-21


#### **KOLODGE, GAVIN, DO**

Provider ID: N/A

 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-AUG-23


#### **KUSNEZOV, NICHOLAS, MD**

Provider ID: N/A

 750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-APR-24


#### **MCKNIGHT, BRADEN, MD**

Provider ID: N/A

 750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-APR-24


#### **POMERANTZ, MICHAEL, MD†**

Provider ID: N/A

 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-FEB-18


#### **RICKARDS, ENASS, MD**

Provider ID: N/A

 480 FOURTH AVE  
STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-24

#### **ROSENFELD, ALAN, MD†**

Provider ID: N/A

 480 4TH AVE STE 501  
CHULA VISTA, CA 91910\*  
Effective as of 01-FEB-07

#### **ROSENFELD, ALAN, MD†**

Provider ID: N/A

 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21


#### **ROSENFELD, ALAN, MD†**

Provider ID: N/A

 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-23


#### **ROSENFELD, ALAN, MD†**

Provider ID: N/A

 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-09

#### **ROSENFELD, ALAN, MD†**

Provider ID: N/A

 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-APR-23

#### **ROSENFELD, ALAN, MD†**

Provider ID: N/A

 480 4TH AVE STE 501  
CHULA VISTA, CA 91910

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JAN-21

#### **TAYYAB, NEIL, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 501  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

#### **TAYYAB, NEIL, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 501  
CHULA VISTA, CA 91910

Effective as of 01-AUG-23

#### **TAYYAB, NEIL, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 501  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

#### **TAYYAB, NEIL, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 501  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

#### **TAYYAB, NEIL, MD†**

Provider ID: N/A

📍 786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

#### **YOUNGBLOOD, SCOT, MD**

Provider ID: N/A

📍 955 LANE AVE STE 200  
CHULA VISTA, CA 91914

Effective as of 01-OCT-23

#### **YOUNGBLOOD, SCOT, MD**

Provider ID: N/A

📍 955 LANE AVE STE 200  
CHULA VISTA, CA 91914

Effective as of 01-NOV-23

### ***SURGERY THORACIC***

#### **HUANG, MARK, MD†**

Provider ID: N/A

📍 345 F ST STE 200  
CHULA VISTA, CA 91910

Effective as of 01-SEP-17

#### **HUANG, MARK, MD†**

Provider ID: N/A

📍 345 F ST STE 200  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

#### **MUMTAZ, SEEMAL, MD†**

Provider ID: N/A

📍 345 F ST STE 200  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

#### **MUMTAZ, SEEMAL, MD†**

Provider ID: N/A

📍 345 F ST STE 200  
CHULA VISTA, CA 91910

Effective as of 01-SEP-17

### ***SURGICAL ONCOLOGY***

#### **QUIROZ, ELISA, MD†**

Provider ID: N/A

📍 678 3RD AVE  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUL-22

### ***UROLOGY***

#### **COHEN, EDWARD, MD**

Provider ID: N/A

📍 752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

Effective as of 01-JAN-24

#### **DICKS, BRIAN, MD**

Provider ID: N/A

📍 752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

Effective as of 01-JAN-24

#### **GRIMALDI, JOHN, DO†**

Provider ID: N/A

📍 450 4TH AVE STE 312  
CHULA VISTA, CA 91910

Effective as of 01-SEP-15

#### **GRIMALDI, JOHN, DO†**

Provider ID: N/A

📍 450 4TH AVE STE 312  
CHULA VISTA, CA 91910\*

Effective as of 01-JAN-14

#### **JUMA, SAAD, MD**

Provider ID: N/A

📍 752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

Effective as of 01-JAN-24

#### **KEILLER, DANNY, MD**

Provider ID: N/A

📍 752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

Effective as of 01-JAN-24

#### **NEUSTEIN, PAUL, MD**

Provider ID: N/A

📍 752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

Effective as of 01-JAN-24

#### **NEUSTEIN, PAUL, MD**

Provider ID: N/A

📍 750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911

Effective as of 01-JAN-24

## CI. List of Network Providers

### Specialty Care Physician

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#### **NGUYEN, HUNG, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

#### **PE, MARK-RALLY, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

#### **ROBERTS, JAMES, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

#### **SALEM, CAROL, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

#### **SALMASI, AMIRALI, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

#### **SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-21

#### **SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT

STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-NOV-21

#### **SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-NOV-22

#### **SEVILLA, CLAUDIA, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-MAY-21

#### **SEVILLA, CLAUDIA, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-NOV-21

#### **SEVILLA, CLAUDIA, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-OCT-21

#### **VAPNEK, EVAN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **VAPNEK, EVAN, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

### ***CERTIFIED NURSE PRACTITIONER***

#### **NAVA, PETER, NP**

Provider ID: N/A

818 PIER VIEW WAY  
CMP PENDLETON, CA  
92054  
Effective as of 01-JAN-24

#### **NAVA, PETER, NP**

Provider ID: N/A

517 N HORNE ST  
CMP PENDLETON, CA  
92054  
Effective as of 01-JAN-24

### ***PEDIATRICS***

#### **RONAN, KEVIN, MD**

Provider ID: N/A

818 PIER VIEW WAY  
CMP PENDLETON, CA  
92054  
Effective as of 01-MAY-23

### ***EMERGENCY MEDICINE***

#### **EL SAID, KHALED, MD†**

Provider ID: N/A

11882 DE PALMA RD STE  
2F-1  
CORONA, CA 92883  
Teleservice

Effective as of 01-MAR-24

### ***INFECTIOUS DISEASE***

#### **RESTREPO, DALILAH, MD†**

Provider ID: N/A

3334 E COAST HWY PMB  
655

## C1. List of Network Providers

### Specialty Care Physician

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CORONA DEL MAR, CA  
92625  
Effective as of 01-AUG-22

#### **AUDIOLOGIST**

**HORNER, HEATHER, AuD†**

Provider ID: N/A  
801 ORANGE AVE STE 205  
CORONADO, CA 92118  
Teleservice  
Effective as of 01-JUN-22

#### **CARDIOVASCULAR DISEASE**

**MAI, TUAN, MD†**

Provider ID: N/A  
230 PROSPECT PL STE 250  
CORONADO, CA 92118  
Effective as of 01-NOV-22

#### **CERTIFIED NURSE PRACTITIONER**

**DWYER, ERIN, NP**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-FEB-24

**GOSHEN, KIRSTEN, NP†**

Provider ID: N/A  
230 PROSPECT PL STE 340  
CORONADO, CA 92118  
Effective as of 01-DEC-22

**TOMICICH, STEPHANIE, NP**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-FEB-24

#### **FAMILY PRACTICE**

**SHAFT, ALEXANDER, MD†**

Provider ID: N/A  
131 ORANGE AVE STE 101  
CORONADO, CA 92118  
Teleservice  
Effective as of 01-FEB-23

**SHAFT, ALEXANDER, MD†**

Provider ID: N/A  
131 ORANGE AVE STE 101  
CORONADO, CA 92118  
Teleservice  
Effective as of 01-MAR-22

#### **GASTROENTEROLOGY**

**BAIG, NABIL, DO†**

Provider ID: N/A  
131 ORANGE AVE STE 101B  
CORONADO, CA 92118  
Teleservice  
Effective as of 01-OCT-22

#### **HEARING AID DEALER / SUPPLIER**

**DAVIS, KELLE, MA†**

Provider ID: N/A  
801 ORANGE AVE  
CORONADO, CA 92118  
Effective as of 01-SEP-22

#### **INTERNAL MEDICINE**

**BORTZ, DAVID, MD†**

Provider ID: N/A  
230 PROSPECT PL STE 340  
CORONADO, CA 92118\*  
Effective as of 01-DEC-22

**OLIVER, DEANNA, MD†**

Provider ID: N/A  
131 ORANGE AVE STE 101  
CORONADO, CA 92118

Effective as of 01-APR-21

**OLIVER, DEANNA, MD†**

Provider ID: N/A  
131 ORANGE AVE STE 101  
CORONADO, CA 92118  
Effective as of 01-MAR-21

#### **NEPHROLOGY**

**DAVIS, JASON, MD†**

Provider ID: N/A  
230 PROSPECT PL STE  
340B  
CORONADO, CA 92118  
Effective as of 01-JUL-22

**DAVIS, JASON, MD†**

Provider ID: N/A  
230 PROSPECT PL STE  
340B  
CORONADO, CA 92118  
Effective as of 01-JAN-24

**DAVIS, JASON, MD†**

Provider ID: N/A  
230 PROSPECT PL STE  
340B  
CORONADO, CA 92118  
Effective as of 01-MAR-16

**HAMMES, JOHN, MD**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

#### **OBSTETRICS / GYNECOLOGY**

**SEFA-BOAKYE, KOFI, MD†**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-21

## C1. List of Network Providers

### Specialty Care Physician

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#### **SEFA-BOAKYE, KOFI, MD†**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JUL-14

#### **PHYSICIANS ASSISTANT**

#### **DOUGHERTY, CLARA, PA**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

#### **SURGERY GENERAL**

#### **BHOYRUL, SUNIL, MD†**

Provider ID: N/A

230 PROSPECT PL STE 340  
CORONADO, CA 92118  
Effective as of 01-DEC-22

#### **BORTZ, PASCAL, MD†**

Provider ID: N/A

230 PROSPECT PL STE 340  
CORONADO, CA 92118  
Effective as of 01-DEC-22

#### **MORELL, MICHAEL, MD**

Provider ID: N/A

230 PROSPECT PL STE 340  
CORONADO, CA 92118  
Effective as of 01-DEC-23

#### **SURGERY ORTHOPEDIC**

#### **ANDRY, JAMES, MD**

Provider ID: N/A

230 PROSPECT PL STE 230  
CORONADO, CA 92118  
Effective as of 01-MAR-24

#### **ANDRY, JAMES, MD**

Provider ID: N/A

230 PROSPECT PL STE 230  
CORONADO, CA 92118\*  
Effective as of 01-MAR-24

#### **KUSNEZOV, NICHOLAS, MD**

Provider ID: N/A

230 PROSPECT PL STE 230  
CORONADO, CA 92118  
Teleservice  
Effective as of 01-APR-24

#### **MCKNIGHT, BRADEN, MD**

Provider ID: N/A

230 PROSPECT PL STE 230  
CORONADO, CA 92118  
Teleservice  
Effective as of 01-APR-24

#### **PALLIA, CHRISTOPHER, MD**

Provider ID: N/A

230 PROSPECT PL STE 230  
CORONADO, CA 92118  
Teleservice  
Effective as of 01-APR-24

#### **PALLIA, CHRISTOPHER, MD**

Provider ID: N/A

230 PROSPECT PL STE 230  
CORONADO, CA 92118\*  
Teleservice  
Effective as of 01-MAR-24

#### **UROLOGY**

#### **BUTLER, PHILIP, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

#### **COHEN, EDWARD, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118

Effective as of 01-FEB-24

#### **DATO, PAUL, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

#### **DICKS, BRIAN, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

#### **JUMA, SAAD, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

#### **KEILLER, DANNY, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

#### **NEUSTEIN, PAUL, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

#### **NGUYEN, HUNG, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

#### **PE, MARK-RALLY, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

#### **ROBERTS, JAMES, MD†**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-21

#### **ROBERTS, JAMES, MD†**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-20

#### **ROBERTS, JAMES, MD†**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

#### **SALEM, CAROL, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

#### **SALMASI, AMIRALI, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

#### **VAPNEK, EVAN, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

### ***CERTIFIED NURSE PRACTITIONER***

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

24833 DEL PRADO  
DANA POINT, CA 92629  
Effective as of 01-DEC-22

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

24833 DEL PRADO  
DANA POINT, CA 92629  
Effective as of 01-DEC-22

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

24833 DEL PRADO  
DANA POINT, CA 92629  
Effective as of 01-DEC-22

### ***MARRIAGE FAMILY THERAPIST***

#### **MOORE, CANDACE, MFT**

Provider ID: N/A

23 TERRAZA DEL MAR  
DANA POINT, CA 92629  
Effective as of 01-JAN-22

#### **MOORE, CANDACE, MFT**

Provider ID: N/A

23 TERRAZA DEL MAR  
DANA POINT, CA 92629  
Effective as of 01-JAN-22

### ***OPTOMETRIST***

#### **SPAETH, JOHN, OD**

Provider ID: N/A

24040 CAMINO DEL AVION  
STE G  
DANA POINT, CA 92629  
Effective as of 01-SEP-23

#### **WANG, MATTHEW, OD**

Provider ID: N/A

24692 DEL PRADO STE B  
DANA POINT, CA 92629  
Effective as of 01-OCT-23

#### **WANG, MATTHEW, OD**

Provider ID: N/A

24692 DEL PRADO STE B  
DANA POINT, CA 92629

Effective as of 01-JAN-23

### ***PHYSICIANS ASSISTANT***

#### **JEFFREY, JAMES, PA**

Provider ID: N/A

24060 CAMINO DEL AVION  
STE A  
DANA POINT, CA 92629  
Effective as of 01-NOV-23

### ***PSYCHOLOGIST***

#### **UNGER, ARLENE, PhD†**

Provider ID: N/A

34145 PACIFIC COAST HWY  
STE 821  
DANA POINT, CA 92629  
Effective as of 01-DEC-20

#### **UNGER, ARLENE, PhD†**

Provider ID: N/A

34145 PACIFIC COAST HWY  
STE 821  
DANA POINT, CA 92629  
Effective as of 01-DEC-20

#### **UNGER, ARLENE, PhD†**

Provider ID: N/A

34145 PACIFIC COAST HWY  
STE 821  
DANA POINT, CA 92629  
Effective as of 01-DEC-20

#### **UNGER, ARLENE, PhD†**

Provider ID: N/A

34145 PACIFIC COAST HWY  
STE 821  
DANA POINT, CA 92629  
Effective as of 01-DEC-20

### ***DERMATOLOGY***

#### **MARRIOTT, AGATA, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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1349 CAMINO DEL MAR  
STE D  
DEL MAR, CA 92014  
Effective as of 01-SEP-22

#### **PHYSICIANS ASSISTANT**

##### **HANSEN, CHRISTINA, PA**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 200  
DEL MAR, CA 92014  
Teleservice  
Effective as of 01-OCT-23

##### **LEE, ISABEL, PA**

Provider ID: N/A

1349 CAMINO DEL MAR  
STE B  
DEL MAR, CA 92014  
Teleservice  
Effective as of 01-DEC-23

##### **SZABO, HAYLIE, PA**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 200  
DEL MAR, CA 92014  
Teleservice  
Effective as of 01-OCT-22

#### **PSYCHIATRY**

##### **COLOGNE, SCOTT, MD†**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

##### **COLOGNE, SCOTT, MD†**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014

Effective as of 01-OCT-23

##### **COLOGNE, SCOTT, MD†**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

##### **COLOGNE, SCOTT, MD†**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

##### **VIJAYASARATHI, KRISHNA, DO†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

##### **VIJAYASARATHI, KRISHNA, DO†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

##### **VIJAYASARATHI, KRISHNA, DO†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

##### **VIJAYASARATHI, KRISHNA, DO†**

Provider ID: N/A

12835 POINTE DEL MAR

WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

#### **PSYCHOLOGIST**

##### **ROSENGARTEN, ARTHUR, PhD†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014\*  
Effective as of 01-MAY-23

##### **ROSENGARTEN, ARTHUR, PhD**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014\*  
Effective as of 01-MAY-23

##### **ROSENGARTEN, ARTHUR, PhD†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

##### **ROSENGARTEN, ARTHUR, PhD†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

##### **ROSENGARTEN, ARTHUR, PhD†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014\*  
Effective as of 01-MAY-23



## C1. List of Network Providers

### Specialty Care Physician

---

#### **ROSENGARTEN, ARTHUR, PhD**

Provider ID: N/A

📍 12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014\*  
Effective as of 01-MAY-23

#### **ROSENGARTEN, ARTHUR, PhD†**

Provider ID: N/A

📍 12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

#### **ROSENGARTEN, ARTHUR, PhD†**

Provider ID: N/A

📍 12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

### ***SURGERY ORTHOPEDIC***

#### **BROWN, RICHARD, MD†**

Provider ID: N/A

📍 12865 POINTE DEL MAR  
WAY STE 200  
DEL MAR, CA 92014

Teleservice

Effective as of 01-JAN-22

#### **MOHLENBROCK, WILLIAM, MD**

Provider ID: N/A

📍 12865 POINTE DEL MAR  
WAY STE 200  
DEL MAR, CA 92014

Teleservice

Effective as of 01-JAN-22

#### **THUNDER, RICHARD, MD†**

Provider ID: N/A

📍 12865 POINTE DEL MAR

WAY STE 200  
DEL MAR, CA 92014

Teleservice

Effective as of 01-JAN-22

### ***ANESTHESIOLOGY PAIN MANAGEMENT***

#### **COHEN, ZACHARY, MD†**

Provider ID: N/A

📍 278 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-NOV-21

### ***AUDIOLOGIST***

#### **HORNER, HEATHER, AuD†**

Provider ID: N/A

📍 1767 E MAIN ST  
EL CAJON, CA 92021  
Teleservice

Effective as of 01-JUN-22

#### **SHASKY, GARY, AuD†**

Provider ID: N/A

📍 1767 E MAIN ST  
EL CAJON, CA 92021  
Effective as of 01-JAN-21

### ***CARDIAC***

### ***ELECTROPHYSIOLOGY***

#### **LERNER, JONATHAN, MD**

Provider ID: N/A

📍 1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-JUL-23

#### **SHAH, ABHISHEK, MD†**

Provider ID: N/A

📍 1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-JAN-23

### ***CARDIOVASCULAR DISEASE***

#### **ABELHAD, NADIA, MD**

Provider ID: N/A

📍 1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-JAN-24

#### **BARVALIA, MIHIR, MD†**

Provider ID: N/A

📍 1380 EL CAJON BLVD STE  
212  
EL CAJON, CA 92020  
Effective as of 01-JAN-22

#### **BARVALIA, MIHIR, MD†**

Provider ID: N/A

📍 1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-AUG-21

#### **CARLSON, STEVEN, MD†**

Provider ID: N/A

📍 1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-APR-21

#### **DO, HULBERT, MD**

Provider ID: N/A

📍 1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-OCT-23

#### **FERNANDEZ, GENARO, MD†**

Provider ID: N/A

📍 1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020  
Effective as of 01-AUG-21

## C1. List of Network Providers

### Specialty Care Physician

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#### **HOURANI, RAYAN, MD†**

Provider ID: N/A

300 S PIERCE ST STE 102  
EL CAJON, CA 92020

Teleservice

Effective as of 01-JAN-21

#### **KAFRI, HASSAN, MD†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

Effective as of 01-AUG-20

#### **KAFRI, HASSAN, MD†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

Effective as of 01-JAN-21

#### **MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021

Effective as of 01-SEP-22

#### **MOUSSAVIAN, MEHRAN, DO†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021

Effective as of 01-SEP-22

#### **MOUSSAVIAN, MEHRAN, DO†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021

Effective as of 01-APR-21

#### **NAGHI, JESSE, MD†**

Provider ID: N/A

1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020

Effective as of 01-AUG-21

#### **NARAYANAN, MEENA, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021

Effective as of 01-SEP-22

#### **NARAYANAN, MEENA, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021

Effective as of 01-APR-21

#### **NISHIMURA, MARIN, MD**

Provider ID: N/A

300 S PIERCE ST STE 102  
EL CAJON, CA 92020

Teleservice

Effective as of 01-MAR-23

#### **OMRAN, JAD, MD†**

Provider ID: N/A

300 S PIERCE ST STE 102  
EL CAJON, CA 92020

Teleservice

Effective as of 01-JAN-21

#### **PARIKH, MILIND, DO†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021

Effective as of 01-SEP-22

#### **PONCE, SONIA, MD†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

Effective as of 01-SEP-22

#### **SARSAM, LUAY, MD**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021

Effective as of 01-JUL-23

#### **SARSAM, LUAY, MD**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021

Effective as of 01-JUL-23

#### **SHAH, KULIN, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021

Effective as of 01-JAN-23

#### **SHAH, ABHISHEK, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021

Effective as of 01-SEP-22

#### **SHEREV, DIMITRI, MD†**

Provider ID: N/A

1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020

Effective as of 01-AUG-21

#### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021

Effective as of 01-JAN-23

#### **YAU, STEPHEN, MD†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

Teleservice

Effective as of 01-MAR-23

#### **YAU, STEPHEN, MD†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

## C1. List of Network Providers

### Specialty Care Physician

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Teleservice

Effective as of 01-AUG-22

#### **ZAVARO, SUHAIL, MD<sup>†</sup>**

Provider ID: N/A

📍 300 S PIERCE ST STE 102  
EL CAJON, CA 92020

Teleservice

Effective as of 01-JAN-21

#### ***CERTIFIED***

#### ***ACUPUNCTURIST***

#### **LAROWE, ALEXISS, LAC<sup>†</sup>**

Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-JUL-21

#### **LAROWE, ALEXISS, LAC<sup>†</sup>**

Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-JUL-21

#### **LAROWE, ALEXISS, LAC<sup>†</sup>**

Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-JUL-21

#### **LAROWE, ALEXISS, LAC**

Provider ID: N/A

📍 470 N MOLLISON AVE  
EL CAJON, CA 92021

Effective as of 01-MAY-23

#### **LAROWE, ALEXISS, LAC**

Provider ID: N/A

📍 470 N MOLLISON AVE  
EL CAJON, CA 92021

Effective as of 01-MAY-23

#### **SLOAN, ERICA, LAC**

Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-MAR-24

#### **SLOAN, ERICA, LAC**

Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-MAR-24

#### ***CERTIFIED NURSE***

#### ***PRACTITIONER***

#### **BRANNEN, MANDY, NP<sup>†</sup>**

Provider ID: N/A

📍 215 W MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-JAN-21

#### **CARDENAS, MIRIAM, NPF**

Provider ID: N/A

📍 1032 BROADWAY  
EL CAJON, CA 92021

Teleservice

Effective as of 01-OCT-23

#### **CHUDACEK, JANET, NP<sup>†</sup>**

Provider ID: N/A

📍 215 W MADISON AVE  
EL CAJON, CA 92020

Teleservice

Effective as of 01-JAN-21

#### **JOHNSON, KIMBERLY, NP<sup>†</sup>**

Provider ID: N/A

📍 328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

Teleservice

Effective as of 01-AUG-21

#### **LUCKETT, DE COURCY, NP<sup>†</sup>**

Provider ID: N/A

📍 1580 N 2ND ST

EL CAJON, CA 92021

Effective as of 01-JAN-21

#### **MAYOYO, MARILYNN, NP**

Provider ID: N/A

📍 300 S PIERCE ST STE 102  
EL CAJON, CA 92020

Effective as of 01-MAY-23

#### **MURRAY, CARLA, NP**

Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-FEB-24

#### **PIRTLE, KEYSHONE, NP<sup>†</sup>**

Provider ID: N/A

📍 5442 SYCUAN RD  
EL CAJON, CA 92019

Effective as of 01-SEP-21

#### **REAL, MARIA, NP**

Provider ID: N/A

📍 1032 BROADWAY  
EL CAJON, CA 92021

Teleservice

Effective as of 01-OCT-23

#### **REDDY, PRIYA, NP**

Provider ID: N/A

📍 1032 BROADWAY  
EL CAJON, CA 92021

Effective as of 01-NOV-22

#### **RENZAS, JENNIFER, NP**

Provider ID: N/A

📍 1032 BROADWAY  
EL CAJON, CA 92021

Teleservice

Effective as of 01-JUL-21

#### **RENZAS, JENNIFER, NP**

Provider ID: N/A

📍 165 S 1ST ST

## CI. List of Network Providers Specialty Care Physician

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EL CAJON, CA 92019  
Teleservice  
Effective as of 01-JUL-21

**SIRLEAF, MASSANU, NP†**  
Provider ID: N/A

📍 1351 BROADWAY  
EL CAJON, CA 92021  
Effective as of 01-JAN-21

**WILLIAMS, SHANTRICE, NP**  
Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-FEB-23

**WILLIAMS, BREAHA, NP**  
Provider ID: N/A

📍 165 S 1ST ST  
EL CAJON, CA 92019  
Effective as of 01-DEC-21

**WILLIAMS, BREAHA, NP**  
Provider ID: N/A

📍 1032 BROADWAY  
EL CAJON, CA 92021  
Effective as of 01-DEC-21

**YALDO, ATHMAR, NP†**  
Provider ID: N/A

📍 328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-DEC-21

### ***CERTIFIED REGISTERED NURSE MIDWIFE***

**HAMMOND, HEATHER, CRNM†**  
Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

**HAMMOND, HEATHER, CRNM†**  
Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-AUG-20

**HAMMOND, HEATHER, CRNM**  
Provider ID: N/A

📍 470 N MOLLISON AVE  
EL CAJON, CA 92021  
Effective as of 01-MAY-23

### ***CHIROPRACTOR***

**DORADO, SUE, DC**  
Provider ID: N/A

📍 1032 BROADWAY  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-OCT-23

**DORADO, SUE, DC**  
Provider ID: N/A

📍 165 S 1ST ST  
EL CAJON, CA 92019  
Teleservice  
Effective as of 01-OCT-23

**FULKS, ZACKARY, DC**  
Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-MAY-23

**HALEY, STEVEN, DC**  
Provider ID: N/A

📍 1032 BROADWAY  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-OCT-23

**HALEY, STEVEN, DC**  
Provider ID: N/A

📍 165 S 1ST ST

EL CAJON, CA 92019  
Teleservice  
Effective as of 01-OCT-23

**MANSOUR, RASHAD, DC**  
Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-MAR-23

**MCCOWN, BARRY, DC**  
Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-MAY-23

**ZECHA, RONALD, DC**  
Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

### ***DERMATOLOGY***

**BARRIO, VICTORIA, MD**  
Provider ID: N/A

📍 222 W MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-APR-24

**BARRIO, VICTORIA, MD**  
Provider ID: N/A

📍 292 AVOCADO AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-MAR-24

**BROGAN, JACQUELINE, MD†**  
Provider ID: N/A


📍 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

**BROGAN, JACQUELINE, MD†**  
Provider ID: N/A


## CI. List of Network Providers

### Specialty Care Physician


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 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-OCT-21


**CELANO, NICHOLAS, MD†**  
Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21


**CELANO, NICHOLAS, MD†**  
Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21


**CELANO, NICHOLAS, MD**  
Provider ID: N/A

 222 W MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-APR-24


**CHIANG, JENNIFER, MD**  
Provider ID: N/A

 222 W MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-APR-24


**CHIANG, JENNIFER, MD**  
Provider ID: N/A

 222 W MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-APR-24


**CHIANG, JENNIFER, MD†**  
Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

**CHIANG, JENNIFER, MD†**  
Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

**CHIANG, JENNIFER, MD†**  
Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-MAR-18

**GONZALEZ, JOSE, MD†**  
Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Teleservice


Effective as of 01-MAY-23

**GONZALEZ, JOSE, MD†**  
Provider ID: N/A


 292 AVOCADO AVE  
EL CAJON, CA 92020  
Teleservice

Effective as of 01-AUG-22


**GORDON, JUSTIN, MD†**  
Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-AUG-22


**GORDON, JUSTIN, MD†**  
Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-APR-22


**HANSEN, DOYLE, MD†**  
Provider ID: N/A

 1679 E MAIN ST STE 208  
EL CAJON, CA 92021  
Effective as of 01-JAN-14


**KASSAB, GHADA, MD**  
Provider ID: N/A

 330 S MAGNOLIA AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21


**KASSAB, GHADA, MD**  
Provider ID: N/A

 624 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-MAR-23


**KASSAB, GHADA, MD**  
Provider ID: N/A

 624 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-JUL-23


**LIN, SHINKO, MD**  
Provider ID: N/A

 222 W MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-APR-24


**LIN, SHINKO, MD**  
Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-MAR-24


**SATEESH, BROOKE, MD†**  
Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-MAR-16

**SATEESH, BROOKE, MD†**  
Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

**SATEESH, BROOKE, MD**  
Provider ID: N/A


 222 W MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-APR-24

**SATEESH, BROOKE, MD**  
Provider ID: N/A

## C1. List of Network Providers


### Specialty Care Physician

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 222 W MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-APR-24


#### **TYAGI, ABHILASHA, MD**

Provider ID: N/A

 222 W MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-APR-24


#### **TYAGI, ABHILASHA, MD†**

Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-APR-22


#### **TYAGI, ABHILASHA, MD†**

Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-AUG-22


#### **UEBELHOER, NATHAN, DO†**

Provider ID: N/A

 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-FEB-22

#### **UEBELHOER, NATHAN, DO**

Provider ID: N/A

 222 W MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-APR-24

### ***EMERGENCY MEDICINE***

#### **YAU, STEPHEN, MD†**

Provider ID: N/A

 328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Teleservice

Effective as of 01-APR-23

### ***FAMILY PRACTICE***

#### **SHAFT, ALEXANDER, MD†**

Provider ID: N/A

 463 N MAGNOLIA AVE  
EL CAJON, CA 92020  
Teleservice

Effective as of 01-OCT-21

#### **SHAFT, ALEXANDER, MD†**

Provider ID: N/A


 463 N MAGNOLIA AVE  
EL CAJON, CA 92020  
Teleservice

Effective as of 01-FEB-23

### ***GASTROENTEROLOGY***


#### **CUBAS, IVAN, MD†**

Provider ID: N/A

 2732 NAVAJO RD STE 200  
EL CAJON, CA 92020  
Effective as of 01-JUL-18


#### **DESTA, TADDESE, MD†**

Provider ID: N/A

 2732 NAVAJO RD STE 200  
EL CAJON, CA 92020  
Effective as of 01-JUL-18


#### **DESTA, TADDESE, MD†**

Provider ID: N/A

 2732 NAVAJO RD STE 200  
EL CAJON, CA 92020  
Effective as of 01-APR-24

#### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

 463 N MAGNOLIA AVE  
EL CAJON, CA 92020  
Teleservice

Effective as of 01-MAR-18

#### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

 463 N MAGNOLIA AVE STE

A

EL CAJON, CA 92020  
Effective as of 01-DEC-20

#### **HASSANEIN, TAREK, MD†**


Provider ID: N/A

 463 N MAGNOLIA AVE  
EL CAJON, CA 92020  
Teleservice

Effective as of 01-FEB-21

#### **HASSANEIN, TAREK, MD†**


Provider ID: N/A

 463 N MAGNOLIA AVE  
EL CAJON, CA 92020  
Teleservice

Effective as of 01-SEP-22

#### **NOVO, MEGAN, MD**

Provider ID: N/A

 2732 NAVAJO RD STE 200  
EL CAJON, CA 92020  
Effective as of 01-JAN-23


#### **NOVO, MEGAN, MD**

Provider ID: N/A

 2732 NAVAJO RD STE 200  
EL CAJON, CA 92020  
Effective as of 01-MAY-23


#### **SCHAEFFER, CYNTHIA, MD†**

Provider ID: N/A

 2732 NAVAJO RD STE 200  
EL CAJON, CA 92020  
Effective as of 01-JUL-18

#### **SHAFFER, KATHERINE, MD†**

Provider ID: N/A

 2732 NAVAJO RD STE 201  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

#### **THOMAS, CARLTON, MD†**

Provider ID: N/A

 2732 NAVAJO RD STE 200

## CI. List of Network Providers

### Specialty Care Physician


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EL CAJON, CA 92020  
Effective as of 01-JUL-18

#### **GENERAL PRACTICE**

##### **ALSHAMMARY, MOHAMMED, MD**


Provider ID: N/A

 855 E MADISON AVE  
EL CAJON, CA 92020\*  
Effective as of 01-MAY-23

#### **HEARING AID DEALER / SUPPLIER**


##### **ANDERSON, ELAINE, MA†**

Provider ID: N/A

 1767 E MAIN ST  
EL CAJON, CA 92021  
Effective as of 01-SEP-22


##### **DANDURAND, JOHN, MA†**

Provider ID: N/A

 1767 E MAIN ST  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-JAN-21


##### **DAVIS, KELLE, MA†**

Provider ID: N/A

 1767 E MAIN ST  
EL CAJON, CA 92021  
Effective as of 01-JAN-21

##### **DAVIS, KELLE, MA†**

Provider ID: N/A

 1767 E MAIN ST  
EL CAJON, CA 92021  
Effective as of 01-SEP-22

#### **INTERNAL MEDICINE**

##### **AWDISHO, ALAN, DO†**


Provider ID: N/A

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Teleservice

Effective as of 01-SEP-22


##### **MANSOUR, DAVID, DO†**

Provider ID: N/A

 855 E MADISON AVE  
EL CAJON, CA 92020\*  
Effective as of 01-AUG-22


##### **MAY, LOUIS, MD†**

Provider ID: N/A

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-DEC-22


##### **MICHAEL, RAMI, MD†**

Provider ID: N/A

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-NOV-22


##### **OLIVER, DEANNA, MD†**

Provider ID: N/A

 463 N MAGNOLIA AVE  
EL CAJON, CA 92020  
Effective as of 01-MAR-21

##### **OLIVER, DEANNA, MD†**


Provider ID: N/A

 463 N MAGNOLIA AVE  
EL CAJON, CA 92020\*  
Effective as of 01-OCT-22

#### **INTERVENTIONAL CARDIOLOGY**

##### **BARVALIA, MIHIR, MD†**

Provider ID: N/A


 1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020

Teleservice

Effective as of 01-NOV-22

##### **BARVALIA, MIHIR, MD†**

Provider ID: N/A


 1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020

Teleservice

Effective as of 01-JAN-24


##### **JOHN, ALAN, MD**

Provider ID: N/A

 1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-MAY-23


##### **KAFRI, HASSAN, MD†**

Provider ID: N/A

 328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Effective as of 01-JAN-21


##### **KAFRI, HASSAN, MD†**

Provider ID: N/A

 328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Effective as of 01-JAN-19


##### **KAFRI, HASSAN, MD†**

Provider ID: N/A

 328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Effective as of 01-SEP-22

##### **KAFRI, HASSAN, MD†**

Provider ID: N/A

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

##### **NAGHI, JESSE, MD†**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

1380 EL CAJON BLVD STE 100

EL CAJON, CA 92020

Effective as of 01-JAN-24

#### **PONCE, SONIA, MD†**

Provider ID: N/A

328 HIGHLAND AVE STE 200

EL CAJON, CA 92020

Effective as of 01-JAN-21

#### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201

EL CAJON, CA 92021

Effective as of 01-DEC-22

#### **SHAH, KULIN, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201

EL CAJON, CA 92021

Effective as of 01-APR-23

#### **SHARF, ALBERT, MD**

Provider ID: N/A

230 AVOCADO AVE

EL CAJON, CA 92020

Effective as of 01-JAN-24

#### **SHARF, ALBERT, MD**

Provider ID: N/A

1240 BROADWAY STE 210

EL CAJON, CA 92021

Effective as of 01-JAN-24

#### **SHEREV, DIMITRI, MD**

Provider ID: N/A

1380 EL CAJON BLVD

EL CAJON, CA 92020

Effective as of 01-JAN-24

#### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201

EL CAJON, CA 92021

Effective as of 01-APR-23

#### **LICENSED CLINICAL SOCIAL WORKER**

#### **FRAGOSO, DOMINIQUE, LCSW**

Provider ID: N/A

215 W MADISON AVE

EL CAJON, CA 92020

Effective as of 01-JAN-24

#### **ORLANDO, FRANCESCA, LCSW**

Provider ID: N/A

215 W MADISON AVE

EL CAJON, CA 92020

Effective as of 01-FEB-23

#### **TAYAG, DYLAN, LCSW†**

Provider ID: N/A

875 EL CAJON BLVD

EL CAJON, CA 92020

Effective as of 01-SEP-22

#### **TAYLOR, MISTY, LCSW**

Provider ID: N/A

5442 SYCUAN RD

EL CAJON, CA 92019

Effective as of 01-FEB-24

#### **WELSH, BRITT, LCSW†**

Provider ID: N/A

875 EL CAJON BLVD

EL CAJON, CA 92020

Effective as of 01-FEB-21

#### **MARRIAGE FAMILY THERAPIST**

#### **ARNOLD, REBECCA, MFT**

Provider ID: N/A

855 E MADISON AVE

EL CAJON, CA 92020

Effective as of 01-FEB-24

#### **ESTAVILLO, SAUL, MFT**

Provider ID: N/A

875 EL CAJON BLVD

EL CAJON, CA 92020

Effective as of 01-AUG-23

#### **OBSTETRICS / GYNECOLOGY**

#### **AL-MSHHDANI, AYSER, MD**

Provider ID: N/A

165 S 1ST ST

EL CAJON, CA 92019

Teleservice

Effective as of 01-OCT-23

#### **AL-MSHHDANI, AYSER, MD**

Provider ID: N/A

1032 BROADWAY

EL CAJON, CA 92021

Teleservice

Effective as of 01-OCT-23

#### **BULLOCH, EDGAR, MD†**

Provider ID: N/A

133 W MAIN ST STE 100

EL CAJON, CA 92020

Effective as of 01-JUN-22

#### **DAVIS, TRACIE, MD**

Provider ID: N/A

1032 BROADWAY

EL CAJON, CA 92021

Teleservice

Effective as of 01-OCT-23

#### **DAVIS, TRACIE, MD**

Provider ID: N/A

165 S 1ST ST

EL CAJON, CA 92019

Teleservice



## C1. List of Network Providers Specialty Care Physician

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Effective as of 01-OCT-23

**FOLCH TORRES-AGUIAR,  
BEATRIZ, MD†**

Provider ID: N/A

📍 165 S 1ST ST  
EL CAJON, CA 92019

Teleservice

Effective as of 01-AUG-22

**FOLCH TORRES-AGUIAR,  
BEATRIZ, MD†**

Provider ID: N/A

📍 1032 BROADWAY  
EL CAJON, CA 92021

Teleservice

Effective as of 01-AUG-22

**GELLENS, ANDREW, MD†**

Provider ID: N/A

📍 1032 BROADWAY  
EL CAJON, CA 92021

Teleservice

Effective as of 01-NOV-21

**GELLENS, ANDREW, MD†**

Provider ID: N/A

📍 165 S 1ST ST  
EL CAJON, CA 92019

Teleservice

Effective as of 01-NOV-21

**SEAVEY, MICHELLE, MD**

Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-DEC-23

**TAJРАН, DEENA, MD†**

Provider ID: N/A

📍 291 E LEXINGTON AVE STE  
AC  
EL CAJON, CA 92020

Effective as of 01-JAN-21

### ***OPHTHALMOLOGY***

**ABDALLAH, WALID, MD**

Provider ID: N/A

📍 231 W MAIN ST  
EL CAJON, CA 92020

Effective as of 01-FEB-24

**BINDER, NICHOLAS, MD**

Provider ID: N/A

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-FEB-24

**BINDER, NICHOLAS, MD**

Provider ID: N/A

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-DEC-23

**BINDER, NICHOLAS, MD**

Provider ID: N/A

📍 450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-NOV-23

**BINDER, NICHOLAS, MD**

Provider ID: N/A

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-NOV-23

**BOECKMANN, JESSICA, MD†**

Provider ID: N/A

📍 450 FLETCHER PKWY  
EL CAJON, CA 92020

Effective as of 01-JAN-21

**HSU, CHRISTOPHER, MD**

Provider ID: N/A

📍 450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-NOV-23

**HSU, CHRISTOPHER, MD†**

Provider ID: N/A

📍 225 W MADISON AVE STE 1  
EL CAJON, CA 92020

Effective as of 01-SEP-22

**MANI, NASRIN, MD†**

Provider ID: N/A

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020

Effective as of 01-JUL-22

**MCDONNELL, EMMA, MD†**

Provider ID: N/A

📍 231 W MAIN ST  
EL CAJON, CA 92020

Effective as of 01-NOV-22

**PATEL, GITANE, MD**

Provider ID: N/A

📍 450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-NOV-23

**PATEL, SARJAN, MD†**

Provider ID: N/A

📍 450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-DEC-23

**PATEL, GITANE, MD**

Provider ID: N/A

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-DEC-23

**PATEL, SARJAN, MD**

Provider ID: N/A

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-DEC-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **PATEL, SARJAN, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-JAN-24

#### **PATEL, GITANE, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-JAN-24

#### **PONS, MAURICIO, MD†**

Provider ID: N/A

231 W MAIN ST  
EL CAJON, CA 92020

Effective as of 01-AUG-22

#### **PONS, MAURICIO, MD†**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020

Effective as of 01-JUL-22

#### **PRABHU, SUJATA, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-DEC-23

#### **PRABHU, SUJATA, MD**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-NOV-23

#### **SKAF, AYHAM, MD†**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020

Effective as of 01-JUL-22

#### **ZHAO, TAILUN, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-JAN-24

#### **ZHAO, TAILUN, MD**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-NOV-23

#### **ZHAO, TAILUN, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-NOV-23

### ***OPTOMETRIST***

#### **AOTO, KIM, OD†**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-SEP-22

#### **DYER, SHARON, OD†**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-DEC-23

#### **DYER, SHARON, OD†**

Provider ID: N/A

225 W MADISON AVE STE 1  
EL CAJON, CA 92020

Effective as of 01-SEP-22

#### **HAN, SUL KI, OD†**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-DEC-23

#### **KHALIL, VADY, OD†**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-DEC-23

#### **KHALIL, VADY, OD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-DEC-23

#### **KOO, ANITA, OD**

Provider ID: N/A

231 W MAIN ST  
EL CAJON, CA 92020

Effective as of 01-FEB-24

#### **KOO, ANITA, OD**

Provider ID: N/A

231 W MAIN ST  
EL CAJON, CA 92020

Effective as of 01-JAN-24

#### **ZVANUT, DONALD, OD†**

Provider ID: N/A

225 W MADISON AVE STE 1  
EL CAJON, CA 92020

Effective as of 01-SEP-22

#### **ZVANUT, DONALD, OD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-DEC-23

### ***PHYSICIANS ASSISTANT***

#### **ALYAS, ALISIA, PA**

Provider ID: N/A

1032 BROADWAY  
EL CAJON, CA 92021

## CI. List of Network Providers

### Specialty Care Physician

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Teleservice

Effective as of 01-JUN-21

#### **ALYAS, ALISIA, PA**

Provider ID: N/A

165 S 1ST ST  
EL CAJON, CA 92019

Teleservice

Effective as of 01-JUN-21

#### **HABBOUSH, RANA, PA**

Provider ID: N/A

1032 BROADWAY  
EL CAJON, CA 92021

Teleservice

Effective as of 01-OCT-23

#### **INDA, PRISCILLA, PA†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

Effective as of 01-JAN-21

#### **INDA, PRISCILLA, PA†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

Effective as of 01-JAN-21

#### **INDA, PRISCILLA, PA†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

Effective as of 01-JAN-21

#### **MERCER, KELLY, PA†**

Provider ID: N/A

1032 BROADWAY  
EL CAJON, CA 92021

Teleservice

Effective as of 01-APR-21

#### **MERCER, KELLY, PA†**

Provider ID: N/A

165 S 1ST ST  
EL CAJON, CA 92019

Teleservice

Effective as of 01-APR-21

#### **ROSENBLATT, SHERI, PA**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020

Effective as of 01-JUN-23

#### **RYAN, TYLER, PA†**

Provider ID: N/A

463 N MAGNOLIA AVE STE  
B  
EL CAJON, CA 92020

Effective as of 01-DEC-22

### ***PODIATRIST***

#### **FARMER, STEVEN, DPM†**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-JUL-21

### ***PSYCHIATRY***

#### **DIA, ALI, MD†**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020

Teleservice

Effective as of 01-DEC-22

#### **DIA, ALI, MD†**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020

Teleservice

Effective as of 01-DEC-22

#### **KURZ, TROY, MD†**

Provider ID: N/A

133 W MAIN ST STE 100  
EL CAJON, CA 92020

Effective as of 01-OCT-22

#### **KURZ, TROY, MD†**

Provider ID: N/A

133 W MAIN ST STE 100  
EL CAJON, CA 92020

Effective as of 01-OCT-22

#### **MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-DEC-22

#### **MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-DEC-22

#### **MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-DEC-22

#### **MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-DEC-22

#### **POSTLETHWAITE, ALEJANDRA, MD†**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-JAN-24


#### **POSTLETHWAITE, ALEJANDRA, MD†**

Provider ID: N/A

## CI. List of Network Providers


### Specialty Care Physician

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 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-24


#### **SADDA, REEM, MD**

Provider ID: N/A

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-MAR-24

#### **SADDA, REEM, MD**


Provider ID: N/A

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-MAR-24

#### **PSYCHOLOGIST**


#### **ARAIZA, ERNESTINA, PSYD†**

Provider ID: N/A

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-AUG-21

#### **ARAIZA, ERNESTINA, PSYD†**


Provider ID: N/A

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-AUG-21

#### **RADIOLOGY DIAGNOSTIC**

#### **MOSHFEGH, AMIEL, MD†**

Provider ID: N/A

 463 N MAGNOLIA AVE STE  
B  
EL CAJON, CA 92020  
Effective as of 01-SEP-22

#### **REGISTERED PHYSICAL THERAPIST**

#### **DASCENZO, EMILY, PT†**


Provider ID: N/A

 875 EL CAJON BLVD

EL CAJON, CA 92020  
Teleservice  
Effective as of 01-JUL-22

#### **LONG, RYAN, PT**


Provider ID: N/A

 181 JAMACHA RD  
EL CAJON, CA 92019\*  
Effective as of 01-JUL-22

#### **SURGERY ORTHOPEDIC**

#### **NOURI, LABEED, MD**


Provider ID: N/A

 330 S MAGNOLIA AVE STE  
302  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

#### **CERTIFIED NURSE PRACTITIONER**

#### **TORIOLA, ABIODUN, NP**


Provider ID: N/A

 24432 MUIRLANDS BLVD  
STE 131  
EL TORO, CA 92630  
Effective as of 01-JUL-23

#### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **DAIRO, BRANDON, MD†**


Provider ID: N/A

 477 N EL CAMINO REAL  
STE B301  
ENCINITAS, CA 92024  
Effective as of 01-DEC-20

#### **CARDIAC ELECTROPHYSIOLOGY**


#### **HAMZEI, ALI, MD†**

Provider ID: N/A

 320 SANTA FE DR STE 204  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

#### **WHITWAM, WAYNE, MD†**


Provider ID: N/A

 320 SANTA FE DR STE 204  
ENCINITAS, CA 92024  
Effective as of 01-AUG-22

#### **CARDIOVASCULAR DISEASE**


#### **AVALOS, ROY, MD†**

Provider ID: N/A

 320 SANTA FE DR STE 204  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21


#### **BACKMAN, JOHN, MD†**

Provider ID: N/A

 320 SANTA FE DR STE 204  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21


#### **BULIBEK, BATYRJAN, MD†**

Provider ID: N/A

 320 SANTA FE DR STE 204  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21


#### **CARTER, STEPHANIE, MD†**

Provider ID: N/A

 700 GARDEN VIEW CT STE  
204  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUN-21

#### **CARTER, STEPHANIE, MD†**

Provider ID: N/A

 354 SANTA FE DR  
ENCINITAS, CA 92024  
Effective as of 01-JUN-21

**CI. List of Network Providers**  
**Specialty Care Physician**

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**CARTER, STEPHANIE, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE 204  
 ENCINITAS, CA 92024

Teleservice

Effective as of 01-SEP-21

**HARRINGTON, JOHN, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE 204  
 ENCINITAS, CA 92024

Effective as of 01-MAR-22

**HARRINGTON, JOHN, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE 204  
 ENCINITAS, CA 92024

Effective as of 01-MAR-22

**JACOBY, RICHARD, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE 204  
 ENCINITAS, CA 92024

Effective as of 01-JAN-21

**KULHANEK, JAN, MD†**

Provider ID: N/A

320 SANTA FE DR STE 204  
 ENCINITAS, CA 92024

Effective as of 01-JAN-21

**MCGINTY, PATRICK, MD†**

Provider ID: N/A

320 SANTA FE DR STE 204  
 ENCINITAS, CA 92024

Effective as of 01-JAN-21

**MEHBOOB, SALMAN, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE 204

ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-21

**RASCH, DAMIAN, DO†**

Provider ID: N/A

320 SANTA FE DR STE 204  
 ENCINITAS, CA 92024

Effective as of 01-JAN-21

**SAB, SHIV, MD†**

Provider ID: N/A

320 SANTA FE DR STE 204  
 ENCINITAS, CA 92024

Teleservice

Effective as of 01-DEC-22

**SAB, SHIV, MD†**

Provider ID: N/A

320 SANTA FE DR STE 204  
 ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-22

**SHEREV, DIMITRI, MD**

Provider ID: N/A

320 SANTA FE DR STE 212  
 ENCINITAS, CA 92024

Effective as of 01-SEP-23

**CERTIFIED  
 ACUPUNCTURIST**

**ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

1200 GARDEN VIEW RD  
 ENCINITAS, CA 92024

Effective as of 01-FEB-24

**GONZALEZ, ANDRES, LAC**

Provider ID: N/A

1130 2ND ST  
 ENCINITAS, CA 92024

Effective as of 01-MAY-23

**JULIAN, FIDES, LAC**

Provider ID: N/A

1200 GARDEN VIEW RD  
 ENCINITAS, CA 92024

Effective as of 01-FEB-24

**MURRAY, STEVEN, LAC†**

Provider ID: N/A

1200 GARDEN VIEW RD  
 STE 200

ENCINITAS, CA 92024

Effective as of 01-AUG-21

**TANG-RITCHIE, LENG, LAC†**

Provider ID: N/A

1200 GARDEN VIEW RD  
 ENCINITAS, CA 92024

Effective as of 01-DEC-21

**YOO, HEATHER, LAC**

Provider ID: N/A

477 N EL CAMINO REAL  
 STE C204

ENCINITAS, CA 92024

Effective as of 01-APR-24

**CERTIFIED NURSE  
 PRACTITIONER**

**BINAVI, HOWNAZ, NP†**

Provider ID: N/A

477 N EL CAMINO REAL  
 STE D308

ENCINITAS, CA 92024

Effective as of 01-SEP-22

**CARDINELL, ANNA, NP†**

Provider ID: N/A

1200 GARDEN VIEW RD  
 ENCINITAS, CA 92024

Effective as of 01-AUG-22

**CHAMBERS, KATRINA, NP**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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781 GARDEN VIEW CT STE 100  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-23

**DWYER, ERIN, NP**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Effective as of 01-JAN-24

**FAIQ, JAMILA, NP†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-NOV-22

**FAIQ, JAMILA, NP†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE D200  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

**HERR, COLLEEN, NP**

Provider ID: N/A

477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

**HOOPER, BONNIE, NP†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

**HOOPER, BONNIE, NP†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

**KORMANIK, PATRICIA, NP†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024

Effective as of 01-JUL-21

**LOWE, ASHLEY, NP**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUL-23

**MAROSOK, MICHELLE, NP**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-NOV-23

**MOONEY, PATRICIA, NP†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAY-21

**MOONEY, PATRICIA, NP†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

**MOORE, HEATHER, NP**

Provider ID: N/A

477 N EL CAMINO REAL  
STE A100  
ENCINITAS, CA 92024

Effective as of 01-APR-24

**MORENO, KATHERINE, NP**

Provider ID: N/A

700 GARDEN VIEW CT STE 204  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-DEC-23

**MWAURA, WAIRIMU, NP†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

**MWAURA, WAIRIMU, NP†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-21

**MYERS, JESSE, NP**

Provider ID: N/A

477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

**NIZHEBORSKY, OKSANA, NP†**

Provider ID: N/A

320 SANTA FE DR STE 107C  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

**PACHOE, MADISON, NP**

Provider ID: N/A

477 N EL CAMINO REAL  
STE A200  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-DEC-21


**POLIZZI, BRITTANY, NP†**

Provider ID: N/A


## CI. List of Network Providers

### Specialty Care Physician


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 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-22


**POLIZZI, BRITTANY, NP†**  
Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22


**POVOLI, LAUREN, NPF**  
Provider ID: N/A

 477 N EL CAMINO REAL  
STE A100  
ENCINITAS, CA 92024  
Effective as of 01-APR-24


**SRILASAK, MICHELE, NP†**  
Provider ID: N/A

 1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024  
Effective as of 01-JUL-21


**STUBBE, AMANDA, NPF**  
Provider ID: N/A

 477 N EL CAMINO REAL  
STE A100  
ENCINITAS, CA 92024  
Effective as of 01-APR-24

**SYMANSKI, ELIZABETH, NP†**  
Provider ID: N/A


 477 N EL CAMINO REAL  
STE A200  
ENCINITAS, CA 92024  
Effective as of 01-AUG-22

**TOMICICH, STEPHANIE, NP†**  
Provider ID: N/A

 320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-DEC-21


**WALLA, MEGAN, NPF**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE A100  
ENCINITAS, CA 92024  
Effective as of 01-APR-24


**WILLEY, MARTI, NP†**

Provider ID: N/A

 326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUN-21


**WILLEY, MARTI, NP†**

Provider ID: N/A

 326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-24


**WOODRUFF, WHITNEY, NP**

Provider ID: N/A

 700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21


**WOODRUFF, WHITNEY, NP**

Provider ID: N/A

 781 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23


**WOODRUFF, WHITNEY, NP**

Provider ID: N/A

 781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23

**YEO, ALEXANDRIA, NP**


Provider ID: N/A

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

***CERTIFIED REGISTERED  
NURSE ANESTHETIST***


**ASHMAN, RANDY, CRNA**

Provider ID: N/A

 781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUL-23


**ESTABROOK, LARA, CRNA**

Provider ID: N/A

 781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-JUL-23


**ESTABROOK, LARA, CRNA**

Provider ID: N/A

 320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-JUL-23


**FITZPATRICK, APRIL, CRNA**

Provider ID: N/A

 781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23

**FITZPATRICK, APRIL, CRNA**

Provider ID: N/A

 781 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23

**KING, APRIL, CRNA**

Provider ID: N/A

 781 GARDEN VIEW CT STE

## C1. List of Network Providers


### Specialty Care Physician

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102  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23


#### **KING, APRIL, CRNA**

Provider ID: N/A

 781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23


#### **KING, APRIL, CRNA†**

Provider ID: N/A

 700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

#### **LAZARUS, ELIZABETH, CRNA**


Provider ID: N/A

 781 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-JUL-23

### ***CERTIFIED REGISTERED NURSE MIDWIFE***


#### **CORRY, ANDREA, CRNM**

Provider ID: N/A

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-SEP-23

#### **ELY-KONOSKE, RACHEL, CRNM**


Provider ID: N/A

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

### ***CHIROPRACTOR***

#### **TRAINER, JASON, DC**


Provider ID: N/A

 1130 2ND ST  
ENCINITAS, CA 92024  
Effective as of 01-MAR-24

### ***DERMATOLOGY***


#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUL-21


#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUL-21


#### **BRAUN, TARA, MD**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-MAR-24


#### **BROUHA, BROOK, MD**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24


#### **BROUHA, BROOK, MD**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-NOV-23


#### **GLADSJO, JULIE, MD†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22


#### **GLADSJO, JULIE, MD†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22


#### **GLADSJO, JULIE, MD†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21


#### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

 285 N EL CAMINO REAL  
STE 117  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24


#### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

 285 N EL CAMINO REAL  
STE 117  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24


#### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

 285 N EL CAMINO REAL  
STE 117  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

#### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

 285 N EL CAMINO REAL  
STE 117



## CI. List of Network Providers

### Specialty Care Physician

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ENCINITAS, CA 92024  
Effective as of 01-JAN-24

#### **HEMPERLY, STEPHEN, DO†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308

ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-21

#### **HEMPERLY, STEPHEN, DO†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308

ENCINITAS, CA 92024

Teleservice

Effective as of 01-NOV-23

#### **RILEY, JESSICA, DO†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308

ENCINITAS, CA 92024

Effective as of 01-SEP-22

#### **RILEY, JESSICA, DO†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308

ENCINITAS, CA 92024

Effective as of 01-JAN-21

#### **RILEY, JESSICA, DO†**

Provider ID: N/A


 477 N EL CAMINO REAL  
STE D308

ENCINITAS, CA 92024

Effective as of 01-AUG-20

#### **TOMPKINS, STACY, MD†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308


ENCINITAS, CA 92024

Effective as of 01-MAY-19

### ***ENDOCRINOLOGY METABOLISM DIABETES***

#### **SHAH, NANDI, MD**

Provider ID: N/A

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Effective as of 01-JAN-24

### ***FAMILY PRACTICE***

#### **ANDERSON, LINDSEY, DO†**

Provider ID: N/A

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024

Effective as of 01-AUG-23

#### **ESTRADA, JOHANNA, MD†**

Provider ID: N/A

 662 ENCINITAS BLVD STE  
220


ENCINITAS, CA 92024\*

Effective as of 01-AUG-21

### ***GASTROENTEROLOGY***

#### **ALHANKAWI, DHUHA, MD**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE A308

ENCINITAS, CA 92024

Effective as of 01-AUG-23

#### **ALHANKAWI, DHUHA, MD**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE A308

ENCINITAS, CA 92024

Effective as of 01-APR-23

#### **BORTNIKER, ETHAN, MD**

Provider ID: N/A

 781 GARDEN VIEW CT STE

100

ENCINITAS, CA 92024

Effective as of 01-DEC-23

#### **BORTNIKER, ETHAN, MD**

Provider ID: N/A

 781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Effective as of 01-JUN-23

#### **BORTNIKER, ETHAN, MD**

Provider ID: N/A

 781 GARDEN VIEW CT STE  
102

ENCINITAS, CA 92024

Effective as of 01-JUN-23

#### **BORTNIKER, ETHAN, MD**

Provider ID: N/A

 781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Effective as of 01-JUN-23

#### **BORTNIKER, ETHAN, MD**

Provider ID: N/A


 781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Effective as of 01-MAR-24

#### **DILAURO, STEVEN, MD**

Provider ID: N/A

 781 GARDEN VIEW CT STE  
100


ENCINITAS, CA 92024

Teleservice

Effective as of 01-OCT-23

#### **DILAURO, STEVEN, MD**

Provider ID: N/A

 781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

**C1. List of Network Providers**  
**Specialty Care Physician**

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Teleservice  
 Effective as of 01-MAR-23

**DILAURO, STEVEN, MD**

Provider ID: N/A  
 781 GARDEN VIEW CT STE  
 102  
 ENCINITAS, CA 92024

Teleservice  
 Effective as of 01-MAR-23

**DILAURO, STEVEN, MD**

Provider ID: N/A  
 781 GARDEN VIEW CT STE  
 100  
 ENCINITAS, CA 92024

Teleservice  
 Effective as of 01-JUN-23

**DILAURO, STEVEN, MD**

Provider ID: N/A  
 781 GARDEN VIEW CT STE  
 100  
 ENCINITAS, CA 92024

Teleservice  
 Effective as of 01-JAN-24

**GOLDKLANG, ROBERT, MD†**

Provider ID: N/A  
 700 GARDEN VIEW CT STE  
 102  
 ENCINITAS, CA 92024

Effective as of 01-JAN-21

**GOLDKLANG, ROBERT, MD**

Provider ID: N/A  
 781 GARDEN VIEW CT STE  
 100  
 ENCINITAS, CA 92024

Effective as of 01-JAN-24

**GOLDKLANG, ROBERT, MD†**

Provider ID: N/A  
 700 GARDEN VIEW CT STE

102  
 ENCINITAS, CA 92024  
 Effective as of 01-APR-23

**GOLDKLANG, ROBERT, MD**

Provider ID: N/A  
 781 GARDEN VIEW CT STE  
 102  
 ENCINITAS, CA 92024

Effective as of 01-MAR-23

**GOLDKLANG, ROBERT, MD**

Provider ID: N/A  
 781 GARDEN VIEW CT STE  
 100  
 ENCINITAS, CA 92024

Effective as of 01-MAR-23

**GOLDKLANG, ROBERT, MD**

Provider ID: N/A  
 781 GARDEN VIEW CT STE  
 100  
 ENCINITAS, CA 92024

Effective as of 01-OCT-23

**LAJOIE, ADRIANNE, MD**

Provider ID: N/A  
 781 GARDEN VIEW CT STE  
 100  
 ENCINITAS, CA 92024

Effective as of 01-OCT-23

**LAJOIE, ADRIANNE, MD**

Provider ID: N/A  
 781 GARDEN VIEW CT STE  
 100  
 ENCINITAS, CA 92024

Effective as of 01-MAR-23

**LAJOIE, ADRIANNE, MD**

Provider ID: N/A  
 781 GARDEN VIEW CT STE  
 102  
 ENCINITAS, CA 92024

Effective as of 01-MAR-23

**LAJOIE, ADRIANNE, MD**

Provider ID: N/A  
 781 GARDEN VIEW CT STE  
 100  
 ENCINITAS, CA 92024

Effective as of 01-JUN-23

**LAJOIE, ADRIANNE, MD†**

Provider ID: N/A  
 700 GARDEN VIEW CT STE  
 102  
 ENCINITAS, CA 92024

Effective as of 01-JAN-21

**LAJOIE, ADRIANNE, MD**

Provider ID: N/A  
 781 GARDEN VIEW CT STE  
 100  
 ENCINITAS, CA 92024

Effective as of 01-JAN-24

**MADANI, BAHAR, MD**

Provider ID: N/A  
 477 N EL CAMINO REAL  
 STE A308  
 ENCINITAS, CA 92024

Effective as of 01-FEB-22

**PATEL, JANKI, MD**

Provider ID: N/A  
 781 GARDEN VIEW CT STE  
 100  
 ENCINITAS, CA 92024

Effective as of 01-FEB-24

**PATEL, JANKI, MD†**

Provider ID: N/A  
 700 GARDEN VIEW CT STE  
 102  
 ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-21

**PATEL, JANKI, MD†**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-21

#### **PATEL, JANKI, MD**

Provider ID: N/A

700 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

#### **PATEL, JANKI, MD**

Provider ID: N/A

700 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-23

#### **PATEL, JANKI, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024

Effective as of 01-MAR-24

#### **PATEL, JANKI, MD**

Provider ID: N/A

354 SANTA FE DR  
ENCINITAS, CA 92024

Effective as of 01-FEB-24

#### **SINGH, MARVIN, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024

Effective as of 01-JUN-23

#### **SINGH, MARVIN, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-APR-18

### **GENERAL DENTISTRY**

#### **MEHROTRA, SACHI, DDS**

Provider ID: N/A

4403 MANCHESTER AVE  
STE 101  
ENCINITAS, CA 92024

Effective as of 01-OCT-21

### **GYNECOLOGIC ONCOLOGY**

#### **ESKANDER, RAMEZ, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024

Effective as of 01-JUL-21

### **HEMATOLOGY / ONCOLOGY**

#### **BESSUDO, ALBERTO, MD†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice

Effective as of 01-APR-21

#### **BESSUDO, ALBERTO, MD†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice

Effective as of 01-JAN-21

#### **FLORES, EDNA, MD†**

Provider ID: N/A

326 SANTA FE DR STE 105

ENCINITAS, CA 92024  
Effective as of 01-JAN-24

#### **SULLIVAN, JESSICA, DO†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

### **HOSPICE AND PALLIATIVE MEDICINE**

#### **RUBENSIK, TAMARA, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 100  
ENCINITAS, CA 92024

Effective as of 01-FEB-21

#### **RUBENSIK, TAMARA, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024

Effective as of 01-JUL-21

### **INTERNAL MEDICINE**

#### **BAUTISTA, JENNIFER, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-DEC-20

#### **BAUTISTA, JENNIFER, MD†**

Provider ID: N/A

320 SANTA FE DR STE  
107-C  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

#### **DELANEY, CODY, DO†**

Provider ID: N/A

662 ENCINITAS BLVD STE

**C1. List of Network Providers**  
**Specialty Care Physician**

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220  
 ENCINITAS, CA 92024\*  
 Teleservice  
 Effective as of 01-OCT-22

**DESGRANGES, PATRICK, MD†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*  
 Teleservice  
 Effective as of 01-NOV-21

**EISMAN, SCOTT, MD†**  
 Provider ID: N/A  
 ☑ 326 SANTA FE DR STE 100  
 ENCINITAS, CA 92024  
 Effective as of 01-FEB-22

**ELHOFY, ASHRAF, MD†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*  
 Effective as of 01-JAN-21

**ELLIS, ADAM, MD†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*  
 Effective as of 01-JAN-21

**KHAYYAT, OMAR, MD†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*  
 Effective as of 01-AUG-21

**LIU, STEVEN, MD†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*

Effective as of 01-JAN-21

**LIU, ANDREW, MD**  
 Provider ID: N/A  
 ☑ 320 SANTA FE DR STE 212  
 ENCINITAS, CA 92024  
 Effective as of 01-SEP-23

**MCMURRAY, SARAH, DO†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*  
 Effective as of 01-JAN-21

**MOOLANI, UJJALA, MD**  
 Provider ID: N/A  
 ☑ 320 SANTA FE DR STE 212  
 ENCINITAS, CA 92024  
 Effective as of 01-MAY-23

**NARDI, MELISSA, DO†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*  
 Effective as of 01-JAN-21

**NELKIN, CORY, DO†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*  
 Teleservice  
 Effective as of 01-OCT-21

**NGUYEN, ANDY, DO†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*  
 Effective as of 01-JAN-21

**NGUYEN, ALEXIE, MD†**  
 Provider ID: N/A

☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024  
 Effective as of 01-JAN-21

**PHAM, STEVEN, MD†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*  
 Teleservice  
 Effective as of 01-NOV-21

**RUMMANI, BENNY, DO†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*  
 Effective as of 01-JUL-21

**STEADMAN, MICHAEL, MD†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*  
 Effective as of 01-JAN-21

**TRAN, AMY, MD†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*  
 Effective as of 01-JAN-21

**TRAN, SHERI, MD†**  
 Provider ID: N/A  
 ☑ 326 SANTA FE DR STE 100  
 ENCINITAS, CA 92024  
 Effective as of 01-APR-21

**TRING, ELEANOR, DO†**  
 Provider ID: N/A  
 ☑ 662 ENCINITAS BLVD STE 220  
 ENCINITAS, CA 92024\*

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JUL-21

#### **INTERNAL MEDICINE** **CRITICAL CARE MEDICINE**

##### **FUSSELL, KEVIN, MD†**

Provider ID: N/A

📍 326 SANTA FE DR STE 100  
ENCINITAS, CA 92024

Effective as of 01-JUL-21

##### **PINO, ALEJANDRO, MD†**

Provider ID: N/A

📍 326 SANTA FE DR STE 100  
ENCINITAS, CA 92024

Effective as of 01-JUL-21

##### **SHIN, STEPHANIE, MD†**

Provider ID: N/A

📍 320 SANTA FE DR STE  
107-C  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

##### **TRAN, SHERI, MD†**

Provider ID: N/A

📍 320 SANTA FE DR STE 107C  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

##### **ZHANG, MICHELLE, MD†**

Provider ID: N/A

📍 326 SANTA FE DR STE 100  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAY-22

#### **INTERVENTIONAL** **CARDIOLOGY**

##### **BHATIA, PRERANA, MD**

Provider ID: N/A

📍 477 N EL CAMINO REAL  
ENCINITAS, CA 92024

Effective as of 01-AUG-23

##### **JACOBY, RICHARD, MD†**

Provider ID: N/A

📍 700 GARDEN VIEW CT STE  
204  
ENCINITAS, CA 92024

Effective as of 01-SEP-21

##### **MEHBOOB, SALMAN, MD†**

Provider ID: N/A

📍 700 GARDEN VIEW CT STE  
204  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-SEP-21

##### **WHITWAM, WAYNE, MD†**

Provider ID: N/A

📍 320 SANTA FE DR STE 204  
ENCINITAS, CA 92024

Effective as of 01-NOV-20

#### **LICENSED CLINICAL** **SOCIAL WORKER**

##### **REBELO, MARCIA, LCSW**

Provider ID: N/A

📍 187 CALLE MAGDALENA  
STE 212  
ENCINITAS, CA 92024

Effective as of 01-OCT-23

#### **MEDICAL ONCOLOGY**

##### **FLORES, EDNA, MD†**

Provider ID: N/A

📍 326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

##### **FRAKES, LAURIE, MD†**

Provider ID: N/A

📍 326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-21

##### **FRAKES, LAURIE, MD†**

Provider ID: N/A

📍 326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

##### **MCCLAY, EDWARD, MD†**

Provider ID: N/A

📍 477 N EL CAMINO REAL  
STE D200  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

##### **MCCLAY, EDWARD, MD†**

Provider ID: N/A

📍 326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Effective as of 01-FEB-21

#### **NEPHROLOGY**

##### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

📍 320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Effective as of 01-MAY-23

##### **LAKHERA, YOGITA, MD†**

Provider ID: N/A

📍 320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-17

##### **LAKHERA, YOGITA, MD†**

Provider ID: N/A

📍 320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUL-22

## CI. List of Network Providers

### Specialty Care Physician

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#### **LAKHERA, YOGITA, MD†**

Provider ID: N/A

📍 320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

#### **LAKHERA, YOGITA, MD†**

Provider ID: N/A

📍 320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-21

#### **STEER, DYLAN, MD†**

Provider ID: N/A

📍 320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

### **NEUROLOGY**

#### **BAKER, DAVID, DO**

Provider ID: N/A

📍 354 SANTA FE DR  
ENCINITAS, CA 92024

Effective as of 01-JAN-24

#### **SCHORR, EMILY, MD**

Provider ID: N/A

📍 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Effective as of 01-MAR-24

### **OBSTETRICS / GYNECOLOGY**

#### **BINDER, PRATIBHA, MD†**

Provider ID: N/A

📍 1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024

Effective as of 01-JUL-21

#### **DELCORE, LAURA, MD†**

Provider ID: N/A

📍 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Effective as of 01-AUG-22

#### **DRIEBE, AMY, MD†**

Provider ID: N/A

📍 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Effective as of 01-AUG-22

#### **DRIEBE, AMY, MD†**

Provider ID: N/A

📍 781 GARDEN VIEW CT STE  
200  
ENCINITAS, CA 92024

Effective as of 01-SEP-22

#### **DRIEBE, AMY, MD†**

Provider ID: N/A

📍 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024

Effective as of 01-SEP-22

#### **HILL, KAITLYN, MD†**

Provider ID: N/A

📍 477 N EL CAMINO REAL  
STE C208  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-SEP-21

#### **HILL, KAITLYN, MD†**

Provider ID: N/A

📍 477 N EL CAMINO REAL  
STE C208  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-APR-23

#### **MACKAY, GILLIAN, MD**

Provider ID: N/A

📍 1200 GARDEN VIEW RD

ENCINITAS, CA 92024

Effective as of 01-DEC-23

#### **SPRING ROBINSON, CHANDRA, DO**

Provider ID: N/A

📍 477 N EL CAMINO REAL  
STE C208

ENCINITAS, CA 92024

Effective as of 01-JAN-23

### **OPHTHALMOLOGY**

#### **FISH, STEVEN, MD**

Provider ID: N/A

📍 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Effective as of 01-APR-23

#### **FISH, STEVEN, MD**

Provider ID: N/A

📍 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Effective as of 01-APR-23

#### **FISH, STEVEN, MD**

Provider ID: N/A

📍 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Effective as of 01-APR-23

#### **FISH, STEVEN, MD**

Provider ID: N/A

📍 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Effective as of 01-APR-23

#### **HUDSON, HENRY, MD†**

Provider ID: N/A

📍 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Effective as of 01-APR-22

#### **JOHNSTON, ERIC, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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477 N EL CAMINO REAL  
STE C202  
ENCINITAS, CA 92024  
Effective as of 01-MAY-21

#### **MCGRAW, JOSEPH, MD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-NOV-21

#### **SAMUEL, MICHAEL, MD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-MAR-21

#### **SAMUEL, MICHAEL, MD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-FEB-21

#### **VIECHNICKI, TARA, MD**

Provider ID: N/A

477 N EL CAMINO REAL  
STE C202  
ENCINITAS, CA 92024  
Effective as of 01-DEC-11

#### **ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

#### **ZHAO, TAILUN, MD**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

#### **ZHAO, TAILUN, MD**

Provider ID: N/A

320 SANTA FE DR STE 104

ENCINITAS, CA 92024  
Effective as of 01-JUL-23

#### **ZHAO, TAILUN, MD**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-NOV-23

#### **OPTOMETRIST**

#### **CAO-NGUYEN, TIEN, OD**

Provider ID: N/A

477 N EL CAMINO REAL  
STE C202  
ENCINITAS, CA 92024  
Effective as of 01-JUL-23

#### **DEAN, MOENA, OD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-JUL-21

#### **DEAN, MOENA, OD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

#### **MARR, RYAN, OD**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-DEC-22

#### **SOLIS, KEVIN, OD**

Provider ID: N/A

477 N EL CAMINO REAL  
STE C202  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

#### **TAN, CONNIE, OD**

Provider ID: N/A

477 N EL CAMINO REAL  
STE C202  
ENCINITAS, CA 92024  
Effective as of 01-JUN-21

#### **ORAL MAXILLOFACIAL SURGEON**

#### **ELI, BRADLEY, DMD**

Provider ID: N/A

4403 MANCHESTER AVE  
STE 101  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-SEP-20

#### **OTOLARYNGOLOGY**

#### **REUTHER, MARSHA, MD†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

#### **PEDIATRICS**

#### **KOOROS, KOOROSH, MD†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024  
Effective as of 01-FEB-22

#### **PHYSICIANS ASSISTANT**

#### **DAS, GOURAB, PA**

Provider ID: N/A

477 N EL CAMINO REAL  
STE A200  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21


#### **DOUGHERTY, CLARA, PA†**

Provider ID: N/A

## CI. List of Network Providers


### Specialty Care Physician

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 320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22


#### **DOUGHERTY, CLARA, PA†**

Provider ID: N/A

 320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-FEB-24


#### **GILLAN, JAMES, PA†**

Provider ID: N/A

 320 SANTA FE DR STE  
107-C  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21


#### **HIGGINS, JOSHUA, PA†**

Provider ID: N/A

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
Effective as of 01-JAN-22

#### **MORENO, SYDNIE, PA**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE A200  
ENCINITAS, CA 92024  
Effective as of 01-APR-24


#### **PELIO, DARREN, PA†**

Provider ID: N/A

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22


#### **VANETSKY, GARY, PA†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

#### **VANETSKY, GARY, PA†**


Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

### ***PODIATRIST***


#### **BERENTER, JAY, DPM†**

Provider ID: N/A

 501 N EL CAMINO REAL  
STE 510  
ENCINITAS, CA 92024  
Effective as of 01-DEC-21


#### **BERGER, COLBY, DPM**

Provider ID: N/A

 501 N EL CAMINO REAL  
STE 201  
ENCINITAS, CA 92024  
Effective as of 01-APR-23


#### **BERGER, COLBY, DPM**

Provider ID: N/A

 501 N EL CAMINO REAL  
STE 201  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23


#### **DUSTIN, ADAM, DPM†**

Provider ID: N/A

 326 ENCINITAS BLVD STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-FEB-21

#### **GILLES, LOUIS, DPM**

Provider ID: N/A

 320 SANTA FE DR STE 305  
ENCINITAS, CA 92024  
Effective as of 01-AUG-23

#### **KREPS, CHRISTOPHER, DPM**


Provider ID: N/A

 501 N EL CAMINO REAL  
STE 201

ENCINITAS, CA 92024  
Effective as of 01-JUN-23


#### **KREPS, CHRISTOPHER, DPM**

Provider ID: N/A

 501 N EL CAMINO REAL  
STE 201  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23


#### **LIEBERMAN, RONALD, DPM†**

Provider ID: N/A

 1011 DEVONSHIRE DR STE F  
ENCINITAS, CA 92024  
Effective as of 01-AUG-15


#### **LIEBERMAN, RONALD, DPM**

Provider ID: N/A

 501 N EL CAMINO REAL  
STE 201  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **RUETENIK, BRAD, DPM**


Provider ID: N/A

 501 N EL CAMINO REAL  
STE 201  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

### ***PSYCHOLOGIST***


#### **GOMEZ, JUANITA, PhD†**

Provider ID: N/A

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
Effective as of 01-AUG-22

#### **GOMEZ, JUANITA, PhD†**

Provider ID: N/A

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
Effective as of 01-AUG-22

### ***PULMONARY DISEASES***



## CI. List of Network Providers

### Specialty Care Physician

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#### **EISMAN, SCOTT, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-NOV-20

#### **FUSSELL, KEVIN, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

#### **GADRE, ABHISHEK, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-JUL-21

#### **GADRE, ABHISHEK, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

#### **HSING, ANDREW, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

#### **HSING, ANDREW, MD†**

Provider ID: N/A

320 SANTA FE DR STE 107C  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

#### **LIANG, NI-CHENG, MD†**

Provider ID: N/A

320 SANTA FE DR STE 107C  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

#### **LIANG, NI-CHENG, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100

ENCINITAS, CA 92024  
Effective as of 01-NOV-20

#### **MAGANA, MARISA, MD†**

Provider ID: N/A

320 SANTA FE DR STE 107C  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

#### **MAGANA, MARISA, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-APR-23

#### **MAKANI, SAMIR, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-APR-23

#### **MAKANI, SAMIR, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-NOV-20

#### **MAKANI, SAMIR, MD†**

Provider ID: N/A

320 SANTA FE DR STE 107C  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

#### **PINO, ALEJANDRO, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

#### **SARNOFF, ROBERT, MD†**

Provider ID: N/A

320 SANTA FE DR STE 107C  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

#### **SARNOFF, ROBERT, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-APR-21

#### **SHIN, STEPHANIE, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-DEC-20

#### **TRAN, SHERI, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-MAY-23

#### **ZHANG, MICHELLE, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-24

#### **ZHANG, MICHELLE, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-SEP-23

#### **ZHANG, MICHELLE, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-APR-23

### ***RADIATION ONCOLOGY***

#### **BEAR, JONATHAN, MD**

Provider ID: N/A

1200 GARDEN VIEW RD

## C1. List of Network Providers

### Specialty Care Physician

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ENCINITAS, CA 92024  
Effective as of 01-JUN-23

#### **HATTANGADI GLUTH, JONA, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 210  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **HORN, ADAM, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

#### **MACEWAN, IAIN, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 210  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **MANSY, GINA, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **MAYADEV, JYOTI, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 210  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **MELL, LOREN, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **MURPHY, JAMES, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **RAHN, DOUGLAS, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **ROSE, BRENT, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 210  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **SANDHU, AJAY, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **SEIBERT, TYLER, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 210  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **SHARABI, ANDREW, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **SIMPSON, DANIEL, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 210  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **STRAKA, CHRISTOPHER, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **TYE, KAREN, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

#### **WHITE, EVAN, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

#### **YASHAR, CATHERYN, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

### ***REGISTERED DIETITIAN / NUTRITIONIST***

#### **SALCEDO, ALEXANDRA, RD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

### ***REGISTERED PHYSICAL THERAPIST***

#### **DOULL, MATTHEW, PT**

Provider ID: N/A

351 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUN-23

#### **TAMAYO, SYDNIE, PT**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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 351 SANTA FE DR STE 100  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-OCT-23

#### ***SLEEP MEDICINE***

#### **MENN, STUART, MD**

Provider ID: N/A

 4403 MANCHESTER AVE  
STE 101

ENCINITAS, CA 92024

Effective as of 01-MAR-23

#### ***SURGERY COLON***

#### ***SURGERY***

#### **PARRY, LISA, MD†**

Provider ID: N/A

 1200 GARDEN VIEW RD  
STE 200

ENCINITAS, CA 92024

Effective as of 01-APR-21

#### **SCHULTZEL, MATTHEW, DO†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE A308

ENCINITAS, CA 92024

Effective as of 01-JAN-21

#### ***SURGERY GENERAL***

#### **ARMANI, AVA, MD†**

Provider ID: N/A


 1200 GARDEN VIEW RD  
STE 200

ENCINITAS, CA 92024

Effective as of 01-JUL-21

#### **BURGESS, DANIEL, DO†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE A308

ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-21

#### **BURGESS, DANIEL, DO†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE C204

ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-21

#### **BURGESS, DANIEL, DO†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE A308

ENCINITAS, CA 92024

Teleservice

Effective as of 01-OCT-23

#### **BURGESS, DANIEL, DO†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE C204


ENCINITAS, CA 92024

Teleservice

Effective as of 01-OCT-23

#### **JACOBSEN, GARTH, MD†**

Provider ID: N/A

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Effective as of 01-DEC-21

#### **RAYAN, SUNIL, MD†**


Provider ID: N/A

 320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Effective as of 01-AUG-15

#### **SCHULTZEL, MATTHEW, DO†**

Provider ID: N/A

 477 N EL CAMINO REAL  
STE C204

ENCINITAS, CA 92024

Effective as of 01-JUL-20

#### ***SURGERY GENERAL***

#### ***VASCULAR***

#### **RAYAN, SUNIL, MD†**

Provider ID: N/A

 320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

#### ***SURGERY ORTHOPEDIC***

#### **AFRA, ROBERT, MD†**

Provider ID: N/A

 317 N EL CAMINO REAL STE  
405

ENCINITAS, CA 92024

Effective as of 01-JAN-16

#### **BREMNER, LUKE, MD**

Provider ID: N/A

 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Effective as of 01-DEC-19

#### **BREMNER, LUKE, MD**


Provider ID: N/A

 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Effective as of 01-MAR-23

#### **CHAN, JUSTIN, MD**

Provider ID: N/A

 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

#### **CHAN, JUSTIN, MD**

Provider ID: N/A

 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

## C1. List of Network Providers

### Specialty Care Physician

---

Effective as of 01-AUG-20

#### **GROTTING, JOHN, MD**

Provider ID: N/A

☐ 477 N EL CAMINO REAL  
STE B301  
ENCINITAS, CA 92024

Effective as of 01-NOV-23

#### **HAJNIK, CHRISTOPHER, MD**

Provider ID: N/A

☐ 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-DEC-19

#### **HAJNIK, CHRISTOPHER, MD**

Provider ID: N/A

☐ 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

#### **HAMMEL, NATHAN, MD†**

Provider ID: N/A

☐ 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

#### **HAMMEL, NATHAN, MD†**

Provider ID: N/A

☐ 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-DEC-19

#### **KIM, PAUL, MD†**

Provider ID: N/A

☐ 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Effective as of 01-SEP-22

#### **MEINEKE, RYAN, MD†**

Provider ID: N/A

☐ 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAY-22

#### **MEINEKE, RYAN, MD†**

Provider ID: N/A

☐ 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

#### **RAISZADEH, RAMIN, MD†**

Provider ID: N/A

☐ 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Effective as of 01-JAN-23

#### **SCHULTZEL, MARK, MD†**

Provider ID: N/A

☐ 519 ENCINITAS BLVD STE  
106  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-OCT-22

### ***SURGERY PLASTIC***

#### **CHAO, JAMES, MD†**

Provider ID: N/A

☐ 499 N EL CAMINO REAL  
STE C200  
ENCINITAS, CA 92024

Effective as of 01-JUL-15

#### **GOSMAN, AMANDA, MD†**

Provider ID: N/A

☐ 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Effective as of 01-NOV-21

#### **GUPTA, ABHAY, MD**

Provider ID: N/A

☐ 351 SANTA FE DR STE 250  
ENCINITAS, CA 92024  
Effective as of 01-MAY-23

#### **GUPTA, ANSHU, MD**

Provider ID: N/A

☐ 700 GARDEN VIEW CT STE  
208  
ENCINITAS, CA 92024

Effective as of 01-MAY-23

### ***SURGICAL ONCOLOGY***

#### **CHEN, STEVEN, MD†**

Provider ID: N/A

☐ 499 N EL CAMINO REAL  
STE C200  
ENCINITAS, CA 92024

Effective as of 01-JUL-15

### ***UROLOGY***

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

☐ 320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-APR-16

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

☐ 320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

☐ 320 SANTA FE DR STE 305  
ENCINITAS, CA 92024  
Effective as of 01-SEP-21

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

☐ 320 SANTA FE DR STE 305  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

## CI. List of Network Providers

### Specialty Care Physician

---

#### **COHEN, EDWARD, MD<sup>†</sup>**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-JUL-22

#### **DATO, PAUL, MD**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

#### **DICKS, BRIAN, MD**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

#### **KEILLER, DANNY, MD**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-FEB-24

#### **NAITOH, JOHN, MD<sup>†</sup>**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-NOV-21

#### **NAITOH, JOHN, MD<sup>†</sup>**

Provider ID: N/A

320 SANTA FE DR STE 305  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

#### **NEUSTEIN, PAUL, MD**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-FEB-24

#### **NGUYEN, HUNG, MD<sup>†</sup>**

Provider ID: N/A

320 SANTA FE DR STE 108

ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

#### **NGUYEN, HUNG, MD<sup>†</sup>**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-SEP-21

#### **NGUYEN, HUNG, MD<sup>†</sup>**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-21

#### **PE, MARK-RALLY, MD**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Effective as of 01-FEB-24

#### **ROBERTS, JAMES, MD**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Effective as of 01-JAN-24

#### **SALEM, CAROL, MD**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Effective as of 01-FEB-24

#### **SALMASI, AMIRALI, MD**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Effective as of 01-FEB-24

#### **VAPNEK, EVAN, MD**

Provider ID: N/A

320 SANTA FE DR STE 108

ENCINITAS, CA 92024

Effective as of 01-JAN-24

#### **YUH, BENJAMIN, MD<sup>†</sup>**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Effective as of 01-JAN-24

### ***ANESTHESIOLOGY***

#### **FARUQUE, TANIA, MD<sup>†</sup>**

Provider ID: N/A

255 N ELM ST STE 101  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

#### **KHATIBI, NIKAN, DO<sup>†</sup>**

Provider ID: N/A

160 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

#### **KHATIBI, NIKAN, DO<sup>†</sup>**

Provider ID: N/A

160 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

### ***ANESTHESIOLOGY PAIN MANAGEMENT***

#### **COHEN, ZACHARY, MD**

Provider ID: N/A

940 E VALLEY PKWY STE K  
ESCONDIDO, CA 92025

Effective as of 01-JAN-23

#### **DAIRO, BRANDON, MD<sup>†</sup>**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 203

ESCONDIDO, CA 92029

Teleservice

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-NOV-22

#### **KHATIBI, NIKAN, DO<sup>†</sup>**

Provider ID: N/A

160 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **KHATIBI, NIKAN, DO<sup>†</sup>**

Provider ID: N/A

160 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21

#### **KHATIBI, NIKAN, DO<sup>†</sup>**

Provider ID: N/A

160 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21

#### **KHATIBI, NIKAN, DO<sup>†</sup>**

Provider ID: N/A

160 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21

#### **PRASAD, RUPA, MD<sup>†</sup>**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Teleservice  
Effective as of 01-NOV-23

#### **ROBINSON, COLE, MD**

Provider ID: N/A

160 N DATE ST  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-JUN-23

### **AUDIOLOGIST**

#### **HERRERA, CHARITY, AuD<sup>†</sup>**

Provider ID: N/A

330 W FELICITA AVE STE  
A4  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **HORNER, HEATHER, AuD<sup>†</sup>**

Provider ID: N/A

330 W FELICITA AVE STE  
A4  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-JUN-22

### **CARDIAC ELECTROPHYSIOLOGY**

#### **LERNER, JONATHAN, MD**

Provider ID: N/A

488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

#### **SAWHNEY, NAVINDER, MD**

Provider ID: N/A

2130 CITRACADO PKWY  
STE 320  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-24

#### **SHAH, ABHISHEK, MD<sup>†</sup>**

Provider ID: N/A

488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-23

### **CARDIOVASCULAR DISEASE**

#### **ABELHAD, NADIA, MD**

Provider ID: N/A

488 E VALLEY PKWY STE  
107

ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **CARLSON, STEVEN, MD<sup>†</sup>**

Provider ID: N/A

488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-MAY-21

#### **DO, HULBERT, MD**

Provider ID: N/A

488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-23

#### **MALEK, MIKHAIL, MD**

Provider ID: N/A

2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

#### **MOUSSAVIAN, MEHRAN, DO<sup>†</sup>**

Provider ID: N/A

488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-21

#### **NARAYANAN, MEENA, MD<sup>†</sup>**

Provider ID: N/A

488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-21

#### **PARIKH, MILIND, DO<sup>†</sup>**

Provider ID: N/A

488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-21

## C1. List of Network Providers

### Specialty Care Physician

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#### **SARSAM, LUAY, MD**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

#### **SARSAM, LUAY, MD**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

#### **SERRY, ROD, MD**

Provider ID: N/A

📍 2130 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

#### **SHAH, KULIN, MD†**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-23

#### **SHAH, ABHISHEK, MD†**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-23

### ***CERTIFIED ACUPUNCTURIST***

#### **CHEN, SISI, LAC†**

Provider ID: N/A

📍 240 W MISSION AVE STE C  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21

#### **KIM, MIN JOO, LAC†**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-22

### ***CERTIFIED NURSE PRACTITIONER***

#### **BISHOP, LESLIE, NP†**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Teleservice  
Effective as of 01-MAR-21

#### **CARNEY, AMY, NP**

Provider ID: N/A

📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-MAR-23

#### **GARVIN, JOSEPH, NP†**

Provider ID: N/A

📍 2125 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-22

#### **KONYN, CATHERINE, NPF**

Provider ID: N/A

📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-APR-23

#### **MANCHESTER, KAREN, NP**

Provider ID: N/A

📍 2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-FEB-24

#### **MEYERS, JUDITH, NP†**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
STE 300  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

#### **MILLER, JEAN, NP**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **NEGRON, CAROLINE, NP**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

#### **RICE, ELIZABETH, NP**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-24

#### **SPAULDING, ENJOLI, NP†**

Provider ID: N/A

📍 631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **TRAN, DAPHNE, NP**

Provider ID: N/A

📍 2125 CITRACADO PKWY  
ESCONDIDO, CA 92029  
Effective as of 01-FEB-23

## C1. List of Network Providers

### Specialty Care Physician

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#### ***CERTIFIED REGISTERED NURSE ANESTHETIST***

##### **BARBA, ARNEL, CRNA**

Provider ID: N/A

488 E VALLEY PKWY STE  
110  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

##### **BROWN, SHENISE, CRNA**

Provider ID: N/A

488 E VALLEY PKWY STE  
110  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

##### **FIEDLER, DEREK, CRNA**

Provider ID: N/A

488 E VALLEY PKWY STE  
110  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

##### **HASE, KATHLEEN, CRNA**

Provider ID: N/A

488 E VALLEY PKWY STE  
110  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

##### **ORTEGA, JOSEPH, CRNA**

Provider ID: N/A

488 E VALLEY PKWY STE  
110  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

##### **SEILNACHT-BERNARD, KAREN, CRNA†**

Provider ID: N/A

488 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### ***CERTIFIED REGISTERED NURSE MIDWIFE***

##### **ALLEN, ANNE, CRNM†**

Provider ID: N/A

488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

##### **HAMMOND, HEATHER, CRNM**

Provider ID: N/A

488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

##### **ONEILL, THERESE, CRNM†**

Provider ID: N/A

488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

##### **ONEILL, THERESE, CRNM†**

Provider ID: N/A

488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

#### ***CHIROPRACTOR***

##### **BARTZ, PAUL, DC†**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

##### **FONSECA, ROSANNA, DC**

Provider ID: N/A

2065 S ESCONDIDO BLVD  
STE 105  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-21

##### **KEYS, ANNA, DC**

Provider ID: N/A

240 W MISSION AVE STE C  
ESCONDIDO, CA 92025  
Effective as of 01-JUN-21

##### **ZECHA, RONALD, DC**

Provider ID: N/A

488 E VALLEY PKWY STE  
411  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-22

##### **ZECHA, RONALD, DC**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

##### **ZECHA, RONALD, DC**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-22

#### ***DERMATOLOGY***

##### **ARMSTRONG, PATRICK, MD**

Provider ID: N/A

2125 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-24

##### **STEIN, ALEXANDER, MD**

Provider ID: N/A

1101 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-23

##### **VENKAT, ARUN, MD†**

Provider ID: N/A

488 E VALLEY PKWY  
ESCONDIDO, CA 92025



## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-OCT-13

#### ***EMERGENCY MEDICINE***

##### **HARE, MARC, MD**

Provider ID: N/A

1045 E PENNSYLVANIA  
AVE  
ESCONDIDO, CA 92025

Effective as of 01-APR-23

#### ***ENDOCRINOLOGY***

#### ***METABOLISM DIABETES***

##### **BAILEY, TIMOTHY, MD**

Provider ID: N/A

625 CITRACADO PKWY STE  
108  
ESCONDIDO, CA 92025

Effective as of 01-OCT-23

##### **FARJOUDI, FARHAD, MD**

Provider ID: N/A

2125 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029

Effective as of 01-FEB-24

#### ***FAMILY PRACTICE***

##### **COBIAN, VANESSA, MD**

Provider ID: N/A

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Effective as of 01-FEB-24

##### **SHAFT, ALEXANDER, MD†**

Provider ID: N/A

488 E VALLEY PKWY STE  
313  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-FEB-23

##### **SHAFT, ALEXANDER, MD†**

Provider ID: N/A

488 E VALLEY PKWY STE  
313  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-MAR-22

#### ***GASTROENTEROLOGY***

##### **CHELIMILLA, HARITHA, MD**

Provider ID: N/A

488 E VALLEY PKWY STE  
110  
ESCONDIDO, CA 92025

Effective as of 01-OCT-20

##### **CHELIMILLA, HARITHA, MD**

Provider ID: N/A

735 E OHIO AVE STE 204  
ESCONDIDO, CA 92025

Effective as of 01-AUG-20

##### **CHELIMILLA, HARITHA, MD**

Provider ID: N/A

735 E OHIO AVE STE 204  
ESCONDIDO, CA 92025

Effective as of 01-SEP-22

##### **GARA, NAVEEN, MD†**

Provider ID: N/A

935 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025

Effective as of 01-SEP-22

##### **GARA, NAVEEN, MD†**

Provider ID: N/A

661 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

##### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

488 E VALLEY PKWY  
ESCONDIDO, CA 92025

Effective as of 01-JUL-21

##### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

488 E VALLEY PKWY STE  
313  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-MAR-22

##### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

488 E VALLEY PKWY STE  
313  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-MAY-22

#### ***HEARING AID DEALER / SUPPLIER***

##### **ANDERSON, ELAINE, MA†**

Provider ID: N/A

330 W FELICITA AVE STE  
A4  
ESCONDIDO, CA 92025

Effective as of 01-SEP-22

#### ***INTERNAL MEDICINE***

##### **CHEN, ANDREW, MD**

Provider ID: N/A

2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029

Effective as of 01-MAR-23

##### **LIU, ANDREW, MD**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025

Effective as of 01-SEP-23

##### **LY, SOPHEAP, MD**

Provider ID: N/A

728 E VALLEY PKWY

## CI. List of Network Providers

### Specialty Care Physician

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ESCONDIDO, CA 92025  
Effective as of 01-NOV-23

#### **OLIVER, DEANNA, MD†**

Provider ID: N/A  
📍 488 E VALLEY PKWY STE  
313  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-22

#### **PEARCE, DANIEL, DO**

Provider ID: N/A  
📍 460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-23

### ***INTERVENTIONAL CARDIOLOGY***

#### **BAYAT, HAMED, MD**

Provider ID: N/A  
📍 2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

#### **GILBERT, CHRISTOPHER, MD**

Provider ID: N/A  
📍 2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

#### **GORWIT, JEFFREY, MD**

Provider ID: N/A  
📍 2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029\*  
Effective as of 01-MAR-23

#### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A  
📍 488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025

Effective as of 01-DEC-22

#### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A  
📍 488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-23

#### **SHAH, KULIN, MD†**

Provider ID: N/A  
📍 488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

#### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A  
📍 488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

#### **VANICHSARN, CHRISTOPHER, MD**

Provider ID: N/A  
📍 2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-24

### ***LICENSED CLINICAL SOCIAL WORKER***

#### **BECERRA, GABRIEL, LCSW**

Provider ID: N/A  
📍 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-23

#### **CHRISTENSEN, PATTI, LCSW**

Provider ID: N/A  
📍 1002 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **GUZZO, RICHARD, LCSW**

Provider ID: N/A  
📍 1002 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **HARRIS, LAURA, LCSW**

Provider ID: N/A  
📍 1002 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **HARRIS, LAURA, LCSW**

Provider ID: N/A  
📍 1002 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

#### **MAGOS, DANIEL, LCSW**

Provider ID: N/A  
📍 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **MARTINEZ, NORAYMA, LCSW†**

Provider ID: N/A  
📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-22

#### **ROBLEDO, DAMIAN, LCSW**

Provider ID: N/A  
📍 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

#### **ROBLEDO, DAMIAN, LCSW**

Provider ID: N/A  
📍 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **THOMAS, PAULA, LCSW**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**THOMAS, PAULA, LCSW**  
Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

### **MARRIAGE FAMILY THERAPIST**

**CABRERA, JOANNE, MFT**  
Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-24

**HOLLEMAN, KEVIN, DO**  
Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

**PRATHER, ALLYSON, MFT**  
Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-24

**TIZNADO, MONICA, MFT**  
Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **NEPHROLOGY**

**AL-DAHHAN, ZAID, MD**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**AL-DAHHAN, ZAID, MD**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-23

**AL-DAHHAN, ZAID, MD**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

**AL-DAHHAN, ZAID, MD**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-23

**CHOUDRY, QASIM, MD**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-23

**CHOUDRY, QASIM, MD**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-23

**CHOUDRY, QASIM, MD**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-23

**CHOUDRY, QASIM, MD**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

**CHOUDRY, QASIM, MD**  
Provider ID: N/A

631 E GRAND AVE

ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

**CHOUDRY, QASIM, MD**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-23

**CHOUDRY, QASIM, MD**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-23

**GREENSTEIN, JOSHUA, MD†**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

**GREENSTEIN, JOSHUA, MD†**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

**GREENSTEIN, JOSHUA, MD†**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**HEBREO, JOSEPH, MD†**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-17

**HEBREO, JOSEPH, MD†**  
Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

## CI. List of Network Providers

### Specialty Care Physician

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#### **HEBREO, JOSEPH, MD<sup>†</sup>**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

#### **HEBREO, JOSEPH, MD<sup>†</sup>**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

#### **KHAWAR, OSMAN, MD<sup>†</sup>**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

#### **KHAWAR, OSMAN, MD<sup>†</sup>**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

#### **KHAWAR, OSMAN, MD<sup>†</sup>**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025

Effective as of 01-JUL-22

#### **NEYAZ, MOHAMMED, DO<sup>†</sup>**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-JUL-22

#### **NEYAZ, MOHAMMED, DO<sup>†</sup>**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-JAN-21

#### **NEYAZ, MOHAMMED, DO<sup>†</sup>**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-JAN-21

#### **SHAPIRO, MARK, MD<sup>†</sup>**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-JAN-21

#### **SHAPIRO, MARK, MD<sup>†</sup>**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-JUL-22

### **NEUROLOGY**

#### **DELANEY, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029

Effective as of 01-JAN-21

#### **DELANEY, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029

Effective as of 01-JAN-21

#### **DELANEY, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029

Effective as of 01-FEB-19

#### **DROKER, BRIAN, MD**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029

Teleservice

Effective as of 01-MAR-24

#### **FARNSWORTH, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029

Effective as of 01-NOV-21

#### **FARNSWORTH, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029

Effective as of 01-FEB-22

#### **FRISHBERG, BENJAMIN, MD<sup>†</sup>**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029

Effective as of 01-JAN-21

#### **FRISHBERG, BENJAMIN, MD<sup>†</sup>**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029

Effective as of 01-SEP-22

#### **OH, IRENE, MD<sup>†</sup>**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029

Effective as of 01-JAN-21

#### **OH, IRENE, MD<sup>†</sup>**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102

## CI. List of Network Providers

### Specialty Care Physician

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ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

#### **PADUGA, REMIA, MD†**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Effective as of 01-SEP-22

#### **QUESNELL, TARA, DO†**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Teleservice  
Effective as of 01-JAN-24

#### **SAVANI, AMAN, MD**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Effective as of 01-NOV-23

#### **SHAPIRO, MARK, MD†**

Provider ID: N/A

📍 631 E GRAND AVE  
ESCONDIDO, CA 92025\*  
Teleservice  
Effective as of 01-JAN-21

#### **WANG, ANCHI, MD†**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Teleservice  
Effective as of 01-JAN-21

#### **WANG, CHUNYANG, MD**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029

Effective as of 01-FEB-24

### **NEUROPHYSIOLOGY CLINICAL**

#### **QUESNELL, TARA, DO†**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Teleservice  
Effective as of 01-NOV-23

### **OBSTETRICS / GYNECOLOGY**

#### **BABKINA, NATALIA, MD**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
STE 302  
ESCONDIDO, CA 92029\*  
Effective as of 01-MAY-24

#### **BABKINA, NATALIA, MD**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
310  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

#### **BABKINA, NATALIA, MD**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
308  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **BULLOCH, EDGAR, MD**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

#### **BULLOCH, EDGAR, MD**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

#### **BULLOCH, EDGAR, MD**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **CIZMAR, BRANISLAV, MD**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

#### **CIZMAR, BRANISLAV, MD**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
311  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **CIZMAR, BRANISLAV, MD**

Provider ID: N/A

📍 2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-FEB-24

#### **HINSHAW, PAUL, DO†**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
STE 302  
ESCONDIDO, CA 92029  
Effective as of 01-SEP-22

#### **HINSHAW, PAUL, DO†**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
400  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **HUSKEY, DANA, MD**

Provider ID: N/A

488 E VALLEY PKWY STE  
310  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **OPHTHALMOLOGY**

#### **AVALLONE, THOMAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-APR-23

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-21

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-23

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-NOV-23

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-APR-22

#### **CHOPLIN, NEIL, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-SEP-15

#### **CHOPLIN, NEIL, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-JUL-21

#### **HUDSON, HENRY, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-21

#### **HUDSON, HENRY, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **HUDSON, HENRY, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **MCGRAW, JOSEPH, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

#### **MORRISON-REYES, JOSHUA, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-MAR-23

#### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **MORTON, ASA, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-NOV-21

## C1. List of Network Providers

### Specialty Care Physician

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#### **MORTON, ASA, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-AUG-23

#### **PATEL, GITANE, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **PATEL, SARJAN, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **PRABHU, SUJATA, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **PRABHU, SUJATA, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-21

#### **PRABHU, SUJATA, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

#### **PRABHU, SUJATA, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026  
Effective as of 01-DEC-23

#### **ROESKE, RICHMOND, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-MAR-24

#### **SHEILS, CATHERINE, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-JAN-24

#### **SHEILS, CATHERINE, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-JAN-24

#### **ZHAO, TAILUN, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-JAN-24

#### **ZHAO, TAILUN, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-JUL-23

#### **ZHAO, TAILUN, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-NOV-23

#### **OPTOMETRIST**

#### **AOTO, KIM, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-21

#### **AOTO, KIM, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

#### **AOTO, KIM, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

#### **AOTO, KIM, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **AOTO, KIM, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-SEP-22

#### **DYER, SHARON, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **JULAZADEH, SARA, OD**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-SEP-23

**KHALIL, VADY, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-NOV-22

**KHALIL, VADY, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-NOV-22

**KHIEU, TINA, OD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-NOV-23

**KHIEU, TINA, OD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-23

**SCOTT, JEFFREY, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-22

**TAUNTON, PHILIP, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-SEP-23

**TAUNTON, PHILIP, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-SEP-21

**TONNU, ANH, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-21

***PHYS MED/ REHAB PAIN  
MEDICINE***

**RICHARDSON, HENRY, MD†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

***PHYSICAL MEDICINE /  
REHABILITATION***

**TAHAEI, SEYED, MD†**

Provider ID: N/A

215 S HICKORY ST STE 116  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-22

***PHYSICIANS ASSISTANT***

**BALDWIN, DONNA, PA†**

Provider ID: N/A

1035 E GRAND AVE STE 101  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

**BEITTER, KEERSTIN, PA†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-22

**CHATFIELD, ALEXANDRA, PA†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Effective as of 01-FEB-21

**COLESON, PAMELA, PA**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

**DANESHVAR, ABRAHAM, PA**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-AUG-23

**GANGJI, SHAZMIN, PA**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**GANGJI, SHAZMIN, PA**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**HUANG, STEPHANIE, PA†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

**MEGALI, NICOLE, PA**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Teleservice



## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-APR-24

#### **MEHTA, NOOPUR, PA**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-MAR-23

#### **MONTES, VIVIAN, PA**

Provider ID: N/A

📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Effective as of 01-APR-23

#### **NG, EUNICE, PA**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
411  
ESCONDIDO, CA 92025

Effective as of 01-MAY-23

#### **NIAKAMAL, EVAN, PA†**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-JUL-22

#### **WICKWARE, TRACY, PA**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
411  
ESCONDIDO, CA 92025

Effective as of 01-FEB-24

#### **WICKWARE, TRACY, PA†**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-APR-24

#### **WICKWARE, TRACY, PA†**

Provider ID: N/A

📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Effective as of 01-APR-24

#### **WICKWARE, TRACY, PA†**

Provider ID: N/A

📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Effective as of 01-MAY-23

#### **WICKWARE, TRACY, PA**

Provider ID: N/A

📍 426 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-MAY-23

#### **WICKWARE, TRACY, PA†**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-MAY-23

#### **WILE, KIMBERLY, PA**

Provider ID: N/A

📍 625 CITRACADO PKWY STE  
108  
ESCONDIDO, CA 92025

Effective as of 01-NOV-23

#### **WRIGHT, DEREK, PA**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
ESCONDIDO, CA 92029

Effective as of 01-NOV-23

#### **WRIGHT, DEREK, PA**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
ESCONDIDO, CA 92029

Effective as of 01-AUG-23

### ***PODIATRIST***

#### **BANKS, JAMINELLI, DPM†**

Provider ID: N/A

📍 215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025

Effective as of 01-SEP-22

#### **CHU, ANDREW, DPM†**

Provider ID: N/A

📍 215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025

Effective as of 01-SEP-22

#### **FARMER, STEVEN, DPM†**

Provider ID: N/A

📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Effective as of 01-SEP-22

#### **FARMER, STEVEN, DPM†**

Provider ID: N/A

📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Effective as of 01-JUL-21

#### **HAN, KYOUNG, DPM**

Provider ID: N/A

📍 215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025

Effective as of 01-JAN-22

#### **LARKINS, PHILIP, DPM**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-MAR-23

#### **MEYER, JOAN, DPM**

Provider ID: N/A

📍 1147 E GRAND AVE  
ESCONDIDO, CA 92025

Effective as of 01-APR-24

#### **MORRIS, JASON, DPM**

Provider ID: N/A

📍 736 E GRAND AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-JAN-23


#### **MORRIS, JASON, DPM**

Provider ID: N/A

## C1. List of Network Providers


### Specialty Care Physician

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 736 E GRAND AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-SEP-22


#### **MORRIS, JASON, DPM**

Provider ID: N/A

 736 E GRAND AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-JUN-21


#### **NEGRON, RICARDO, DPM**

Provider ID: N/A

 1001 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21


#### **NEGRON, RICARDO, DPM**

Provider ID: N/A

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22


#### **NEGRON, RICARDO, DPM**

Provider ID: N/A

 1001 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21


#### **READ, TRENTON, DPM**

Provider ID: N/A

 215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

#### **REDKAR, AVANTI, DPM**

Provider ID: N/A

 736 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **REDKAR, AVANTI, DPM**


Provider ID: N/A

 736 E GRAND AVE

ESCONDIDO, CA 92025  
Effective as of 01-MAY-22


#### **SMITH, COLLIN, DPM†**

Provider ID: N/A

 215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-21


#### **SMITH, COLLIN, DPM†**

Provider ID: N/A

 215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22


#### **SMITH, COLLIN, DPM†**

Provider ID: N/A

 215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-21


#### **TOUMA, ELIE, DPM†**

Provider ID: N/A

 460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-23

#### **TOUMA, ELIE, DPM**


Provider ID: N/A

 1045 E PENNSYLVANIA  
AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-APR-23

### ***PSYCHIATRY***


#### **CASTILLO, TIFFANY, MD†**

Provider ID: N/A

 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-22


#### **CASTILLO, TIFFANY, MD†**

Provider ID: N/A

 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-22


#### **CHAND, RAVINDRA, MD†**

Provider ID: N/A

 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029  
Effective as of 01-JUL-21


#### **CHAND, RAVINDRA, MD†**

Provider ID: N/A

 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029  
Effective as of 01-JUL-21


#### **EDE, KEKOA, MD**

Provider ID: N/A

 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24


#### **EDE, KEKOA, MD**

Provider ID: N/A

 460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24


#### **EDE, KEKOA, MD**

Provider ID: N/A

 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20


#### **EDE, KEKOA, MD**

Provider ID: N/A

 460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

#### **EDE, KEKOA, MD**

Provider ID: N/A

 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

## C1. List of Network Providers

### Specialty Care Physician

---

**EDE, KEKOA, MD**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**EDE, KEKOA, MD**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

**EDE, KEKOA, MD**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

**FANOUS, ASHRAF, MD**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-23

**FANOUS, ASHRAF, MD**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-23

**FU, KATHERINE, MD**

Provider ID: N/A

704 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**FU, KATHERINE, MD**

Provider ID: N/A

704 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**HOLLEMAN, KEVIN, DO**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

**HOLLEMAN, KEVIN, DO**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

**KOH, STEVE, MD<sup>†</sup>**

Provider ID: N/A

704 E GRAND AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-SEP-22

**KOH, STEVE, MD<sup>†</sup>**

Provider ID: N/A

255 N ASH ST STE 101  
ESCONDIDO, CA 92027  
Teleservice  
Effective as of 01-JAN-22

**KOH, STEVE, MD<sup>†</sup>**

Provider ID: N/A

255 N ASH ST STE 101  
ESCONDIDO, CA 92027  
Teleservice  
Effective as of 01-JAN-22

**KOH, STEVE, MD<sup>†</sup>**

Provider ID: N/A

704 E GRAND AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-SEP-22

**PARASHAR, ANUSHREE, MD**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

**PARASHAR, ANUSHREE, MD**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

**PARASHAR, ANUSHREE, MD**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

**PARASHAR, ANUSHREE, MD**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

**RODARTE, GABRIEL, MD<sup>†</sup>**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**RODARTE, GABRIEL, MD<sup>†</sup>**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**RODARTE, GABRIEL, MD<sup>†</sup>**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**RODARTE, GABRIEL, MD<sup>†</sup>**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**RODARTE, GABRIEL, MD<sup>†</sup>**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025

## CI. List of Network Providers

### Specialty Care Physician

---

Effective as of 01-JAN-24

#### **RODARTE, GABRIEL, MD†**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-JUL-22

#### ***PSYCHOLOGIST***

#### **CALOCA, LAURA, PSYD**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
411  
ESCONDIDO, CA 92025

Effective as of 01-JAN-24

#### **CALOCA, LAURA, PSYD**

Provider ID: N/A

📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Effective as of 01-AUG-20

#### **CALOCA, LAURA, PSYD**

Provider ID: N/A

📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Effective as of 01-AUG-20

#### **CALOCA, LAURA, PSYD**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
411  
ESCONDIDO, CA 92025

Effective as of 01-JAN-24

#### **CARLTON PENN, CORNELIA, PhD**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-NOV-22

#### **CARLTON PENN, CORNELIA, PhD**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-JAN-24

#### **CARLTON PENN, CORNELIA, PhD**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-JAN-24

#### **CARLTON PENN, CORNELIA, PhD**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-NOV-22

#### **CHAO, BRIAN, PhD**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-AUG-20

#### **CHAO, BRIAN, PhD**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-AUG-20

#### **ESTRADA PATINO, ANGELA, PSYD**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-JAN-24

#### **ESTRADA PATINO, ANGELA, PSYD**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-JAN-24

#### **GREENE, ERIC, PSYD**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-JAN-24

#### **GREENE, ERIC, PSYD**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-JAN-24

#### **GUARDADO-SOTO, RAQUEL, PhD**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-FEB-24

#### **GUARDADO-SOTO, RAQUEL, PhD**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-FEB-24

#### **MEJIAS, JUAN, PhD**

Provider ID: N/A

📍 426 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-FEB-24

#### **MEJIAS, JUAN, PhD**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-AUG-20

#### **MEJIAS, JUAN, PhD**

Provider ID: N/A

📍 426 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-FEB-24

#### **MEJIAS, JUAN, PhD**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

#### **SUOZZO, JOSEPH, PhD<sup>†</sup>**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **SUOZZO, JOSEPH, PhD<sup>†</sup>**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-23

#### **VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-23

#### **VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **WOODWORTH, JENNIFER, PSYD**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### **WOODWORTH, JENNIFER, PSYD**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### ***PULMONARY DISEASES***

#### **BENDER, FRANK, MD**

Provider ID: N/A

2125 CITRACADO PKWY  
STE 230  
ESCONDIDO, CA 92029  
Effective as of 01-FEB-24

#### **POPPER, STEVEN, MD**

Provider ID: N/A

2125 CITRACADO PKWY  
STE 230  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-24

#### **QUAN, MICHELE, MD<sup>†</sup>**

Provider ID: N/A

2125 CITRACADO PKWY  
STE 230  
ESCONDIDO, CA 92029  
Effective as of 01-SEP-22

### ***RADIATION ONCOLOGY***

#### **COLEMAN, LORI, MD<sup>†</sup>**

Provider ID: N/A

2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

#### **FULLER, DONALD, MD<sup>†</sup>**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **FULLER, DONALD, MD<sup>†</sup>**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **FULLER, DONALD, MD<sup>†</sup>**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

#### **FULLER, DONALD, MD<sup>†</sup>**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

#### **IJAZ, TAHIR, MD<sup>†</sup>**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

#### **IJAZ, TAHIR, MD<sup>†</sup>**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **IJAZ, TAHIR, MD<sup>†</sup>**

Provider ID: N/A

701 E GRAND AVE STE 200

## C1. List of Network Providers

### Specialty Care Physician

---

ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

#### **JABBARI, SIAVASH, MD†**

Provider ID: N/A

2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029  
Effective as of 01-OCT-22

#### **SHIRAZI, REZA, MD†**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

#### **SHIRAZI, REZA, MD†**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **SHIRAZI, REZA, MD†**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

#### **SHIRAZI, REZA, MD†**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

#### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-JUL-21

#### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-MAY-21

#### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-SEP-22

#### **VOLPP, PAUL, MD†**

Provider ID: N/A

2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

#### **WEINSTEIN, GEOFFREY, MD†**

Provider ID: N/A

2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

### ***RADIOLOGY DIAGNOSTIC***

#### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-SEP-22

### ***REGISTERED PHYSICAL THERAPIST***

#### **BOUTELLE, BARBARA, PT**

Provider ID: N/A

1815 E VALLEY PKWY STE 5  
ESCONDIDO, CA 92027  
Effective as of 01-FEB-24

#### **BOUTELLE, DAVID, PT**

Provider ID: N/A

1815 E VALLEY PKWY STE 5  
ESCONDIDO, CA 92027  
Effective as of 01-FEB-24

#### **FARRAR, COURTNEY, PT**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029  
Teleservice  
Effective as of 01-JUL-23

#### **FARRAR, COURTNEY, PT†**

Provider ID: N/A

1340 W VALLEY PKWY STE  
201  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

#### **MCGEE, JACQUELINE, PT**

Provider ID: N/A

1815 E VALLEY PKWY STE 5  
ESCONDIDO, CA 92027  
Effective as of 01-JAN-21

### ***SPEECH PATHOLOGIST***

#### **CALDERON MORALES,**

#### **ASTRID, SP**

Provider ID: N/A

500 LA TERRAZA BLVD STE  
150  
ESCONDIDO, CA 92025  
Effective as of 01-APR-24

#### **KOUKEYAN, KARIN, SP**

Provider ID: N/A

500 LA TERRAZA BLVD STE  
150  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-23

### ***SURGERY GENERAL***

#### **CASILLAS BERUMEN, SERGIO,**

## CI. List of Network Providers

### Specialty Care Physician

---

#### MD

Provider ID: N/A

1045 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

#### GROVE, JAY, MD†

Provider ID: N/A

2185 CITRACADO PKWY  
ESCONDIDO, CA 92029  
Teleservice  
Effective as of 01-JAN-21

#### MOLDOVAN, STEFAN, MD†

Provider ID: N/A

1045 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-MAR-24

#### MOLDOVAN, STEFAN, MD†

Provider ID: N/A

1045 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-MAR-24

#### **SURGERY GENERAL** **VASCULAR**

#### BULKIN, ANATOLY, MD†

Provider ID: N/A

625 CITRACADO PKWY STE 203  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

#### CHANG, ALEXANDER, MD†

Provider ID: N/A

625 CITRACADO PKWY STE 203

ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

#### MORENO MARTINEZ, ENRIQUE, MD†

Provider ID: N/A

1045 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-MAR-24

#### NEMCEFF, DENNIS, MD†

Provider ID: N/A

625 CITRACADO PKWY STE 203  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

#### SALLOUM, ALEXANDER, MD†

Provider ID: N/A

1045 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-MAR-24

#### SALLOUM, ALEXANDER, MD†

Provider ID: N/A

1045 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-MAR-24

#### **SURGERY** **NEUROLOGICAL**

#### STERN, MARK, MD†

Provider ID: N/A

705 E OHIO AVE  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-23

#### STERN, MARK, MD†

Provider ID: N/A

705 E OHIO AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

#### **SURGERY ORTHOPEDIC**

#### BARBA, DANIEL, MD

Provider ID: N/A

2130 CITRACADO PKWY STE 200  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

#### KNUTSON, THOMAS, MD

Provider ID: N/A

2130 CITRACADO PKWY STE 200  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

#### PALANCA, ARIEL, MD

Provider ID: N/A

2130 CITRACADO PKWY STE 200  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-24

#### RAISZADEH, RAMIN, MD†

Provider ID: N/A

2125 CITRACADO PKWY STE 310  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-23

#### RAISZADEH, RAMIN, MD†

Provider ID: N/A

488 E VALLEY PKWY STE 316  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-23


#### SHARP, LORRA, MD

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician


---

 2130 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

#### ***SURGERY THORACIC***

##### **LIN, YUAN, MD**


Provider ID: N/A

 2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

#### ***UROLOGY***


##### **ANTHONY, JULIAN, MD**

Provider ID: N/A

 1955 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-24

##### **ANTHONY, JULIAN, MD**


Provider ID: N/A

 2130 CITRACADO PKWY  
STE 210  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-24

#### ***CARDIOVASCULAR DISEASE***


##### **SANGODKAR, SANDEEP, DO<sup>†</sup>**

Provider ID: N/A

 591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Effective as of 01-MAR-20

##### **SANGODKAR, SANDEEP, DO<sup>†</sup>**

Provider ID: N/A


 591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Effective as of 01-MAR-20

#### ***CERTIFIED***

#### ***ACUPUNCTURIST***


##### **LAROWE, ALEXISS, LAC<sup>†</sup>**

Provider ID: N/A

 1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-21


##### **LAROWE, ALEXISS, LAC<sup>†</sup>**

Provider ID: N/A

 1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-21


##### **LAROWE, ALEXISS, LAC<sup>†</sup>**

Provider ID: N/A

 1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-21


##### **WACHNER, KRISTELYN, LAC<sup>†</sup>**

Provider ID: N/A

 1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-OCT-22

##### **WACHNER, KRISTELYN, LAC<sup>†</sup>**


Provider ID: N/A

 1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-OCT-22

#### ***CERTIFIED NURSE PRACTITIONER***


##### **HAMED, JACQUELYN, NP**

Provider ID: N/A

 1328 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-NOV-23


##### **KELLEHER, BRIDGET, NP**

Provider ID: N/A

 321 E ALVARADO ST  
FALLBROOK, CA 92028  
Effective as of 01-APR-24

##### **STARICKA, MELISSA, NPF**


Provider ID: N/A

 1328 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-FEB-23

#### ***CHIROPRACTOR***


##### **BARTZ, PAUL, DC<sup>†</sup>**

Provider ID: N/A

 1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-22


##### **FARSHLER, ANTHONY, DC<sup>†</sup>**

Provider ID: N/A

 1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-22

##### **SHERIDAN, SHANE, DC**


Provider ID: N/A

 1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-FEB-24

#### ***DERMATOLOGY***


##### **GILBOA, RUTH, MD<sup>†</sup>**

Provider ID: N/A

 1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-JUN-21

##### **ROSS, ANDREW, MD<sup>†</sup>**

Provider ID: N/A

 1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-AUG-20

##### **ROSS, ANDREW, MD<sup>†</sup>**



## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-SEP-22

#### **ROSS, ANDREW, MD†**

Provider ID: N/A

1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-JUL-22

#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-JUL-22

#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-SEP-22

#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-AUG-20

#### **SIRICHOTIRATANA, MELISSA, MD†**

Provider ID: N/A

1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-JAN-23

#### **VENKAT, ARUN, MD†**

Provider ID: N/A

1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-JUN-21

#### **WONG, DARRYL, MD†**

Provider ID: N/A

1309 S MISSION RD STE A

FALLBROOK, CA 92028

Effective as of 01-JUN-21

### ***GASTROENTEROLOGY***

#### **HONG, JOHN, MD†**

Provider ID: N/A

521 E ELDER ST STE 104  
FALLBROOK, CA 92028  
Effective as of 01-JAN-21

### ***INTERNAL MEDICINE***

#### **COX, JEREMY, DO**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Effective as of 01-NOV-23

#### **MOOLANI, UJJALA, MD**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Effective as of 01-MAY-23

### ***INTERVENTIONAL CARDIOLOGY***

#### **BISWAS, MIMI, MD**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Teleservice  
Effective as of 01-NOV-23

#### **MESSENGER, BRADLEY, MD†**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Effective as of 01-JAN-19

#### **PAREKH, NIRAJ, MD†**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028

Effective as of 01-JAN-19

#### **SANGODKAR, SANDEEP, DO†**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Effective as of 01-JAN-19

### ***NEPHROLOGY***

#### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Effective as of 01-MAY-23

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Teleservice  
Effective as of 01-FEB-24

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Teleservice  
Effective as of 01-OCT-23

### ***NEUROLOGY***

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

577 E ELDER ST STE E  
FALLBROOK, CA 92028  
Effective as of 01-SEP-17

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

577 E ELDER ST STE E  
FALLBROOK, CA 92028  
Effective as of 01-OCT-15

#### **UDDIN, MOHAMMAD, MD†**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

577 E ELDER ST STE E  
FALLBROOK, CA 92028  
Effective as of 01-OCT-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

577 E ELDER ST STE E  
FALLBROOK, CA 92028  
Effective as of 01-OCT-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

577 E ELDER ST STE E  
FALLBROOK, CA 92028  
Effective as of 01-JUL-19

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

577 E ELDER ST STE E  
FALLBROOK, CA 92028  
Effective as of 01-APR-22

### ***OBSTETRICS / GYNECOLOGY***

#### **STIGEN, THERESA, MD†**

Provider ID: N/A

577 E ELDER ST STE K  
FALLBROOK, CA 92028  
Effective as of 01-SEP-17

### ***OPHTHALMOLOGY***

#### **DONALDSON, JARED, MD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-JAN-23

#### **DONALDSON, JARED, MD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-DEC-22

#### **DONALDSON, JARED, MD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-SEP-22

#### **JOHNSON, ROGER, MD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-JAN-22

#### **JOHNSON, ROGER, MD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-FEB-22

#### **ZHOU, SIWEI, MD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-JUL-23

### ***OPTOMETRIST***

#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028\*  
Effective as of 01-JUL-23

#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-DEC-23

#### **BULLUM, ANTHONY, OD†**

Provider ID: N/A

1328 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-22

#### **COLEMAN, BROOKE, OD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-FEB-22

#### **COOPER, MICHAEL, OD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-FEB-22

#### **COOPER, MICHAEL, OD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-SEP-22

### ***PEDIATRICS***

#### **ROBINSON, DAISY, MD**

Provider ID: N/A

321 E ALVARADO ST  
FALLBROOK, CA 92028  
Effective as of 01-MAR-23

#### **RONAN, KEVIN, MD**

Provider ID: N/A

321 E ALVARADO ST  
FALLBROOK, CA 92028  
Effective as of 01-MAY-23

### ***PHYSICIANS ASSISTANT***

#### **SERING, MALIA, PA†**

Provider ID: N/A

1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-SEP-22

### ***PODIATRIST***

#### **FARMER, STEVEN, DPM†**

Provider ID: N/A

1309 S MISSION RD

## C1. List of Network Providers

### Specialty Care Physician

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FALLBROOK, CA 92028  
Effective as of 01-JUL-21

#### **FARMER, STEVEN, DPM†**

Provider ID: N/A

📍 1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-22

#### **NEGRON, RICARDO, DPM**

Provider ID: N/A

📍 1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-22

#### **NEGRON, RICARDO, DPM**

Provider ID: N/A

📍 1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-21

#### **NEGRON, RICARDO, DPM**

Provider ID: N/A

📍 1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-21

### ***ALLERGY IMMUNOLOGY***

#### **PANGANIBAN, CHRISTINE, MD†**

Provider ID: N/A

📍 26672 PORTOLA PKWY STE  
110  
FOOTHILL RANCH, CA  
92610

Effective as of 01-NOV-22

#### **PANGANIBAN, CHRISTINE, MD†**

Provider ID: N/A

📍 26672 PORTOLA PKWY STE  
110  
FOOTHILL RANCH, CA  
92610

Effective as of 01-NOV-22

#### **YOSHII, DENIS, DO†**

Provider ID: N/A

📍 26750 TOWNE CENTRE DR  
STE D  
FOOTHILL RANCH, CA  
92610

Effective as of 01-APR-23

#### **YOSHII, DENIS, DO†**

Provider ID: N/A

📍 26750 TOWNE CENTRE DR  
STE D  
FOOTHILL RANCH, CA  
92610

Effective as of 01-JAN-18

#### **YOSHII, DENIS, DO†**

Provider ID: N/A

📍 26750 TOWNE CENTRE DR  
STE D  
FOOTHILL RANCH, CA  
92610

Effective as of 01-APR-23

### ***CERTIFIED NURSE PRACTITIONER***

#### **KHAN, AHAD, NP**

Provider ID: N/A

📍 26672 PORTOLA PKWY  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAY-23

#### **LIU, GRACE, NP**

Provider ID: N/A

📍 26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAY-23

#### **LIU, GRACE, NP**

Provider ID: N/A

📍 26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAY-23

#### **SORIA, JULIE, NP**

Provider ID: N/A

📍 26672 PORTOLA PKWY  
FOOTHILL RANCH, CA  
92610\*

Effective as of 01-APR-22

### ***CHIROPRACTOR***

#### **TUREK, PAUL, DC**

Provider ID: N/A

📍 27462 PORTOLA PKWY STE  
201  
FOOTHILL RANCH, CA  
92610

Effective as of 01-JUL-21

### ***DERMATOLOGY***

#### **AHADIAT, OMEED, MD**

Provider ID: N/A

📍 26700 TOWNE CENTRE DR  
STE 170  
FOOTHILL RANCH, CA  
92610

Effective as of 01-DEC-23

### ***ENDOCRINOLOGY***

### ***METABOLISM DIABETES***

#### **AHL, SCOTT, DO†**

Provider ID: N/A

📍 26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-22

**CI. List of Network Providers**  
**Specialty Care Physician**

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**GASTROENTEROLOGY**

**ASHBY, KEVIN, MD**

Provider ID: N/A

26700 TOWNE CENTRE DR  
 STE 100  
 Foothill Ranch, CA  
 92610

Effective as of 01-MAR-20

**ASHRAF, HEBA, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 104  
 Foothill Ranch, CA  
 92610

Effective as of 01-SEP-22

**ASHRAF, HEBA, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 104  
 Foothill Ranch, CA  
 92610

Effective as of 01-SEP-22

**ASHRAF, HEBA, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 104  
 Foothill Ranch, CA  
 92610

Effective as of 01-SEP-22

**ASHRAF, HEBA, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 104  
 Foothill Ranch, CA  
 92610

Effective as of 01-SEP-22

**ASHRAF, HEBA, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE

104  
 FOOTHILL RANCH, CA  
 92610

Effective as of 01-NOV-22

**ASHRAF, HEBA, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 104  
 FOOTHILL RANCH, CA  
 92610

Effective as of 01-NOV-22

**ASHRAF, HEBA, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 104  
 FOOTHILL RANCH, CA  
 92610

Effective as of 01-OCT-23

**ASHRAF, HEBA, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 104  
 FOOTHILL RANCH, CA  
 92610

Effective as of 01-JAN-23

**BEMANIAN, SHAHROOZ, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 104  
 FOOTHILL RANCH, CA  
 92610

Effective as of 01-JAN-23

**BEMANIAN, SHAHROOZ, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 104  
 FOOTHILL RANCH, CA  
 92610

Effective as of 01-OCT-23

**LEE, PAUL, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 104  
 FOOTHILL RANCH, CA  
 92610

Effective as of 01-OCT-23

**OMAN, MATTHEW, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 104  
 FOOTHILL RANCH, CA  
 92610

Effective as of 01-OCT-23

**YU, VICTOR, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 104  
 FOOTHILL RANCH, CA  
 92610

Effective as of 01-OCT-23

**YU, VICTOR, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 104  
 FOOTHILL RANCH, CA  
 92610

Effective as of 01-JAN-23

**OBSTETRICS /  
 GYNECOLOGY**

**DAVIS, STEPHANIE, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
 108  
 FOOTHILL RANCH, CA  
 92610

Effective as of 01-FEB-23

**DEJBAKSH, SHEILA, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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26672 PORTOLA PKWY STE  
180  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-22

#### **MILLER, JAMIE, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
108  
FOOTHILL RANCH, CA  
92610

Effective as of 01-NOV-23

#### **PETERS, AMY, DO†**

Provider ID: N/A

26672 PORTOLA PKWY STE  
180  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-22

#### **PETERS, AMY, DO**

Provider ID: N/A

26672 PORTOLA PKWY STE  
108  
FOOTHILL RANCH, CA  
92610

Effective as of 01-NOV-23

#### **PRICE, KERRY, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
180  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-22

### ***PHYSICIANS ASSISTANT***

#### **DUGGAN, VERONICA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
100  
FOOTHILL RANCH, CA

92610

Effective as of 01-JAN-23

#### **DUGGAN, VERONICA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
100  
FOOTHILL RANCH, CA  
92610

Effective as of 01-JAN-23

#### **VU, BAO-KHOI, PA†**

Provider ID: N/A

26781 PORTOLA PKWY STE  
4E  
FOOTHILL RANCH, CA  
92610

Effective as of 01-SEP-20

#### **WU, VANNA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAR-24

#### **WU, VANNA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAR-24

#### **WU, VANNA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAR-24

#### **WU, VANNA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAR-24

#### **WU, VANNA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAR-24

### ***PULMONARY DISEASES***

#### **FRANKLIN RUTLAND, CEDRIC, MD†**

Provider ID: N/A

26672 PORTOLA PKWY  
FOOTHILL RANCH, CA  
92610

Effective as of 01-JAN-21

### ***RHEUMATOLOGY***

#### **MAHMOOD, FARAH, MD†**

Provider ID: N/A

26700 TOWNE CENTRE DR  
STE 165  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-19

### ***SURGERY GENERAL***

#### **SALEM, YASSER, MD†**

Provider ID: N/A

26781 PORTOLA PKWY STE  
4E  
FOOTHILL RANCH, CA  
92610

Effective as of 01-AUG-20

#### **SALEM, YASSER, MD†**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

26781 PORTOLA PKWY STE 4E  
FOOTHILL RANCH, CA 92610

Effective as of 01-AUG-13

#### **SALEM, YASSER, MD†**

Provider ID: N/A

26781 PORTOLA PKWY STE 4E  
FOOTHILL RANCH, CA 92610

Effective as of 01-AUG-17

#### ***SURGERY PLASTIC***

#### **DANESHMAND, HOOTAN, MD**

Provider ID: N/A

27462 PORTOLA PKWY STE 100  
FOOTHILL RANCH, CA 92610

Effective as of 01-OCT-22

#### **DANESHMAND, HOOTAN, MD**

Provider ID: N/A

27462 PORTOLA PKWY STE 100  
FOOTHILL RANCH, CA 92610

Effective as of 01-JAN-18

#### **DANESHMAND, HOOTAN, MD**

Provider ID: N/A

27462 PORTOLA PKWY STE 100  
FOOTHILL RANCH, CA 92610

Effective as of 01-MAY-12

#### **DANESHMAND, HOOTAN, MD**

Provider ID: N/A

27462 PORTOLA PKWY STE 100

FOOTHILL RANCH, CA 92610

Effective as of 01-APR-11

#### ***ALLERGY IMMUNOLOGY***

#### **BROWN, HOSEA, MD†**

Provider ID: N/A

1000 E LATHAM AVE STE B  
HEMET, CA 92543

Effective as of 01-MAY-15

#### **BROWN, HOSEA, MD†**

Provider ID: N/A

1000 E LATHAM AVE STE B  
HEMET, CA 92543

Effective as of 01-FEB-22

#### **BROWN, HOSEA, MD†**

Provider ID: N/A

1000 E LATHAM AVE STE B  
HEMET, CA 92543

Effective as of 01-JUL-23

#### **SALEH, HANA, MD†**

Provider ID: N/A

391 N SAN JACINTO ST  
HEMET, CA 92543

Effective as of 01-SEP-15

#### ***ANESTHESIOLOGY***

#### **DORAISWAMY, ARUL, MD†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-MAY-15

#### **DORAISWAMY, ARUL, MD†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-MAY-15

#### **HYUN, SUZANNE, MD**

Provider ID: N/A

3989 W STETSON AVE STE 102  
HEMET, CA 92545

Effective as of 01-MAR-24

#### **JEDAMSKI, WALDTRAUT, MD**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-OCT-19

#### **PANG, GARY, MD†**

Provider ID: N/A

3989 W STETSON AVE STE 102  
HEMET, CA 92545

Effective as of 01-MAR-24

#### ***ANESTHESIOLOGY PAIN MANAGEMENT***

#### **CHEN, HAMILTON, MD†**

Provider ID: N/A

3989 W STETSON AVE STE 102  
HEMET, CA 92545

Effective as of 01-MAY-21

#### **DORAISWAMY, ARUL, MD†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-NOV-17

#### **DORAISWAMY, ARUL, MD†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-NOV-14

#### **GUIANG, RAINIER, MD†**

Provider ID: N/A

3989 W STETSON AVE STE 102

## C1. List of Network Providers

### Specialty Care Physician

---

HEMET, CA 92545  
Effective as of 01-MAR-24

#### **GUIANG, RAINIER, MD†**

Provider ID: N/A

📍 3989 W STETSON AVE STE 102

HEMET, CA 92545  
Effective as of 01-MAY-21

#### **KANU, ABDUL, MD**

Provider ID: N/A

📍 1011 E DEVONSHIRE AVE  
HEMET, CA 92543

Teleservice

Effective as of 01-JUN-21

#### **LEIER, TIM, MD**

Provider ID: N/A

📍 1011 E DEVONSHIRE AVE  
STE 203

HEMET, CA 92543  
Effective as of 01-SEP-19

#### **PANG, GARY, MD†**

Provider ID: N/A

📍 3989 W STETSON AVE STE 102

HEMET, CA 92545  
Effective as of 01-MAY-21

### ***CARDIOVASCULAR DISEASE***

#### **AGARWAL, ASHOK, MD**

Provider ID: N/A

📍 136 S SAN JACINTO ST  
HEMET, CA 92543

Effective as of 01-JUL-23

#### **AGGARWAL, SAURABH, MD†**

Provider ID: N/A

📍 949 CALHOUN PL STE D  
HEMET, CA 92543

Effective as of 01-AUG-22

#### **AGGARWAL, SAURABH, MD†**

Provider ID: N/A

📍 949 CALHOUN PL STE D  
HEMET, CA 92543

Effective as of 01-DEC-21

#### **AGGARWAL, SAURABH, MD†**

Provider ID: N/A

📍 949 CALHOUN PL STE D  
HEMET, CA 92543

Effective as of 01-AUG-22

#### **AMIN, JATIN, MD†**

Provider ID: N/A

📍 3853 W STETSON AVE STE 104

HEMET, CA 92545

Teleservice

Effective as of 01-MAY-21

#### **AMIN, JATIN, MD†**

Provider ID: N/A

📍 3853 W STETSON AVE STE 104

HEMET, CA 92545

Teleservice

Effective as of 01-SEP-18

#### **ATTIA, NADER, DO†**

Provider ID: N/A

📍 3853 W STETSON AVE STE 104

HEMET, CA 92545

Teleservice

Effective as of 01-MAY-21

#### **ATTIA, NADER, DO†**

Provider ID: N/A

📍 3853 W STETSON AVE STE 104

HEMET, CA 92545

Teleservice

Effective as of 01-SEP-18

#### **ATTIA, NADER, DO†**

Provider ID: N/A

📍 3853 W STETSON AVE STE 104

HEMET, CA 92545

Teleservice

Effective as of 01-JUL-22

#### **ATTIA, NADER, DO†**

Provider ID: N/A

📍 3853 W STETSON AVE STE 104

HEMET, CA 92545

Teleservice

Effective as of 01-MAR-20

#### **BISWAS, MIMI, MD†**

Provider ID: N/A

📍 3853 W STETSON AVE STE 104

HEMET, CA 92545

Teleservice

Effective as of 01-SEP-18

#### **COX, JEREMY, DO†**

Provider ID: N/A

📍 3853 W STETSON AVE STE 104

HEMET, CA 92545

Effective as of 01-SEP-18

#### **GRANT ANDERSON, BETTY, MD†**

Provider ID: N/A

📍 949 CALHOUN PL STE D  
HEMET, CA 92543

Effective as of 01-AUG-23

#### **PAREKH, NIRAJ, MD†**

Provider ID: N/A

📍 3853 W STETSON AVE STE 104

HEMET, CA 92545

Teleservice

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-MAY-21

#### **PAREKH, NIRAJ, MD†**

Provider ID: N/A

📍 3853 W STETSON AVE STE 104  
HEMET, CA 92545

Teleservice

Effective as of 01-MAR-20

#### **PAREKH, NIRAJ, MD†**

Provider ID: N/A

📍 3853 W STETSON AVE STE 104  
HEMET, CA 92545

Teleservice

Effective as of 01-MAR-20

#### **RASTOGI, ANISHA, MD†**

Provider ID: N/A

📍 1275 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-FEB-21

#### **RASTOGI, ANISHA, MD†**

Provider ID: N/A

📍 1275 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-AUG-20

#### **RASTOGI, ANIL, MD†**

Provider ID: N/A

📍 1275 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-MAY-15

#### **RASTOGI, ANIL, MD†**

Provider ID: N/A

📍 1275 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-SEP-00

#### **RASTOGI, ANIL, MD†**

Provider ID: N/A

📍 1275 E LATHAM AVE STE A

HEMET, CA 92543

Effective as of 01-SEP-09

#### **RIVA, GREGORY, MD†**

Provider ID: N/A

📍 1275 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-MAY-15

### ***CERTIFIED NURSE PRACTITIONER***

#### **ABAYA, HONEYLYNN, NP**

Provider ID: N/A

📍 3989 W STETSON AVE STE 202  
HEMET, CA 92545

Effective as of 01-OCT-23

#### **ADEDAYO, TOLULOPE, NP**

Provider ID: N/A

📍 1030 E FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-FEB-24

#### **ADEDAYO, TOLULOPE, NP†**

Provider ID: N/A

📍 422 N SAN JACINTO ST STE A  
HEMET, CA 92543

Effective as of 01-APR-21

#### **ADEGBITE, ADEKUNLE, NP†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-23

#### **ADEGBITE, ADEKUNLE, NP†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-23

#### **ADEGBITE, ADEKUNLE, NP†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-APR-23

#### **ADEGBITE, ADEKUNLE, NP†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-SEP-22

#### **ADEGBITE, ADEKUNLE, NP†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-SEP-22

#### **AGUILAR, MICHELLE, NP†**

Provider ID: N/A

📍 1000 E LATHAM AVE STE G  
HEMET, CA 92543

Effective as of 01-MAY-21

#### **AMJAD WARYAM, ASHEE AMJAD, NP†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-21

#### **AMJAD WARYAM, ASHEE AMJAD, NP†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-21

#### **AMJAD WARYAM, ASHEE AMJAD, NP†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

#### **AMJAD WARYAM, ASHEE**



## CI. List of Network Providers

### Specialty Care Physician

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#### **AMJAD, NP†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

#### **ANUFORO, CHINWE, NP**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAY-23

#### **ANUFORO, CHINWE, NP**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAY-23

#### **BAKER, SERENA, NP**

Provider ID: N/A

📍 3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-MAY-23

#### **BAKER, SERENA, NP**

Provider ID: N/A

📍 3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-JUL-23

#### **BAKER, SERENA, NP**

Provider ID: N/A

📍 3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-JUL-23

#### **BEDFORD, RONALD, NP†**

Provider ID: N/A

📍 850 E LATHAM AVE STE 201  
HEMET, CA 92543  
Effective as of 01-SEP-22

#### **BEDFORD, RONALD, NP†**

Provider ID: N/A

📍 850 E LATHAM AVE STE 201  
HEMET, CA 92543  
Effective as of 01-SEP-22

#### **BRAR, SUKHDEEP, NP**

Provider ID: N/A

📍 255 N GILBERT ST BLDG B4  
HEMET, CA 92543  
Effective as of 01-SEP-21

#### **BRASKET, ADAM, NP†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-NOV-21

#### **BRASKET, ADAM, NP†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

#### **BRASKET, ADAM, NP†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

#### **EDEM, MARY, NP†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAR-21

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

📍 850 E LATHAM AVE STE 201  
HEMET, CA 92543  
Effective as of 01-AUG-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

📍 850 E LATHAM AVE STE 201

HEMET, CA 92543  
Effective as of 01-AUG-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

📍 850 E LATHAM AVE STE 201  
HEMET, CA 92543  
Effective as of 01-AUG-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

📍 850 E LATHAM AVE STE 201  
HEMET, CA 92543  
Effective as of 01-AUG-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

📍 850 E LATHAM AVE STE 201  
HEMET, CA 92543  
Effective as of 01-DEC-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

📍 850 E LATHAM AVE STE 201  
HEMET, CA 92543  
Effective as of 01-MAY-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

📍 850 E LATHAM AVE STE 201  
HEMET, CA 92543  
Effective as of 01-OCT-22

#### **IGWE, CHINWENDU, NP†**

Provider ID: N/A

📍 3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-AUG-19

#### **IGWE, CHINWENDU, NP†**

Provider ID: N/A

📍 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-JAN-20

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

162 N SANTA FE ST  
 HEMET, CA 92543

Effective as of 01-DEC-22

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

162 N SANTA FE ST  
 HEMET, CA 92543

Effective as of 01-DEC-22

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

162 N SANTA FE ST  
 HEMET, CA 92543

Effective as of 01-JUL-23

**IHEMEDU, AMARACHI, NPF**

Provider ID: N/A

162 N SANTA FE ST  
 HEMET, CA 92543

Effective as of 01-APR-23

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

162 N SANTA FE ST  
 HEMET, CA 92543

Effective as of 01-APR-23

**IHEMEDU, AMARACHI, NPF**

Provider ID: N/A

162 N SANTA FE ST  
 HEMET, CA 92543

Effective as of 01-APR-23

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

162 N SANTA FE ST  
 HEMET, CA 92543

Effective as of 01-APR-23

**IHEMEDU, AMARACHI, NPF**

Provider ID: N/A

162 N SANTA FE ST  
 HEMET, CA 92543

Effective as of 01-APR-23

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

162 N SANTA FE ST  
 HEMET, CA 92543

Effective as of 01-APR-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545

Effective as of 01-JUL-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545

Effective as of 01-JUL-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545

Effective as of 01-JUL-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545

Effective as of 01-JUL-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545

Effective as of 01-SEP-22

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545

Effective as of 01-SEP-22

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545

Effective as of 01-SEP-22

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545

Effective as of 01-SEP-22

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545

Effective as of 01-MAY-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545

Effective as of 01-MAY-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545

Effective as of 01-JAN-23

**JONES, LAKESHA, NP†**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

**JONES, LAKESHA, NP†**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

**KUMAR, NINA, NP†**  
Provider ID: N/A

422 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-APR-21

**KUMAR, NINA, NP**  
Provider ID: N/A

1030 E FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-FEB-24

**LAWHORN, CHRISTA, NPF**  
Provider ID: N/A

1701 E FLORIDA AVE  
HEMET, CA 92544  
Effective as of 01-JAN-24

**LE, NGUYEN, NP**  
Provider ID: N/A

1030 E FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-FEB-24

**LEANO, ANYLOU, NP†**  
Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543  
Effective as of 01-JUL-17

**MELOT, KAREN, NP**  
Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-DEC-20

**MELOT, KAREN, NP**

Provider ID: N/A  
1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-DEC-20

**MELOT, KAREN, NP**

Provider ID: N/A  
1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-DEC-20

**MILLON, TINA, NPF**

Provider ID: N/A  
1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-SEP-23

**MILLON, TINA, NPF**

Provider ID: N/A  
1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-SEP-23

**MILLON, TINA, NPF**

Provider ID: N/A  
1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-SEP-23

**NGUYEN, ANDY, NP†**

Provider ID: N/A  
2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544  
Effective as of 01-JUL-21

**NGUYEN, ANDY, NP†**

Provider ID: N/A  
2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544  
Effective as of 01-JUL-21

**O'NEIL, NICOLE, NP†**

Provider ID: N/A  
1701 E FLORIDA AVE  
HEMET, CA 92544  
Effective as of 01-MAR-22

**ONUOHA, NOJA, NP†**

Provider ID: N/A  
162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-23

**ONUOHA, NOJA, NP†**

Provider ID: N/A  
162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAR-23

**ONUOHA, NOJA, NP†**

Provider ID: N/A  
162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAR-23

**ONUOHA, NOJA, NP†**

Provider ID: N/A  
162 N SANTA FE ST  
HEMET, CA 92543\*  
Effective as of 01-NOV-22

**ONUOHA, NOJA, NP†**

Provider ID: N/A  
162 N SANTA FE ST  
HEMET, CA 92543\*  
Effective as of 01-NOV-22

**PAULHUS, PATRICIA, NP†**

Provider ID: N/A  
3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-MAR-20

**PAULHUS, PATRICIA, NP†**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-MAR-20

**PAULHUS, PATRICIA, NP†**  
Provider ID: N/A

3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-MAR-20

**RATAJCZAK, CELESTE, NP**  
Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543  
Effective as of 01-FEB-24

**SALAS-AMIGON, BRENDA, NP†**  
Provider ID: N/A

391 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-AUG-18

**SANCHEZ, YAHAIRA, NP†**  
Provider ID: N/A

1003 E FLORIDA AVE STE 101  
HEMET, CA 92543  
Effective as of 01-MAR-22

**SANCHEZ, YAHAIRA, NP†**  
Provider ID: N/A

1003 E FLORIDA AVE STE 101  
HEMET, CA 92543  
Effective as of 01-DEC-22

**SANCHEZ, YAHAIRA, NP†**  
Provider ID: N/A

1003 E FLORIDA AVE STE 101  
HEMET, CA 92543  
Effective as of 01-OCT-22

**SANCHEZ, YAHAIRA, NP†**  
Provider ID: N/A

1003 E FLORIDA AVE STE 104  
HEMET, CA 92543  
Effective as of 01-OCT-22

**SHARTZER, ANNA, NP†**  
Provider ID: N/A

422 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-SEP-22

**SHEIKH, SARAH, NP**  
Provider ID: N/A

901 S STATE ST STE 600  
HEMET, CA 92543  
Effective as of 01-MAY-23

**SHEIKH, SARAH, NP**  
Provider ID: N/A

901 S STATE ST STE 600  
HEMET, CA 92543  
Effective as of 01-OCT-16

**SHIH, LU-HSUN, NP**  
Provider ID: N/A

225 LAURSEN ST  
HEMET, CA 92543  
Effective as of 01-APR-24

**SINGH, JOGENDRA, NP†**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-22

**SINGH, JOGENDRA, NP†**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-22

**SINGH, JOGENDRA, NP†**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-20

**SINGH, JOGENDRA, NP†**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-20

**VALDEVERONA, KATHY, NP†**  
Provider ID: N/A

4020 W FLORIDA AVE  
HEMET, CA 92545  
Effective as of 01-NOV-19

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-APR-23

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-APR-23

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JAN-23

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JAN-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **VIDAL, ALYSSA, NPF**

Provider ID: N/A

3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-SEP-23

#### **VIDAL, ALYSSA, NPF**

Provider ID: N/A

3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-SEP-23

#### **VIDAL, ALYSSA, NPF**

Provider ID: N/A

3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-SEP-23

#### **VIDAL, ALYSSA, NPF**

Provider ID: N/A

3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-SEP-23

#### **WILLIAM, PHEBEE, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAY-21

#### **WILLIAM, PHEBEE, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAY-21

#### **ZELEDON, JAIME, NP**

Provider ID: N/A

422 N SAN JACINTO ST STE B

HEMET, CA 92543  
Effective as of 01-MAY-18

#### **CHIROPRACTOR**

#### **BROWN, KEVIN, DC**

Provider ID: N/A

3012 W FLORIDA AVE  
HEMET, CA 92545  
Effective as of 01-AUG-23

#### **BROWN, KEVIN, DC**

Provider ID: N/A

3012 W FLORIDA AVE  
HEMET, CA 92545  
Effective as of 01-AUG-23

#### **BROWN, KEVIN, DC†**

Provider ID: N/A

2940 W FLORIDA AVE STE B  
HEMET, CA 92545  
Effective as of 01-MAR-22

#### **BROWN, KEVIN, DC†**

Provider ID: N/A

2940 W FLORIDA AVE STE B  
HEMET, CA 92545  
Effective as of 01-MAR-22

#### **HINES, TAYTE, DC**

Provider ID: N/A

903 E DEVONSHIRE AVE STE D  
HEMET, CA 92543  
Effective as of 01-JAN-24

#### **ROBINSON, DEAN, DC**

Provider ID: N/A

903 E DEVONSHIRE AVE STE D  
HEMET, CA 92543  
Effective as of 01-JUL-22

#### **WACHHOLZ, PAMELA, DC**

Provider ID: N/A

760 W ACACIA AVE STE 113  
HEMET, CA 92543  
Effective as of 01-JUL-23

#### **WACHHOLZ, PAMELA, DC**

Provider ID: N/A

760 W ACACIA AVE STE 113  
HEMET, CA 92543  
Effective as of 01-FEB-11

#### **WACHHOLZ, PAMELA, DC**

Provider ID: N/A

760 W ACACIA AVE STE 113  
HEMET, CA 92543  
Effective as of 01-SEP-09

#### **DERMATOLOGY**

#### **HARFORD, ROBERT, MD†**

Provider ID: N/A

750 E LATHAM AVE STE 3  
HEMET, CA 92543  
Effective as of 01-DEC-20

#### **MITCHELL, JESSE, MD**

Provider ID: N/A

3989 W STETSON AVE STE 201  
HEMET, CA 92545  
Effective as of 01-DEC-23

#### **MITCHELL, JESSE, MD**

Provider ID: N/A

3989 W STETSON AVE STE 201  
HEMET, CA 92545  
Effective as of 01-DEC-23

#### **MITCHELL, JESSE, MD**

Provider ID: N/A

3989 W STETSON AVE STE 201  
HEMET, CA 92545

**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-DEC-23

**MITCHELL, JESSE, MD**

Provider ID: N/A

3989 W STETSON AVE STE 201  
 HEMET, CA 92545

Effective as of 01-DEC-23

**MITCHELL, JESSE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 201  
 HEMET, CA 92545

Effective as of 01-JUL-21

**MITCHELL, JESSE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 201  
 HEMET, CA 92545

Effective as of 01-JUL-21

**MUDGE, BRADLEY, MD†**

Provider ID: N/A

850 E LATHAM AVE STE 201  
 HEMET, CA 92543

Teleservice

Effective as of 01-OCT-21

**OBEREMOK, STEVE, MD**

Provider ID: N/A

901 S STATE ST STE 100  
 HEMET, CA 92543

Effective as of 01-AUG-23

**OBEREMOK, STEVE, MD**

Provider ID: N/A

720 E LATHAM AVE STE 1  
 HEMET, CA 92543\*

Effective as of 01-JUL-23

**SAIED, NAGI, MD†**

Provider ID: N/A

850 E LATHAM AVE STE 201

HEMET, CA 92543

Teleservice

Effective as of 01-OCT-21

**SAIED, NAGI, MD†**

Provider ID: N/A

850 E LATHAM AVE STE 201  
 HEMET, CA 92543

Teleservice

Effective as of 01-NOV-21

**SEYFZADEH, MANOUCHEHR, MD†**

Provider ID: N/A

1280 E LATHAM AVE  
 HEMET, CA 92543

Effective as of 01-JUL-14

**EMERGENCY MEDICINE**

**MATHUR, ARVIND, MD†**

Provider ID: N/A

975 SAINT JOHN PL  
 HEMET, CA 92543

Effective as of 01-APR-23

**ENDOCRINOLOGY  
 METABOLISM DIABETES**

**HAIDER, UZMA, MD†**

Provider ID: N/A

1515 W FLORIDA AVE  
 HEMET, CA 92543

Effective as of 01-JUL-21

**HAIDER, UZMA, MD†**

Provider ID: N/A

1515 W FLORIDA AVE  
 HEMET, CA 92543

Effective as of 01-NOV-23

**HAIDER, SHANZAY, MD**

Provider ID: N/A

1515 W FLORIDA AVE

HEMET, CA 92543

Effective as of 01-MAR-24

**HAIDER, SHANZAY, MD**

Provider ID: N/A

1515 W FLORIDA AVE  
 HEMET, CA 92543

Effective as of 01-MAR-24

**HAIDER, SHANZAY, MD**

Provider ID: N/A

1515 W FLORIDA AVE  
 HEMET, CA 92543

Effective as of 01-MAR-24

**HAIDER, SHANZAY, MD**

Provider ID: N/A

1515 W FLORIDA AVE  
 HEMET, CA 92543

Effective as of 01-MAR-24

**HAIDER, UZMA, MD†**

Provider ID: N/A

1515 W FLORIDA AVE  
 HEMET, CA 92543

Effective as of 01-DEC-20

**HAIDER, UZMA, MD†**

Provider ID: N/A

1515 W FLORIDA AVE  
 HEMET, CA 92543

Effective as of 01-DEC-20

**HAIDER, UZMA, MD†**

Provider ID: N/A

1515 W FLORIDA AVE  
 HEMET, CA 92543

Effective as of 01-APR-24

**SEYED, KAZEM, MD†**

Provider ID: N/A

750 E LATHAM AVE STE 1  
 HEMET, CA 92543

Effective as of 01-AUG-20

**CI. List of Network Providers**  
**Specialty Care Physician**

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***FAMILY PRACTICE***

**CHAMBI-HERNANDEZ, RUTH,  
MD**

Provider ID: N/A

1035 SAINT JOHN PL  
HEMET, CA 92543

Effective as of 01-MAY-23

***GASTROENTEROLOGY***

**CHAKRABARTY,  
MILANKUMAR, MD†**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543

Effective as of 01-SEP-09

**CHAKRABARTY,  
MILANKUMAR, MD†**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543

Effective as of 01-JUL-23

**CHAKRABARTY,  
MILANKUMAR, MD†**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543

Effective as of 01-AUG-20

**CHAKRABARTY,  
MILANKUMAR, MD†**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543

Effective as of 01-MAY-15

**CHAKRABARTY,**

**MILANKUMAR, MD†**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543

Effective as of 01-MAY-15

**NAKKA, SREENIVASA, MD†**

Provider ID: N/A

949 CALHOUN PL STE A  
HEMET, CA 92543

Effective as of 01-JUL-23

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543

Effective as of 01-APR-22

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543

Effective as of 01-JUL-23

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543

Effective as of 01-MAY-22

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543

Effective as of 01-MAY-22

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101

HEMET, CA 92543

Effective as of 01-DEC-22

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE  
104  
HEMET, CA 92543

Effective as of 01-DEC-22

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543

Effective as of 01-JAN-22

**SINGHVI, AJEET, MD†**

Provider ID: N/A

397 N SAN JACINTO ST  
HEMET, CA 92543

Effective as of 01-DEC-17

***HEMATOLOGY /  
ONCOLOGY***

**AGA JANIAN, RICHY, MD**

Provider ID: N/A

1001 S STATE ST STE A  
HEMET, CA 92543

Effective as of 01-JUL-23

**BANTA, WARREN, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544

Effective as of 01-AUG-22

**BANTA, WARREN, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544

Effective as of 01-AUG-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **BANTA, WARREN, MD†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-AUG-22

#### **BANTA, WARREN, MD†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-AUG-22

#### **BANTA, WARREN, MD†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-AUG-22

#### **BASERI, BABAK, MD**

Provider ID: N/A

📍 1001 S STATE ST STE A  
HEMET, CA 92543  
Effective as of 01-APR-23

#### **BELLO, OSAGIE, MD**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-OCT-23

#### **BELLO, OSAGIE, MD**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-OCT-23

#### **BELLO, OSAGIE, MD**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE

105  
HEMET, CA 92544  
Effective as of 01-OCT-23

#### **LEE, BYUNG, DO†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-JUL-21

#### **LEE, BYUNG, DO†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-JUL-21

#### **LEE, BYUNG, DO†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-JUL-21

#### **MARJON, PHILIP, MD**

Provider ID: N/A

📍 1001 S STATE ST STE A  
HEMET, CA 92543  
Effective as of 01-APR-23

#### **MOST, CAROLE, MD†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-MAR-21

#### **MOST, CAROLE, MD†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-SEP-18

#### **MOST, CAROLE, MD†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-SEP-18

#### **MOST, CAROLE, MD†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-SEP-18

#### **SARWARI, NAWID, MD**

Provider ID: N/A

📍 1001 S STATE ST STE A  
HEMET, CA 92543  
Effective as of 01-APR-23

#### **SAUNDERS, PHILLIP, DO**

Provider ID: N/A

📍 1001 S STATE ST STE A  
HEMET, CA 92543  
Effective as of 01-APR-23

#### **SAUNDERS, PHILLIP, DO**

Provider ID: N/A

📍 1001 S STATE ST STE A  
HEMET, CA 92543  
Effective as of 01-APR-24

#### **SAUNDERS, PHILLIP, DO†**

Provider ID: N/A

📍 1011 E DEVONSHIRE AVE  
STE 201  
HEMET, CA 92543  
Effective as of 01-DEC-20

#### **SCHWERKOSKE, JOHN, MD**

Provider ID: N/A

📍 1001 S STATE ST STE A  
HEMET, CA 92543  
Effective as of 01-JUL-23



## CI. List of Network Providers

### Specialty Care Physician

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#### **SHAIKH, ANWER, MD**

Provider ID: N/A

1001 S STATE ST STE A  
HEMET, CA 92543  
Effective as of 01-APR-24

#### **SHAIKH, ANWER, MD**

Provider ID: N/A

1001 S STATE ST STE A  
HEMET, CA 92543  
Effective as of 01-APR-24

#### **SHUM, MERRILL, MD**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 201  
HEMET, CA 92543  
Effective as of 01-JUL-23

#### **TSAI, JAMES, MD†**

Provider ID: N/A

201 LAURSEN ST  
HEMET, CA 92543  
Effective as of 01-SEP-09

#### **TSANG, WALTER, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-FEB-20

#### **TSANG, WALTER, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-FEB-20

#### **TSANG, WALTER, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-FEB-20

### ***HOSPICE AND PALLIATIVE MEDICINE***

#### **TAECHARVONGPHAIROJ, VEERAVAT, MD**

Provider ID: N/A

850 E LATHAM AVE STE  
205  
HEMET, CA 92543  
Effective as of 01-MAR-24

### ***HOSPITALIST MD/DO***

#### **TUN, TIN, MD†**

Provider ID: N/A

1850 W FLORIDA AVE  
HEMET, CA 92545  
Effective as of 01-APR-23

### ***INTERNAL MEDICINE***

#### **DHIMAN, DARSHAN, MD†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-DEC-23

#### **DHIMAN, DARSHAN, MD†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-DEC-23

#### **GRANT ANDERSON, BETTY, MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-JUN-17

#### **MATHIAS, HERMAN, MD†**

Provider ID: N/A

391 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-DEC-23

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Teleservice  
Effective as of 01-SEP-23

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Teleservice  
Effective as of 01-SEP-23

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Teleservice  
Effective as of 01-SEP-23

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Teleservice  
Effective as of 01-SEP-23

#### **PEARCE, DANIEL, DO**

Provider ID: N/A

1030 E FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-OCT-23

#### **RIVA, GREGORY, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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1275 E LATHAM AVE STE C  
HEMET, CA 92543  
Effective as of 01-APR-21

**TAECHARVONGPHAIRAJ,  
VEERAVAT, MD**

Provider ID: N/A

1030 E FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-JUL-23

**INTERNAL MEDICINE  
GERIATRIC MEDICINE**

**MATHIAS, HERMAN, MD†**

Provider ID: N/A

391 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-AUG-95

**INTERVENTIONAL  
CARDIOLOGY**

**AGARWAL, ASHOK, MD**

Provider ID: N/A

136 S SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-JAN-17

**AGARWAL, ASHOK, MD**

Provider ID: N/A

136 S SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-JAN-17

**AGARWAL, ASHOK, MD**

Provider ID: N/A

136 S SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-JAN-17

**AMIN, JATIN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE

104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-JAN-19

**ATTIA, NADER, DO†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-JAN-19

**BISWAS, MIMI, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-JAN-19

**COX, JEREMY, DO†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Effective as of 01-JAN-19

**GOKHROO, RAHUL, MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-DEC-22

**GOKHROO, RAHUL, MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-DEC-22

**GOKHROO, RAHUL, MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-DEC-22

**GRANT ANDERSON, BETTY,  
MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-JUL-14

**MESSENGER, BRADLEY, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Effective as of 01-JAN-19

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-JAN-19

**RASTOGI, ANISHA, MD†**

Provider ID: N/A

1275 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-AUG-20

**RIVA, GREGORY, MD†**

Provider ID: N/A

1275 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-MAR-14

**RIVA, GREGORY, MD†**

Provider ID: N/A

1275 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-DEC-13

**SANGODKAR, SANDEEP, DO**

Provider ID: N/A

3853 W STETSON AVE STE  
104

## C1. List of Network Providers

### Specialty Care Physician

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HEMET, CA 92545  
Effective as of 01-NOV-23

#### **LICENSED CLINICAL SOCIAL WORKER**

##### **ARIAS-ALISHAHI, ELIZABETH, LCSW**

Provider ID: N/A

📍 903 E DEVONSHIRE AVE  
STE D  
HEMET, CA 92543  
Effective as of 01-JAN-21

##### **BRINSON, CIRSTEN, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-22

##### **BRINSON, CIRSTEN, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-22

##### **GRANDISON, BROOKE, LCSW**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-FEB-24

##### **GRANDISON, BROOKE, LCSW**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-FEB-24

##### **HERSH, LINDSEY, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

##### **HERSH, LINDSEY, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-22

##### **HERSH, LINDSEY, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

##### **JONES, VALORIA, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

##### **JONES, VALORIA, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

##### **JONES, VALORIA, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

##### **JONES, VALORIA, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JAN-23

##### **PIDDINGTON, CHRISTINE, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

##### **PIDDINGTON, CHRISTINE, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

##### **PIDDINGTON, CHRISTINE, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

##### **PIDDINGTON, CHRISTINE, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAR-21

##### **TABIL-GALAPON, BERNICE, LCSW**

Provider ID: N/A

📍 1030 E FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-JUL-23

##### **VALDEZ-HERNANDEZ, ISRAEL, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-APR-23

##### **VALDEZ-HERNANDEZ, ISRAEL, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JAN-23

##### **VALDEZ-HERNANDEZ, ISRAEL, LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST  
HEMET, CA 92543

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-APR-23

#### **VALDEZ-HERNANDEZ, ISRAEL, LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-JAN-23

#### **MARRIAGE FAMILY THERAPIST**

#### **POOR, PATRICK, MFT†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-DEC-22

#### **POOR, PATRICK, MFT†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-DEC-22

#### **MEDICAL ONCOLOGY**

#### **PARSI, HOOMAN, MD**

Provider ID: N/A

1001 S STATE ST STE A  
HEMET, CA 92543

Effective as of 01-APR-23

#### **SHAIKH, ANWER, MD**

Provider ID: N/A

1001 S STATE ST STE A  
HEMET, CA 92543

Effective as of 01-APR-23

#### **NEPHROLOGY**

#### **CHANG, DAVID, MD†**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 201  
HEMET, CA 92543

Effective as of 01-SEP-09

#### **CHANG, DAVID, MD†**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 201  
HEMET, CA 92543

Effective as of 01-SEP-09

#### **CHANG, DAVID, MD†**

Provider ID: N/A

850 E LATHAM AVE STE D  
HEMET, CA 92543

Effective as of 01-NOV-06

#### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-SEP-17

#### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-SEP-17

#### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

3989 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-AUG-17

#### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

3989 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-AUG-17

#### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-AUG-17

#### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-APR-23

#### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-OCT-20

#### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-OCT-17

#### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-MAR-18

#### **DHIMAN, DARSHAN, MD†**

Provider ID: N/A

3989 W STETSON AVE STE  
202

**C1. List of Network Providers**  
**Specialty Care Physician**

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HEMET, CA 92545  
 Effective as of 01-MAR-21

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-APR-18

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-DEC-15

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-DEC-15

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-DEC-15

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-DEC-15

**ISHAK, SALAM, MD†**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-AUG-20

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Teleservice  
 Effective as of 01-FEB-24

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Teleservice  
 Effective as of 01-NOV-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Teleservice  
 Effective as of 01-OCT-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Teleservice  
 Effective as of 01-OCT-23

**NATH, ASHOK, MD†**

Provider ID: N/A  
 ☒ 3889 W STETSON AVE STE 100  
 HEMET, CA 92545  
 Effective as of 01-FEB-21

**NATH, ASHOK, MD†**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545

Effective as of 01-APR-20

**YAN, ERIC, MD**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-JUN-23

**YAN, ERIC, MD**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-JUN-23

**YAN, ERIC, MD**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-JUN-23

**YOUSSEF, AMR, DO†**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-SEP-22

**YOUSSEF, AMR, DO†**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-SEP-22

**YOUSSEF, AMR, DO†**

Provider ID: N/A  
 ☒ 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-JUN-22

***OBSTETRICS /***

## CI. List of Network Providers

### Specialty Care Physician

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#### **GYNECOLOGY**

##### **NIHIRA, MIKIO, MD†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-NOV-20

##### **NIHIRA, MIKIO, MD†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-NOV-20

##### **NIHIRA, MIKIO, MD†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-NOV-20

##### **RIZVI, SYED, MD†**

Provider ID: N/A

1600 E FLORIDA AVE STE  
315  
HEMET, CA 92544

Effective as of 01-MAR-22

##### **RIZVI, SYED, MD†**

Provider ID: N/A

1600 E FLORIDA AVE STE  
315  
HEMET, CA 92544

Effective as of 01-FEB-17

##### **URSO, MARY JO, DO†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-DEC-20

##### **URSO, MARY JO, DO†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-DEC-20

##### **URSO, MARY JO, DO†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-DEC-20

##### **URSO, MARY JO, DO†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-DEC-20

##### **URSO, MARY JO, DO†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-DEC-20

##### **URSO, MARY JO, DO†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-DEC-20

##### **URSO, MARY JO, DO†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-JUL-23

#### **OCCUPATIONAL THERAPIST**

##### **BONILLA, EDWARD, OT**

Provider ID: N/A

3989 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-DEC-23

##### **BONILLA, EDWARD, OT**

Provider ID: N/A

3989 W STETSON AVE STE  
105

HEMET, CA 92545

Effective as of 01-DEC-23

##### **JENSEN, BROOKE, OT†**

Provider ID: N/A

3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-MAY-21

##### **JENSEN, BROOKE, OT†**

Provider ID: N/A

3889 W STETSON AVE STE  
150  
HEMET, CA 92545

Effective as of 01-JAN-20

#### **OPHTHALMOLOGY**

##### **CARLSON, JOHN, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-MAY-14

##### **CARLSON, JOHN, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-FEB-22

##### **CARLSON, JOHN, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JAN-22

##### **CARLSON, JOHN, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-AUG-20

##### **CHOW, JASON, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-JUL-23

#### **CHOW, JASON, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-FEB-24

#### **CHOW, JASON, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-SEP-22

#### **CHOW, JASON, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-OCT-22

#### **DONALDSON, JARED, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-SEP-22

#### **DONALDSON, JARED, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-MAY-21

#### **DONALDSON, JARED, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-DEC-22

#### **DONALDSON, JARED, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-JAN-23

#### **JACOBS, JEFFREY, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-SEP-09

#### **JACOBS, JEFFREY, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-NOV-08

#### **JACOBS, JEFFREY, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-JUL-18

#### **JACOBS, JEFFREY, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-JUL-23

#### **JACOBSON, ARTHUR, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-JUL-23

#### **JACOBSON, ARTHUR, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-MAR-98

#### **JACOBSON, ARTHUR, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-SEP-09

#### **JOHNSON, ROGER, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-JUL-23

#### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-DEC-21

#### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-AUG-19

#### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-AUG-20

#### **LEE, JOHN, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-JAN-11

#### **LEE, JOHN, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-FEB-11

#### **LEE, JOHN, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-JUL-23

**LEE, JOHN, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-MAR-14

**NAMBIAR, MARGARET, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-FEB-20

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-JAN-22

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-JAN-22

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-SEP-09

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-MAY-14

**SHELTON, RAYMOND, MD**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-MAY-23

**SKINNER, ANTHONY, MD**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-APR-24

**SKINNER, ANTHONY, MD**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-APR-24

**SKINNER, ANTHONY, MD**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-APR-24

**SORENSEN, ROBERT, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-JAN-22

**SORENSEN, ROBERT, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-DEC-21

**SORENSEN, ROBERT, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-SEP-09

**SORENSEN, ROBERT, MD†**

Provider ID: N/A

3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-JUL-23

**VIDOR, IRA, MD†**

Provider ID: N/A

361 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-JUL-19

**WARNER, MICHAEL, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Teleservice  
Effective as of 01-MAR-14

**WARNER, MICHAEL, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Teleservice  
Effective as of 01-JUL-23

**WARNER, MICHAEL, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Teleservice  
Effective as of 01-MAR-14

**WARNER, MICHAEL, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Teleservice  
Effective as of 01-SEP-09

**OPTOMETRIST**



## CI. List of Network Providers

### Specialty Care Physician

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#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-DEC-23

#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JUL-23

#### **BARR, AUSTIN, OD**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-NOV-22

#### **BARR, AUSTIN, OD**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-NOV-22

#### **BARR, AUSTIN, OD**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-MAR-23

#### **BARR, AUSTIN, OD**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-NOV-22

#### **COLEMAN, BROOKE, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JUL-23

#### **COLEMAN, BROOKE, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JUL-11

#### **COLEMAN, BROOKE, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-AUG-20

#### **FENNEMA, ERIC, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-SEP-22

#### **FENNEMA, ERIC, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-FEB-22

#### **LANE, KEVIN, OD†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-FEB-11

#### **LANE, KEVIN, OD†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-JUL-23

#### **LANE, KEVIN, OD†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-SEP-09

#### **LARSON, BRETT, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-FEB-22

#### **LARSON, BRETT, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-SEP-10

#### **LARSON, BRETT, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JUL-23

#### **LARSON, BRETT, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-AUG-20

#### **MC CLEARY, DAVID, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-AUG-18

#### **MC CLEARY, DAVID, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JUL-23

#### **MC CLEARY, DAVID, OD†**

Provider ID: N/A

📍 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-DEC-21

#### **TADROS, JESSICA, OD†**

Provider ID: N/A

📍 2390 E FLORIDA AVE STE

## C1. List of Network Providers

### Specialty Care Physician

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207  
HEMET, CA 92544  
Effective as of 01-JUL-23

#### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-JUL-23

#### ***PEDIATRIC ENDOCRINOLOGY***

#### **SEYED, KAZEM, MD†**

Provider ID: N/A

750 E LATHAM AVE STE 1  
HEMET, CA 92543  
Effective as of 01-MAY-15

#### **SEYED, KAZEM, MD†**

Provider ID: N/A

750 E LATHAM AVE STE 1  
HEMET, CA 92543  
Effective as of 01-MAY-15

#### **SEYED, KAZEM, MD†**

Provider ID: N/A

750 E LATHAM AVE STE 1  
HEMET, CA 92543  
Effective as of 01-OCT-10

#### ***PHYSICAL MEDICINE / REHABILITATION***

#### **AILINANI, HARY, MD**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543  
Effective as of 01-MAY-21

#### **CHEN, HAMILTON, MD†**

Provider ID: N/A

3989 W STETSON AVE STE  
102  
HEMET, CA 92545  
Effective as of 01-MAR-24

#### **LEE, JONATHAN KWANG, MD†**

Provider ID: N/A

3889 W STETSON AVE STE  
100  
HEMET, CA 92545  
Effective as of 01-JUL-15

#### **NIKACHINA, ANNA, MD†**

Provider ID: N/A

3889 W STETSON AVE STE  
100  
HEMET, CA 92545  
Effective as of 01-MAY-21

#### ***PHYSICIANS ASSISTANT***

#### **ANDERSON, MATTHEW, PA†**

Provider ID: N/A

3889 W STETSON AVE STE  
100  
HEMET, CA 92545  
Effective as of 01-AUG-21

#### **BAKER, ROBERT, PA**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543  
Effective as of 01-MAR-24

#### **BAKER, ROBERT, PA**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543  
Effective as of 01-MAR-24

#### **BAKER, ROBERT, PA**

Provider ID: N/A

1011 E DEVONSHIRE AVE

STE 203  
HEMET, CA 92543  
Effective as of 01-MAR-24

#### **BAKER, ROBERT, PA**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543  
Effective as of 01-MAR-24

#### **BAKER, ROBERT, PA**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543  
Effective as of 01-MAR-24

#### **CAGATAY, HARRIER, PA†**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
HEMET, CA 92543  
Effective as of 01-AUG-20

#### **CAGATAY, HARRIER, PA†**

Provider ID: N/A

422 N SAN JACINTO ST STE  
B-C  
HEMET, CA 92543  
Effective as of 01-AUG-20

#### **CERALDE, ALAN, PA†**

Provider ID: N/A

3889 W STETSON AVE STE  
100  
HEMET, CA 92545  
Effective as of 01-NOV-16

#### **CERALDE, ALAN, PA†**

Provider ID: N/A

3889 W STETSON AVE STE  
100  
HEMET, CA 92545  
Effective as of 01-AUG-16

## C1. List of Network Providers

### Specialty Care Physician

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**CERALDE, ALAN, PA†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
HEMET, CA 92545

Effective as of 01-AUG-16

**CERALDE, ALAN, PA†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
HEMET, CA 92545

Effective as of 01-AUG-16

**CURTIS, DANIEL, PA†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543

Effective as of 01-DEC-22

**CURTIS, DANIEL, PA†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543

Effective as of 01-DEC-22

**CURTIS, DANIEL, PA†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543

Effective as of 01-MAY-23

**DE CARO, ROBERT, PA†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-OCT-19

**DIETZLER, MARQUE, PA†**

Provider ID: N/A

4020 W FLORIDA AVE  
HEMET, CA 92545

Effective as of 01-JUL-19

**FELIX, FRANCISCO, PA**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
HEMET, CA 92543

Effective as of 01-AUG-23

**FELIX, FRANCISCO, PA**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
HEMET, CA 92543

Effective as of 01-AUG-23

**GONZALEZ, KEVIN, PA**

Provider ID: N/A

3989 W STETSON AVE STE 201  
HEMET, CA 92545

Effective as of 01-DEC-23

**GONZALEZ, KEVIN, PA**

Provider ID: N/A

3989 W STETSON AVE STE 201  
HEMET, CA 92545

Effective as of 01-DEC-23

**GONZALEZ, KEVIN, PA**

Provider ID: N/A

3989 W STETSON AVE STE 201  
HEMET, CA 92545

Effective as of 01-DEC-23

**GONZALEZ, KEVIN, PA**

Provider ID: N/A

3989 W STETSON AVE STE 201  
HEMET, CA 92545

Effective as of 01-DEC-23

**HUNSAKER, NALANI, PA†**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-NOV-23

**HUNSAKER, NALANI, PA†**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-DEC-20

**HUNSAKER, NALANI, PA†**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-DEC-20

**LANIER, JAME, PA†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-OCT-19

**LANIER, JAME, PA†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-JUL-17

**MACHO, DANIELLA, PA†**

Provider ID: N/A

1701 E FLORIDA AVE  
HEMET, CA 92544

Effective as of 01-FEB-17

**MITCHELL, PAUL, PA**

Provider ID: N/A

422 N SAN JACINTO ST STE B  
HEMET, CA 92543

Effective as of 01-JUN-18

**MITCHELL, PAUL, PA**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 101  
HEMET, CA 92543

Effective as of 01-FEB-24

**MOORE, PAMELA, PA†**

**C1. List of Network Providers**  
**Specialty Care Physician**

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Provider ID: N/A

3889 W STETSON AVE STE 120  
 HEMET, CA 92545

Effective as of 01-DEC-17

**QUEROL, CYRUS, PA**

Provider ID: N/A

901 S STATE ST STE 100  
 HEMET, CA 92543

Effective as of 01-APR-24

**RODDICK, JASON, PA**

Provider ID: N/A

3989 W STETSON AVE STE 201  
 HEMET, CA 92545

Effective as of 01-DEC-23

**RODDICK, JASON, PA**

Provider ID: N/A

3989 W STETSON AVE STE 201  
 HEMET, CA 92545

Effective as of 01-DEC-23

**RODDICK, JASON, PA**

Provider ID: N/A

3989 W STETSON AVE STE 201  
 HEMET, CA 92545

Effective as of 01-DEC-23

**RODDICK, JASON, PA**

Provider ID: N/A

3989 W STETSON AVE STE 201  
 HEMET, CA 92545

Effective as of 01-DEC-23

**RODDICK, JASON, PA†**

Provider ID: N/A

3853 W STETSON AVE STE 201  
 HEMET, CA 92545

Effective as of 01-JUL-23

**SHORES, CLORINDA, PA†**

Provider ID: N/A

255 N GILBERT ST BLDG B4  
 HEMET, CA 92543

Effective as of 01-OCT-17

**SMITH, ANTHONY, PA†**

Provider ID: N/A

3889 W STETSON AVE STE 200  
 HEMET, CA 92545

Effective as of 01-JUN-18

**SMITH, ANTHONY, PA†**

Provider ID: N/A

3889 W STETSON AVE STE 200  
 HEMET, CA 92545

Effective as of 01-JUN-18

**SZCZESIK, KRYSTIAN, PA†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

Effective as of 01-MAY-18

**SZCZESIK, KRYSTIAN, PA†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

Effective as of 01-MAY-18

**SZCZESIK, KRYSTIAN, PA†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

Effective as of 01-MAY-18

**PODIATRIST**

**BRAHM, STEPHEN, DPM†**

Provider ID: N/A

995 SAINT JOHN PL STE B  
 HEMET, CA 92543

Effective as of 01-MAY-17

**HAAS, RICHARD, DPM†**

Provider ID: N/A

760 W ACACIA AVE STE 117  
 HEMET, CA 92543

Effective as of 01-JUL-23

**PAOLERCIO, NANCY, DPM**

Provider ID: N/A

255 N GILBERT ST STE B1  
 HEMET, CA 92543

Effective as of 01-MAR-17

**PAOLERCIO, NANCY, DPM**

Provider ID: N/A

255 N GILBERT ST STE B1  
 HEMET, CA 92543

Effective as of 01-MAR-17

**PAOLERCIO, NANCY, DPM**

Provider ID: N/A

255 N GILBERT ST STE B1  
 HEMET, CA 92543

Effective as of 01-MAR-17

**PSYCHIATRY**

**ADEYEMO, OLUWAFEMI, MD**

Provider ID: N/A

361 N SAN JACINTO ST  
 HEMET, CA 92543

Effective as of 01-MAR-15

**ADEYEMO, OLUWAFEMI, MD**

Provider ID: N/A

361 N SAN JACINTO ST  
 HEMET, CA 92543

Effective as of 01-JUN-17

**ADEYEMO, OLUWAFEMI, MD**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

361 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-SEP-17

#### **ADEYEMO, OLUWAFEMI, MD**

Provider ID: N/A

361 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-MAR-15

#### **ADEYEMO, OLUWAFEMI, MD**

Provider ID: N/A

361 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-JUN-17

#### **ADEYEMO, OLUWAFEMI, MD**

Provider ID: N/A

361 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-SEP-17

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-20

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-NOV-23

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-20

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-NOV-23

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-22

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-22

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-22

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-22

#### **KUNAM, SYAM, MD**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAR-24

#### **KUNAM, SYAM, MD**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAR-24

#### **PERSAUD, PRIA, MD**

Provider ID: N/A

903 E DEVONSHIRE AVE  
STE D  
HEMET, CA 92543  
Effective as of 01-AUG-20

#### **PERSAUD, PRIA, MD**

Provider ID: N/A

903 E DEVONSHIRE AVE  
STE D  
HEMET, CA 92543  
Effective as of 01-AUG-20

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-SEP-23

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUN-21

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-SEP-23

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUN-21

### ***PSYCHOLOGIST***

#### **DUNN, JOSEPH, PhD**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543  
Effective as of 01-JUN-23

## CI. List of Network Providers

### Specialty Care Physician

---

#### **DUNN, JOSEPH, PhD**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543

Effective as of 01-JUN-23

#### **PULMONARY DISEASES**

#### **DHANANI, YURZUL, MD†**

Provider ID: N/A

1275 E LATHAM AVE STE C  
HEMET, CA 92543

Effective as of 01-MAR-14

#### **DHANANI, YURZUL, MD†**

Provider ID: N/A

1275 E LATHAM AVE STE C  
HEMET, CA 92543

Effective as of 01-JUL-23

#### **DHANANI, YURZUL, MD†**

Provider ID: N/A

1275 E LATHAM AVE STE C  
HEMET, CA 92543

Effective as of 01-SEP-09

#### **LU, CHONG PING, MD†**

Provider ID: N/A

1000 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-SEP-00

#### **LU, CHONG PING, MD†**

Provider ID: N/A

1000 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-SEP-09

#### **LU, CHONG PING, MD†**

Provider ID: N/A

1000 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-SEP-09

#### **LU, CHONG PING, MD†**

Provider ID: N/A

1000 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-JUL-23

#### **RADIATION ONCOLOGY**

#### **BELL, DAVID, MD†**

Provider ID: N/A

430 W STETSON AVE  
HEMET, CA 92543

Effective as of 01-OCT-21

#### **RHA, JANICE, MD†**

Provider ID: N/A

430 W STETSON AVE  
HEMET, CA 92543

Effective as of 01-DEC-21

#### **RADIOLOGY DIAGNOSTIC**

#### **BURROUGHS, GLORIA, MD†**

Provider ID: N/A

540 N JACINTO ST  
HEMET, CA 92543

Effective as of 01-MAR-07

#### **BURROUGHS, GLORIA, MD†**

Provider ID: N/A

850 E LATHAM AVE STE 101  
HEMET, CA 92543

Effective as of 01-OCT-17

#### **BURROUGHS, GLORIA, MD†**

Provider ID: N/A

850 E LATHAM AVE STE 101  
HEMET, CA 92543

Effective as of 01-OCT-17

#### **BURROUGHS, GLORIA, MD†**

Provider ID: N/A

850 E LATHAM AVE STE 101  
HEMET, CA 92543

Effective as of 01-OCT-17

#### **REGISTERED PHYSICAL THERAPIST**

#### **MONTERO, MARIA, PT**

Provider ID: N/A

1515 W FLORIDA AVE STE E  
HEMET, CA 92543

Effective as of 01-APR-23

#### **MONTERO, MARIA, PT**

Provider ID: N/A

1515 W FLORIDA AVE STE E  
HEMET, CA 92543

Effective as of 01-APR-23

#### **SMITH, DIANNE, PT†**

Provider ID: N/A

1515 W FLORIDA AVE STE E  
HEMET, CA 92543

Effective as of 01-JUN-17

#### **RHEUMATOLOGY**

#### **COLBURN, KEITH, MD†**

Provider ID: N/A

949 CALHOUN PL STE F  
HEMET, CA 92543

Effective as of 01-MAR-21

#### **MEHTA, AMAL, MD†**

Provider ID: N/A

949 CALHOUN PL STE F  
HEMET, CA 92543

Effective as of 01-SEP-18

#### **MEHTA, AMAL, MD†**

Provider ID: N/A

949 CALHOUN PL STE F  
HEMET, CA 92543

Effective as of 01-JUL-23

#### **RAMASWAMY, DHARMARAJAN, MD†**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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949 CALHOUN PL STE F  
HEMET, CA 92543  
Effective as of 01-JUL-23

**RAMASWAMY,  
DHARMARAJAN, MD†**

Provider ID: N/A

949 CALHOUN PL STE F  
HEMET, CA 92543  
Effective as of 01-SEP-18

***SURGERY COLON  
SURGERY***

**GORSKI, TITO, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-MAY-22

**GORSKI, TITO, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-MAY-22

***SURGERY GENERAL***

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-DEC-20

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-JUL-21

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-JUL-21

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-DEC-21

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-MAY-22

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-MAY-22

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-SEP-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-MAY-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105

HEMET, CA 92545  
Effective as of 01-MAY-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-APR-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-SEP-22

**GORSKI, TITO, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-SEP-22

**GORSKI, TITO, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-FEB-24

**GORSKI, TITO, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-APR-22

**GORSKI, YARA, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-SEP-22

## CI. List of Network Providers

### Specialty Care Physician

---

#### **IGWE, DANIEL, MD†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-JUL-18

#### **IGWE, DANIEL, MD†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-JUL-18

#### **IGWE, DANIEL, MD†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-JUL-18

#### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-SEP-22

#### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-MAY-22

#### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-APR-22

#### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-MAY-22

#### **MAC, OLIVIA, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-DEC-22

#### **NAFIU, BOLAJI, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-SEP-22

#### **NAFIU, BOLAJI, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-APR-20

#### **NOURI, SARVENAZ, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-NOV-22

#### **SHARMA, SURENDRA, MD†**

Provider ID: N/A

4020 W FLORIDA AVE  
HEMET, CA 92545

Effective as of 01-SEP-00

#### **SHARMA, SURENDRA, MD†**

Provider ID: N/A

4020 W FLORIDA AVE  
HEMET, CA 92545

Effective as of 01-SEP-09

#### **SHARMA, SURENDRA, MD†**

Provider ID: N/A

4020 W FLORIDA AVE  
HEMET, CA 92545

Effective as of 01-SEP-09

#### **TIU, BRIAN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-SEP-22

#### **WANG, XIUJIE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-SEP-19

#### **WANG, XIUJIE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-DEC-21

### ***SURGERY GENERAL VASCULAR***

#### **GORSKI, YARA, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-MAY-22

#### **GORSKI, YARA, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-MAY-22

#### **KARMUR, AMIT, DO†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545



## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JAN-22

#### **NAFIU, BOLAJI, MD†**

Provider ID: N/A

☐ 3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-DEC-21

#### **NAFIU, BOLAJI, MD†**

Provider ID: N/A

☐ 3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-MAY-22

#### **TIU, BRIAN, MD†**

Provider ID: N/A

☐ 3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-APR-22

#### **WANG, XIUJIE, MD†**

Provider ID: N/A

☐ 3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-OCT-20

#### **WANG, XIUJIE, MD†**

Provider ID: N/A

☐ 3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-MAY-22

#### **WANG, XIUJIE, MD†**

Provider ID: N/A

☐ 3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-OCT-20

#### **WANG, XIUJIE, MD†**

Provider ID: N/A

☐ 3853 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-MAY-22

### ***SURGERY HEAD***

#### **LE, SANG, MD†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-JUL-15

### ***SURGERY ORTHOPEDIC***

#### **ALLEN, JONATHAN, MD†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Teleservice

Effective as of 01-JUL-15

#### **ALLEN, JONATHAN, MD†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Teleservice

Effective as of 01-DEC-21

#### **ALLEN, JONATHAN, MD†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Teleservice

Effective as of 01-DEC-21

#### **ALLEN, JONATHAN, MD†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100

HEMET, CA 92545

Teleservice

Effective as of 01-APR-24

#### **BURTON, PAUL, DO†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-APR-24

#### **BURTON, PAUL, DO†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-DEC-21

#### **BURTON, PAUL, DO†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-DEC-21

#### **BURTON, PAUL, DO†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-MAR-21

#### **BURTON, PAUL, DO†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-JUL-15

#### **CAPUTO, ROY, MD**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-APR-24

**C1. List of Network Providers**  
**Specialty Care Physician**

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**CHAN, JASON, MD**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545  
 Effective as of 01-APR-24

**ELSISSY, PETER, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545  
 Effective as of 01-MAY-16

**ELSISSY, PETER, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545  
 Effective as of 01-MAR-24

**ELSISSY, PETER, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545  
 Effective as of 01-AUG-21

**ELSISSY, PETER, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545  
 Effective as of 01-AUG-21

**GHAZAL, RONNY, MD**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545  
 Effective as of 01-MAR-24

**GRAMES, BARRY, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

Effective as of 01-JUL-15

Effective as of 01-MAR-24

**GRAMES, BARRY, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 200  
 HEMET, CA 92545

Effective as of 01-MAR-21

**GRAMES, BARRY, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

Effective as of 01-MAY-16

**GUSTAFSON, GEORGE, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

Effective as of 01-AUG-15

**HUSAIN, ASGHAR, MD**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

Effective as of 01-MAR-24

**LAROSE, CONNOR, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

Effective as of 01-MAR-21

**LE, SANG, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

**LE, SANG, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

Effective as of 01-JUL-15

**LE, SANG, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

Effective as of 01-MAR-21

**LE, SANG, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

Effective as of 01-NOV-16

**MATIKO, JAMES, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

Effective as of 01-MAR-24

**PANSE, MILIND, MD†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
 HEMET, CA 92543\*

Effective as of 01-JUL-23

**PATTON, DANIEL, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
 HEMET, CA 92545

Effective as of 01-JUL-21

**PATTON, DANIEL, MD†**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-JAN-20

#### **PATTON, DANIEL, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-APR-24

#### **POWERS, BRET, DO**

Provider ID: N/A

3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-APR-24

#### **WONG, ANDREW, MD†**

Provider ID: N/A

1011 E DEVONSHIRE AVE STE 203  
HEMET, CA 92543  
Effective as of 01-NOV-09

### **UROLOGY**

#### **NIHIRA, MIKIO, MD†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-OCT-21

#### **NIHIRA, MIKIO, MD†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-OCT-21

### **FAMILY PRACTICE**

#### **CHISUM, FAITH, MD**

Provider ID: N/A

949 PALM AVE

IMPERIAL BEACH, CA 91932  
Effective as of 01-FEB-23

#### **SUMMERS-DAY, COURTNEY, MD†**

Provider ID: N/A

949 PALM AVE  
IMPERIAL BEACH, CA 91932  
Effective as of 01-JUL-22

### **INTERNAL MEDICINE**

#### **RYAN, DANA, MD**

Provider ID: N/A

949 PALM AVE  
IMPERIAL BEACH, CA 91932  
Effective as of 01-APR-23

### **REGISTERED PHYSICAL THERAPIST**

#### **CHENG, BRANDON, PT**

Provider ID: N/A

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-FEB-24

#### **DORSEY, KYLE, PT**

Provider ID: N/A

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-FEB-24

#### **HERMAN, RACHEL, PT**

Provider ID: N/A

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-FEB-24

#### **KARANDE, PRACHI, PT†**

Provider ID: N/A

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-JAN-22

#### **NGUYEN, TIA, PT**

Provider ID: N/A

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-MAR-24

#### **NOVENCIDO, ANDREW, PT†**

Provider ID: N/A

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-SEP-22

#### **SUGGS, SARAH, PT**

Provider ID: N/A

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-MAY-23

#### **VILLANUEVA, GIOVANNI, PT†**

Provider ID: N/A

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-JAN-21

### **ALLERGY IMMUNOLOGY**

#### **CARR, WARNER, MD**

Provider ID: N/A

15785 LAGUNA CANYON RD STE 100  
IRVINE, CA 92618  
Effective as of 01-JUL-23

#### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-JUL-23

#### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-JUL-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-DEC-21

#### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-DEC-21

#### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-DEC-21

#### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-DEC-21

#### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-DEC-21

#### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-MAY-23

#### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-MAY-23

#### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240

IRVINE, CA 92618  
Effective as of 01-MAY-23

#### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-MAY-23

#### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-MAY-23

#### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-MAY-23

#### **LEE-KIM, CHRISTINE, DO**

Provider ID: N/A

☐ 15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618  
Effective as of 01-FEB-23

#### **LEE-KIM, CHRISTINE, DO**

Provider ID: N/A

☐ 15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618  
Effective as of 01-FEB-23

#### **MEHTA, VINAY, MD**

Provider ID: N/A

☐ 15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618  
Effective as of 01-MAR-23

#### **MEHTA, VINAY, MD**

Provider ID: N/A

☐ 15785 LAGUNA CANYON

RD STE 100  
IRVINE, CA 92618  
Effective as of 01-MAR-23

#### **MEHTA, VINAY, MD**

Provider ID: N/A

☐ 15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618  
Effective as of 01-MAR-23

#### **MEHTA, VINAY, MD**

Provider ID: N/A

☐ 15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618  
Effective as of 01-MAR-23

#### **MEHTA, VINAY, MD**

Provider ID: N/A

☐ 15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618  
Effective as of 01-MAR-23

#### **MEHTA, VINAY, MD**

Provider ID: N/A

☐ 15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618  
Effective as of 01-MAR-23

#### **VENKAT, GEETA, MD†**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-OCT-17

#### **VENKAT, GEETA, MD†**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-OCT-17

#### **ANESTHESIOLOGY**

## CI. List of Network Providers

### Specialty Care Physician

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#### **HO, LARRY, MD**

Provider ID: N/A

15701 ROCKFIELD BLVD  
IRVINE, CA 92618

Effective as of 01-SEP-10

#### **PERERA-THANGARATNAM, D, MD†**

Provider ID: N/A

5 HOLLAND STE 101  
IRVINE, CA 92618

Effective as of 01-SEP-19

#### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **BESHAI, ALFRED, MD**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 210  
IRVINE, CA 92618

Effective as of 01-MAR-24

#### **BESHAI, ALFRED, MD**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 210  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **BESHAI, ALFRED, MD**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 210  
IRVINE, CA 92618

Effective as of 01-JUN-22

#### **HO, LARRY, MD**

Provider ID: N/A

15701 ROCKFIELD BLVD  
IRVINE, CA 92618

Effective as of 01-APR-11

#### **HO, LARRY, MD**

Provider ID: N/A

15701 ROCKFIELD BLVD  
IRVINE, CA 92618

Effective as of 01-OCT-01

#### **JILLANI, ASIF, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-NOV-17

#### **JILLANI, ASIF, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-NOV-17

#### **MAHROU, REZA, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 345  
IRVINE, CA 92618

Effective as of 01-JAN-15

#### **MAHROU, REZA, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 345  
IRVINE, CA 92618

Effective as of 01-JAN-15

#### **RAFIZAD, AMIR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 345  
IRVINE, CA 92618

Effective as of 01-JAN-15

#### **RAFIZAD, AMIR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 345  
IRVINE, CA 92618

Effective as of 01-JAN-15

#### **AUDIOLOGIST**

#### **NIAVARANY, PIRAYEH, AuD**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-NOV-22

#### **NIAVARANY, PIRAYEH, AuD**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-NOV-22

#### **PANEK, KRISTI, AuD**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-NOV-22

#### **PANEK, KRISTI, AuD**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-NOV-22

#### **CARDIAC**

#### **ELECTROPHYSIOLOGY**

#### **BURRIS, RYAN, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-NOV-22

#### **BURRIS, RYAN, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-NOV-22

**CI. List of Network Providers**  
**Specialty Care Physician**

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**MITIKU, TEFERI, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 255  
 IRVINE, CA 92618

Effective as of 01-FEB-22

**MITIKU, TEFERI, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 255  
 IRVINE, CA 92618

Effective as of 01-FEB-22

**WARRIER, NIKHIL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 708  
 IRVINE, CA 92618

Effective as of 01-OCT-23

**CARDIOVASCULAR  
 DISEASE**

**ASHTIANI, ALI, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 201  
 IRVINE, CA 92618

Effective as of 01-FEB-22

**ASHTIANI, ALI, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 201  
 IRVINE, CA 92618

Effective as of 01-FEB-22

**ASHTIANI, ALI, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 201  
 IRVINE, CA 92618

Effective as of 01-OCT-23

**ASHTIANI, ALI, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 201  
 IRVINE, CA 92618

Effective as of 01-MAY-22

**COHEN, STEPHEN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 201  
 IRVINE, CA 92618

Effective as of 01-MAY-22

**COHEN, STEPHEN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 201  
 IRVINE, CA 92618

Effective as of 01-APR-18

**COHEN, STEPHEN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 201  
 IRVINE, CA 92618

Effective as of 01-OCT-23

**COHEN, STEPHEN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 201  
 IRVINE, CA 92618

Effective as of 01-APR-18

**COHEN, STEPHEN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 201  
 IRVINE, CA 92618

Effective as of 01-APR-18

**DOAN VAN, NICOLAS, MD†**

Provider ID: N/A

16300 SAND CANYON AVE

STE 708

IRVINE, CA 92618

Effective as of 01-DEC-21

**DOAN VAN, NICOLAS, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 708  
 IRVINE, CA 92618

Effective as of 01-OCT-23

**ELSAIED, SARAH SABRY, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 708  
 IRVINE, CA 92618

Effective as of 01-OCT-23

**ELSAIED, SARAH SABRY, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 708  
 IRVINE, CA 92618

Effective as of 01-JAN-22

**ELSAIED, SARAH SABRY, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 708  
 IRVINE, CA 92618

Effective as of 01-APR-22

**ESLAMI, BAHRAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 201  
 IRVINE, CA 92618

Effective as of 01-APR-18

**ESLAMI, BAHRAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 201  
 IRVINE, CA 92618

Effective as of 01-APR-18

## C1. List of Network Providers

### Specialty Care Physician

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#### **ESLAMI, BAHRAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-APR-18

#### **ESLAMI, BAHRAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **ESLAMI, BAHRAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-APR-18

#### **ESLAMI-FARSANI, MAHMOUD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **ESLAMI-FARSANI, MAHMOUD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-APR-18

#### **MELTZER, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-APR-18

#### **MELTZER, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-APR-18

#### **MELTZER, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-MAY-22

#### **MELTZER, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **MELTZER, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-APR-18

#### **MELTZER, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-JAN-20

#### **NGUYEN, HOANG, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-DEC-21

#### **NGUYEN, HOANG, MD†**

Provider ID: N/A

16300 SAND CANYON AVE

STE 708

IRVINE, CA 92618

Effective as of 01-OCT-23

#### **NGUYEN, HUY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618  
Effective as of 01-JAN-20

#### **NI, YU-MING, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **NI, YU-MING, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-AUG-22

#### **PATEL, SANJIV, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-JAN-22

#### **PATEL, SANJIV, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **WARRIER, NIKHIL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-DEC-21

## C1. List of Network Providers

### Specialty Care Physician

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#### **WERTMAN, BRETT, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-JAN-20

#### **WONG, JENNIFER, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **WONG, JENNIFER, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-JAN-22

#### **YALVAC, ETHAN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-JAN-20

#### **YALVAC, ETHAN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **YALVAC, ETHAN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-MAY-22

#### **YANG, TAE, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **YANG, TAE, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-JAN-22

### ***CERTIFIED ACUPUNCTURIST***

#### **CHOI, JI, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-OCT-22

#### **CHOI, JI, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-OCT-22

#### **CHOI, JI, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-OCT-22

#### **CHOI, JI, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-OCT-22

#### **CHOI, JI, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-FEB-23

#### **CHOI, JI, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-MAR-22

#### **HONG, HEE KYUNG, LAC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618

Effective as of 01-AUG-22

#### **HONG, HEE KYUNG, LAC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618

Effective as of 01-AUG-22

#### **KIM, LAUREN SOOJIN, LAC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618

Effective as of 01-MAY-21

#### **KIM, LAUREN SOOJIN, LAC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618

Effective as of 01-MAY-21

#### **KIM, CHEL, LAC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618



## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-MAY-21

**LEE, BRIAN, LAC<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-MAY-21

**LEE, BRIAN, LAC<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-MAY-21

**LEE, BRIAN, LAC<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-MAY-21

**LEE, BRIAN, LAC<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-MAY-21

**LEE, BRIAN, LAC<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-MAY-21

**LEE, SEMI, LAC**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-JUL-23

**LEE, SEMI, LAC**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-JUL-23

**LEE, BRIAN, LAC<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-AUG-22

**LEE, BRIAN, LAC<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-FEB-23

**LEE, SEMI, LAC**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-JUN-23

**LEE, SEMI, LAC**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-JUL-23

**LEE, SEMI, LAC**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-JUL-23

**PARSI KANEMOTO, MARYAM,  
LAC<sup>†</sup>**

Provider ID: N/A

22 ODYSSEY STE 165

IRVINE, CA 92618

Effective as of 01-SEP-21

**CERTIFIED NURSE  
PRACTITIONER**

**CARR, CHERYL, NP**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618

Effective as of 01-APR-23

**CARR, CHERYL, NP**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618

Effective as of 01-APR-23

**CARR, CHERYL, NP**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618

Effective as of 01-APR-23

**CARR, CHERYL, NP**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618

Effective as of 01-MAY-23

**CARR, CHERYL, NP**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618

Effective as of 01-MAY-23

**CHOI, RANA, NP<sup>†</sup>**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 210

## C1. List of Network Providers

### Specialty Care Physician

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IRVINE, CA 92618  
Effective as of 01-SEP-19

#### **DESAI, SONAM, NPF†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 311

IRVINE, CA 92618\*

Effective as of 01-OCT-22

#### **FERRANTE, JADE, NP**

Provider ID: N/A

8607 IRVINE CENTER DR  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **LIU, GRACE, NP**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-MAY-23

#### **LIU, GRACE, NP**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-MAY-23

#### **MANALESE, MARIA THERESA, NPF**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 240

IRVINE, CA 92618

Effective as of 01-APR-23

#### **PARK, SE, NP**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200

IRVINE, CA 92618

Effective as of 01-JUL-23

#### **PARK, SE, NP**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200

IRVINE, CA 92618

Effective as of 01-JUL-23

#### **PARK, SE, NP**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200

IRVINE, CA 92618

Effective as of 01-JUL-23

#### **PARK, SE, NP**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200

IRVINE, CA 92618

Effective as of 01-JUL-23

#### **PARK, SE, NP**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200

IRVINE, CA 92618

Effective as of 01-JUL-23

#### **SHIRKHANI, PARISA, NPF**

Provider ID: N/A

8607 IRVINE CENTER DR  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **WU, JENNY, NP**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 311

IRVINE, CA 92618

Effective as of 01-DEC-23

#### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **SAJADI, ALISA, CRNM**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 275

IRVINE, CA 92618

Effective as of 01-DEC-23

#### **CHIROPRACTOR**

#### **KANG, KYUNG, DC**

Provider ID: N/A

14875 JEFFREY RD STE 210  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **KIM, SEON-HOON SEAN, DC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205

IRVINE, CA 92618

Effective as of 01-OCT-23

#### **KIM, SEON-HOON SEAN, DC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205

IRVINE, CA 92618

Effective as of 01-JAN-23

#### **KIM, SEON-HOON SEAN, DC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205

IRVINE, CA 92618

Effective as of 01-MAR-22

#### **KIM, SEON-HOON SEAN, DC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205

IRVINE, CA 92618

Effective as of 01-MAR-22

#### **WEDDLE, DIRK, DC**

Provider ID: N/A

15375 BARRANCA PKWY

## C1. List of Network Providers

### Specialty Care Physician

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STE J104  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **CLINICAL NEUROPSYCHOLOGIST**

##### **BENNETT, LAUREN, PhD**

Provider ID: N/A  
16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618\*  
Effective as of 01-OCT-22

##### **BENNETT, LAUREN, PhD**

Provider ID: N/A  
16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618\*  
Effective as of 01-OCT-22

##### **HAMILTON, ANITA, PhD**

Provider ID: N/A  
300 SPECTRUM CENTER  
DR STE 400  
IRVINE, CA 92618  
Effective as of 01-DEC-23

##### **HAMILTON, ANITA, PhD**

Provider ID: N/A  
300 SPECTRUM CENTER  
DR STE 400  
IRVINE, CA 92618  
Effective as of 01-DEC-23

#### **DERMATOLOGY**

##### **BAGHERI, BITA, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JAN-21

##### **WANG, STEVEN, MD**

Provider ID: N/A  
16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JUL-22

##### **WANG, STEVEN, MD**

Provider ID: N/A  
16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JUL-22

#### **EMERGENCY MEDICINE**

##### **KADAKIA, AMAR, MD†**

Provider ID: N/A  
11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

##### **KARIMI, KAMBIZ, MD†**

Provider ID: N/A  
11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **ENDOCRINOLOGY METABOLISM DIABETES**

##### **CHAVEZ, BRIAN, MD†**

Provider ID: N/A  
22 ODYSSEY STE 115  
IRVINE, CA 92618  
Teleservice  
Effective as of 01-OCT-23

##### **CHAVEZ, BRIAN, MD†**

Provider ID: N/A  
22 ODYSSEY STE 115  
IRVINE, CA 92618  
Teleservice  
Effective as of 01-AUG-21

##### **FARJOU DI, FARHAD, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 108  
IRVINE, CA 92618  
Effective as of 01-MAY-22

##### **FARJOU DI, FARHAD, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 108  
IRVINE, CA 92618  
Effective as of 01-MAY-22

##### **FARJOU DI, FARHAD, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 108  
IRVINE, CA 92618  
Effective as of 01-MAY-22

##### **FARJOU DI, FARHAD, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 250  
IRVINE, CA 92618  
Effective as of 01-JUN-22

##### **FARJOU DI, FARHAD, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 250  
IRVINE, CA 92618  
Effective as of 01-JUN-22

##### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-MAR-22

##### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220

## C1. List of Network Providers

### Specialty Care Physician

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IRVINE, CA 92618  
Effective as of 01-MAR-22

#### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220

IRVINE, CA 92618  
Effective as of 01-MAR-22

#### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220

IRVINE, CA 92618  
Effective as of 01-MAR-22

#### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220

IRVINE, CA 92618  
Effective as of 01-JUL-22

#### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220

IRVINE, CA 92618  
Effective as of 01-JUL-22

#### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220

IRVINE, CA 92618  
Effective as of 01-JUL-22

#### **MARKMAN, LISA, MD**

Provider ID: N/A

22 ODYSSEY STE 115  
IRVINE, CA 92618

Effective as of 01-MAR-23

#### **MARKMAN, LISA, MD**

Provider ID: N/A

22 ODYSSEY STE 115  
IRVINE, CA 92618

Effective as of 01-MAR-23

#### **MARKMAN, LISA, MD**

Provider ID: N/A

22 ODYSSEY STE 115  
IRVINE, CA 92618

Effective as of 01-MAR-23

#### **MARKMAN, LISA, MD**

Provider ID: N/A

22 ODYSSEY STE 115  
IRVINE, CA 92618

Effective as of 01-MAR-23

#### **MARKMAN, LISA, MD**

Provider ID: N/A

22 ODYSSEY STE 115  
IRVINE, CA 92618

Effective as of 01-MAR-23

#### **MEHTA, SHILPA, MD†**

Provider ID: N/A

22 ODYSSEY STE 115  
IRVINE, CA 92618

Teleservice

Effective as of 01-JAN-23

#### **MEHTA, SHILPA, MD†**

Provider ID: N/A

22 ODYSSEY STE 115  
IRVINE, CA 92618

Teleservice

Effective as of 01-OCT-23

#### **MEHTA, SHILPA, MD†**

Provider ID: N/A

22 ODYSSEY STE 115  
IRVINE, CA 92618

Teleservice

Effective as of 01-JUN-19

#### **MEHTA, SHILPA, MD†**

Provider ID: N/A

22 ODYSSEY STE 115  
IRVINE, CA 92618

Teleservice

Effective as of 01-JUN-19

### ***FAMILY PRACTICE***

#### **BURRIS, RYAN, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201

IRVINE, CA 92618

Effective as of 01-FEB-23

#### **BURRIS, RYAN, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201

IRVINE, CA 92618

Effective as of 01-FEB-23

### ***FAMILY PRACTICE***

### ***SPORTS MEDICINE***

#### **RIVADENEYRA, ADAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618

Effective as of 01-NOV-17

#### **RIVADENEYRA, ADAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618

Effective as of 01-JAN-19

### ***FEMALE PELVIC MED AND RECONSTRUCTIVE SURG***


#### **MWESIGWA, PATRICIA, MD†**

Provider ID: N/A

## C1. List of Network Providers


### Specialty Care Physician

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 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-MAR-22


#### **SHOURESHI, POONE, MD**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-SEP-23

#### **SHOURESHI, POONE, MD**


Provider ID: N/A

 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-SEP-23

### ***GASTROENTEROLOGY***


#### **ASHRAF, HEBA, MD**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-23


#### **ASHRAF, HEBA, MD**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-23

#### **ASHRAF, HEBA, MD**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-NOV-22

#### **ASHRAF, HEBA, MD**


Provider ID: N/A

 113 WATERWORKS WAY

STE 155  
IRVINE, CA 92618  
Effective as of 01-NOV-22


#### **ASHRAF, HEBA, MD**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-SEP-22


#### **ASHRAF, HEBA, MD**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-SEP-22


#### **ASHRAF, HEBA, MD**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-SEP-22


#### **ASHRAF, HEBA, MD**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-SEP-22


#### **ASHRAF, HEBA, MD**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-OCT-23


#### **BABAKNIA, ARDALAN, MD†**

Provider ID: N/A

 15775 LAGUNA CANYON  
RD STE 240  
IRVINE, CA 92618  
Effective as of 01-MAY-12


#### **BABAKNIA, ARDALAN, MD†**

Provider ID: N/A

 15775 LAGUNA CANYON  
RD STE 240  
IRVINE, CA 92618  
Effective as of 01-APR-11


#### **BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-OCT-23


#### **BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-16


#### **BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-16


#### **BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A


 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-20

#### **BEMANIAN, SHAHROOZ, MD†**


Provider ID: N/A

**C1. List of Network Providers**  
**Specialty Care Physician**


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 113 WATERWORKS WAY  
 STE 155  
 IRVINE, CA 92618  
 Effective as of 01-JAN-16


**BEMANIAN, SHAHROOZ, MD†**  
 Provider ID: N/A

 113 WATERWORKS WAY  
 STE 155  
 IRVINE, CA 92618  
 Effective as of 01-JAN-18


**CHOI, DAVID, DO†**  
 Provider ID: N/A

 113 WATERWORKS WAY  
 STE 155  
 IRVINE, CA 92618  
 Effective as of 01-AUG-22


**CHOI, DAVID, DO†**  
 Provider ID: N/A

 113 WATERWORKS WAY  
 STE 155  
 IRVINE, CA 92618  
 Effective as of 01-MAY-22


**CHOI, DAVID, DO†**  
 Provider ID: N/A

 113 WATERWORKS WAY  
 STE 155  
 IRVINE, CA 92618  
 Effective as of 01-MAY-22

**CHOI, DAVID, DO†**  
 Provider ID: N/A


 113 WATERWORKS WAY  
 STE 155  
 IRVINE, CA 92618  
 Effective as of 01-JUL-22

**CHOI, DAVID, DO†**  
 Provider ID: N/A


 113 WATERWORKS WAY  
 STE 155  
 IRVINE, CA 92618

Effective as of 01-JUL-22


**CHOI, DAVID, DO†**  
 Provider ID: N/A

 113 WATERWORKS WAY  
 STE 155  
 IRVINE, CA 92618  
 Effective as of 01-JUL-22


**CHOI, DAVID, DO†**  
 Provider ID: N/A

 113 WATERWORKS WAY  
 STE 155  
 IRVINE, CA 92618  
 Effective as of 01-JUL-22


**CHOI, DAVID, DO†**  
 Provider ID: N/A

 113 WATERWORKS WAY  
 STE 155  
 IRVINE, CA 92618  
 Effective as of 01-JUL-22


**CHOI, DAVID, DO†**  
 Provider ID: N/A

 113 WATERWORKS WAY  
 STE 155  
 IRVINE, CA 92618  
 Effective as of 01-OCT-23

**CHOI, DAVID, DO†**  
 Provider ID: N/A


 113 WATERWORKS WAY  
 STE 155  
 IRVINE, CA 92618  
 Effective as of 01-MAY-23

**HWANG, CAROLINE, MD**  
 Provider ID: N/A


 500 SUPERIOR AVE  
 STE 100  
 IRVINE, CA 92618  
 Effective as of 01-AUG-23

**HWANG, CAROLINE, MD**


Provider ID: N/A

 500 SUPERIOR AVE  
 STE 100  
 IRVINE, CA 92618  
 Effective as of 01-AUG-23


**HWANG, CAROLINE, MD**  
 Provider ID: N/A

 16405 SAND CANYON AVE  
 STE 280  
 IRVINE, CA 92618  
 Effective as of 01-JUN-23


**HWANG, CAROLINE, MD**  
 Provider ID: N/A

 16405 SAND CANYON AVE  
 STE 280  
 IRVINE, CA 92618  
 Effective as of 01-JUN-23


**KAUFMAN, DAVID, DO**  
 Provider ID: N/A

 18 ENDEAVOR STE 204  
 IRVINE, CA 92618  
 Effective as of 01-JUL-12


**KUMAR, RASHMI, MD**  
 Provider ID: N/A

 16405 SAND CANYON AVE  
 STE 280  
 IRVINE, CA 92618  
 Effective as of 01-OCT-23

**KUMAR, RASHMI, MD**  
 Provider ID: N/A

 16405 SAND CANYON AVE  
 STE 280  
 IRVINE, CA 92618  
 Effective as of 01-OCT-23

**LEE, JAMES, MD**  
 Provider ID: N/A

 16305 SAND CANYON AVE  
 STE 220  
 IRVINE, CA 92618

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JUN-23

**LEE, JAMES, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-JUN-23

**LEE, PAUL, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-JAN-23

**LEE, PAUL, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-18

**LEE, PAUL, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-OCT-23

**LEE, PAUL, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-OCT-23

**LEE, PAUL, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-MAY-16

**LEE, PAUL, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-MAY-16

**LEE, PAUL, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-23

**LEE, PAUL, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-20

**LEE, PAUL, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-21

**OHARA, JUN ICHI, MD**

Provider ID: N/A

22 ODYSSEY STE 170A  
IRVINE, CA 92618

Effective as of 01-JUN-19

**OMAN, MATTHEW, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-JAN-23

**OMAN, MATTHEW, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-21

**OMAN, MATTHEW, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-20

**OMAN, MATTHEW, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-OCT-23

**OMAN, MATTHEW, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-OCT-23

**OMAN, MATTHEW, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-18

**OMAN, MATTHEW, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-AUG-18

**OMAN, MATTHEW, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-AUG-18

**OMAN, MATTHEW, MD†**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-AUG-18

#### **OMAN, MATTHEW, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-FEB-18

#### **SINGH, HARDEEP, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-JUN-23

#### **SINGH, HARDEEP, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-JUN-23

#### **SINGH, HARDEEP, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-OCT-20

#### **SINGH, HARDEEP, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-MAY-17

#### **SINGH, HARDEEP, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220

IRVINE, CA 92618

Effective as of 01-MAY-17

#### **YAP, KONG PENG, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 106  
IRVINE, CA 92618

Effective as of 01-JAN-14

#### **YU, FANG, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 106  
IRVINE, CA 92618

Effective as of 01-JAN-18

#### **YU, VICTOR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-18

#### **YU, VICTOR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **YU, VICTOR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-MAY-16

#### **YU, VICTOR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-MAY-16

#### **YU, FANG, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 106  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **YU, VICTOR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **YU, VICTOR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-20

#### **YU, VICTOR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-23

#### **YU, FANG, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 106  
IRVINE, CA 92618

Effective as of 01-JAN-23

### ***GYNECOLOGIC***

### ***ONCOLOGY***

#### **ABAID, LISA, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-NOV-18



## C1. List of Network Providers

### Specialty Care Physician

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#### **BECK, TIFFANY, MD†**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-AUG-22

#### **BECK, TIFFANY, MD†**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-AUG-22

#### **LEVINE, MONICA, MD**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **LEVINE, MONICA, MD**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **MENDIVIL, ALBERTO, MD†**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-AUG-22

#### **MENDIVIL, ALBERTO, MD†**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-FEB-23

#### **MENDIVIL, ALBERTO, MD†**

Provider ID: N/A

☞ 16105 SAND CANYON AVE

STE 260

IRVINE, CA 92618

Effective as of 01-AUG-22

#### **MENDIVIL, ALBERTO, MD†**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-FEB-23

#### **MENDIVIL, ALBERTO, MD†**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-FEB-23

### ***HEMATOLOGY / ONCOLOGY***

#### **GOLDENSON, BENJAMIN, MD**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-AUG-23

#### **NANGIA, CHAITALI, MD†**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618\*  
Effective as of 01-OCT-22

#### **NANGIA, CHAITALI, MD†**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618\*  
Effective as of 01-OCT-22

#### **PANDIT, LALITA, MD†**

Provider ID: N/A

☞ 16300 SAND CANYON AVE

STE 609

IRVINE, CA 92618

Effective as of 01-OCT-19

#### **PANDIT, LALITA, MD†**

Provider ID: N/A

☞ 16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618  
Effective as of 01-OCT-21

#### **SEERY, TARA, MD†**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **SEERY, TARA, MD†**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JAN-21

### ***HEPATOLOGY***

#### **FONG, TSE LING, MD**

Provider ID: N/A

☞ 16405 SAND CANYON AVE  
STE 280  
IRVINE, CA 92618  
Effective as of 01-JAN-24

#### **FONG, TSE LING, MD**

Provider ID: N/A

☞ 16405 SAND CANYON AVE  
STE 280  
IRVINE, CA 92618  
Effective as of 01-JAN-24

### ***INFECTIOUS DISEASE***


#### **SARAFIAN, FARJAD, MD**

Provider ID: N/A

## C1. List of Network Providers


### Specialty Care Physician

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 16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-MAY-23


#### **SARAFIAN, FARJAD, MD**

Provider ID: N/A

 16100 SAND CANYON AVE  
STE 240  
IRVINE, CA 92618  
Effective as of 01-AUG-20


#### **SARAFIAN, FARJAD, MD**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-APR-23

#### **SARAFIAN, FARJAD, MD**


Provider ID: N/A

 16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-APR-23

### **INTERNAL MEDICINE**


#### **AHDOOT, JACOB, MD†**

Provider ID: N/A

 15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618  
Effective as of 01-JAN-20

#### **APPEL, RICHARD, MD†**

Provider ID: N/A

 11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **BILLECI, BARTON, MD†**

Provider ID: N/A

 16300 SAND CANYON AVE  
STE 614

IRVINE, CA 92618\*  
Effective as of 01-OCT-15

#### **CABRERA, JUAN, MD**

Provider ID: N/A

 11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **CHENG, CATHY, MD**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Teleservice

Effective as of 01-JUL-23

#### **CHENG, CATHY, MD**

Provider ID: N/A


 16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Teleservice

Effective as of 01-JUL-23

#### **CHIEN, JOHN, MD†**

Provider ID: N/A

 16200 SAND CANYON AVE  
IRVINE, CA 92618  
Effective as of 01-JAN-18


#### **DANESH, HOUMAN, MD†**

Provider ID: N/A

 11 TECHNOLOGY DR  
IRVINE, CA 92618\*  
Effective as of 01-JAN-18


#### **DAVIS, BARBARA, DO†**

Provider ID: N/A

 11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18


#### **EL-BERSHAWI, AHMED, MD†**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 225  
IRVINE, CA 92618  
Effective as of 01-MAR-21


#### **GEIGER, ERIK, MD†**

Provider ID: N/A

 11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18


#### **GHOSH, SUBRATO, MD†**

Provider ID: N/A

 11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18


#### **HUNG, JENNIFER, DO†**

Provider ID: N/A

 11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18


#### **LEE, RONALD, MD†**

Provider ID: N/A

 11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18


#### **LU, CHRISTIAN, MD†**

Provider ID: N/A

 11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **MIRSAEID GHAZI, POURYA, MD†**

Provider ID: N/A

 11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **NGUYEN, VIET, DO†**

Provider ID: N/A

 11 TECHNOLOGY DR

## CI. List of Network Providers

### Specialty Care Physician

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IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **NGUYEN, THUY, DO†**

Provider ID: N/A  
11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **PEREZ, FRANCISCO, MD†**

Provider ID: N/A  
11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **SHAHAMIRI, SEAN, MD†**

Provider ID: N/A  
11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **SHUNE, HONG, MD†**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 311  
IRVINE, CA 92618  
Effective as of 01-JAN-20

#### **SYCHANGCO, PAUL, MD†**

Provider ID: N/A  
11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **TAHERI, NIMA, MD†**

Provider ID: N/A  
11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **YAP, MICHAEL, MD†**

Provider ID: N/A  
11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **ZAHED, SHAHAB, MD†**

Provider ID: N/A  
11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### ***INTERVENTIONAL CARDIOLOGY***

#### **BERG, CHRISTOPHER, MD**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-NOV-23

#### **BERG, CHRISTOPHER, MD**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-NOV-23

#### **BERG, CHRISTOPHER, MD**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-NOV-23

#### **BERG, CHRISTOPHER, MD**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-NOV-23

#### **BERG, CHRISTOPHER, MD**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-NOV-23

#### **ESLAMI-FARSANI, MAHMOUD, MD†**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-APR-18

#### **ESLAMI-FARSANI, MAHMOUD, MD†**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-APR-18

#### **HOWELL, STACEY, MD**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-NOV-23

#### **HOWELL, STACEY, MD**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-NOV-23

#### **HOWELL, STACEY, MD**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-NOV-23

#### **HOWELL, STACEY, MD**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-NOV-23

#### **HOWELL, STACEY, MD**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **KAZEMI, SEPIDEH, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 601  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **NGUYEN, HUY, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-SEP-17

#### **NGUYEN, HUY, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-SEP-17

#### **NGUYEN, HUY, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **SCHACHTER, JESSICA, DO**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **SCHACHTER, JESSICA, DO**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708

IRVINE, CA 92618

Effective as of 01-NOV-23

#### **SCHACHTER, JESSICA, DO**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **SCHACHTER, JESSICA, DO**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **SCHACHTER, JESSICA, DO**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **WERTMAN, BRETT, MD**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-SEP-17

#### **WERTMAN, BRETT, MD**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **WERTMAN, BRETT, MD**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-SEP-17

#### **YALVAC, ETHAN, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

#### **YALVAC, ETHAN, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **YALVAC, ETHAN, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

### ***LICENSED CLINICAL SOCIAL WORKER***

#### **BOODMAN, SANDRA, LCSW**

Provider ID: N/A

☐ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **HUMPHRIES, CORINNE, LCSW**

Provider ID: N/A

☐ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **HUMPHRIES, CORINNE, LCSW**

Provider ID: N/A

☐ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618

Effective as of 01-DEC-23

## C1. List of Network Providers

### Specialty Care Physician

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#### ***MARRIAGE FAMILY THERAPIST***

##### **LIU, CHIA CHI, MFT**

Provider ID: N/A

☞ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-JUL-23

##### **LIU, CHIA CHI, MFT**

Provider ID: N/A

☞ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-JUL-23

##### **MAJDALANI, KAREN, MFT**

Provider ID: N/A

☞ 60 STEPPING STONE  
IRVINE, CA 92603  
Effective as of 01-JUN-23

##### **MAJDALANI, KAREN, MFT**

Provider ID: N/A

☞ 60 STEPPING STONE  
IRVINE, CA 92603  
Effective as of 01-JUN-23

##### **MCINTYRE, SUSAN, MFT**

Provider ID: N/A

☞ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23

##### **MCINTYRE, SUSAN, MFT**

Provider ID: N/A

☞ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23

##### **ONEILL, SEAN, MFT**

Provider ID: N/A

☞ 60 STEPPING STONE  
IRVINE, CA 92603  
Effective as of 01-JUN-23

##### **ONEILL, SEAN, MFT**

Provider ID: N/A

☞ 60 STEPPING STONE  
IRVINE, CA 92603  
Effective as of 01-JUN-23

##### **SHAH, SALMA, MFT**

Provider ID: N/A

☞ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23

##### **SHAH, SALMA, MFT**

Provider ID: N/A

☞ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23

#### ***MATERNAL AND FETAL MEDICINE***

##### **BUSH, MELISSA, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-SEP-16

##### **BUSH, MELISSA, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-FEB-21

##### **DAY, ROBERT, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360

IRVINE, CA 92618  
Effective as of 01-MAY-22

##### **KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-SEP-16

##### **KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-FEB-23

##### **KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-JAN-20

##### **KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-JUN-19

##### **KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-JAN-23

##### **KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-JAN-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **KFIR, MENASHE, MD<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON RD STE 360  
IRVINE, CA 92618

Effective as of 01-JAN-23

#### **MASAKI, DAMON, MD<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON RD STE 360  
IRVINE, CA 92618

Effective as of 01-DEC-19

#### **MASAKI, DAMON, MD<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON RD STE 360  
IRVINE, CA 92618

Effective as of 01-MAY-19

#### **SHRIVASTAVA, VINEET, MD**

Provider ID: N/A

15785 LAGUNA CANYON RD STE 360  
IRVINE, CA 92618

Effective as of 01-MAR-23

### ***MEDICAL ONCOLOGY***

#### **BECERRA, CARLOS, MD**

Provider ID: N/A

16105 SAND CANYON AVE STE 230  
IRVINE, CA 92618

Effective as of 01-MAR-23

#### **BECERRA, CARLOS, MD**

Provider ID: N/A

16105 SAND CANYON AVE STE 230  
IRVINE, CA 92618

Effective as of 01-MAR-23

#### **HAMOUI, NAHID, MD<sup>†</sup>**

Provider ID: N/A

16300 SAND CANYON AVE STE 604  
IRVINE, CA 92618

Effective as of 01-SEP-13

#### **KHAGI, SIMON, MD**

Provider ID: N/A

16105 SAND CANYON AVE STE 230  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **KHAGI, SIMON, MD**

Provider ID: N/A

16105 SAND CANYON AVE STE 230  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **PANDIT, LALITA, MD<sup>†</sup>**

Provider ID: N/A

16300 SAND CANYON AVE STE 609  
IRVINE, CA 92618

Effective as of 01-JAN-21

### ***NEPHROLOGY***

#### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 220  
IRVINE, CA 92618

Effective as of 01-APR-11

#### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 220  
IRVINE, CA 92618

Effective as of 01-JAN-14

#### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 220  
IRVINE, CA 92618

Effective as of 01-JAN-18

#### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 220  
IRVINE, CA 92618

Effective as of 01-JAN-20

#### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 220  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 220  
IRVINE, CA 92618

Effective as of 01-MAY-12

#### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 220  
IRVINE, CA 92618

Effective as of 01-JUN-18

#### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 220  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **JAMES, JOJI, MD**

Provider ID: N/A

22 ODYSSEY STE 115  
IRVINE, CA 92618

Effective as of 01-AUG-23

**C1. List of Network Providers**  
**Specialty Care Physician**

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**MANSOURY, HADI, MD†**

Provider ID: N/A

11 TECHNOLOGY DR  
 IRVINE, CA 92618

Effective as of 01-JAN-18

**MESBAH, AZITA, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 220  
 IRVINE, CA 92618

Effective as of 01-MAY-23

**SAWHNEY, SAJEET, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 220  
 IRVINE, CA 92618

Effective as of 01-APR-21

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
 RD STE 202  
 IRVINE, CA 92618

Effective as of 01-OCT-23

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
 RD STE 202  
 IRVINE, CA 92618

Effective as of 01-JUN-18

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
 RD STE 202  
 IRVINE, CA 92618

Effective as of 01-JUL-17

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON

RD STE 202  
 IRVINE, CA 92618

Effective as of 01-OCT-19

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
 RD STE 202  
 IRVINE, CA 92618

Effective as of 01-MAY-20

**NEUROLOGY**

**CLEEREMANS, BRUCE, MD**

Provider ID: N/A

16405 SAND CANYON AVE  
 STE 220  
 IRVINE, CA 92618

Effective as of 01-JAN-21

**JANKOWSKI, PAWEL, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 220  
 IRVINE, CA 92618

Effective as of 01-MAY-23

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 609  
 IRVINE, CA 92618

Effective as of 01-APR-08

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 609  
 IRVINE, CA 92618

Effective as of 01-OCT-21

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 609

IRVINE, CA 92618

Effective as of 01-OCT-21

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 609  
 IRVINE, CA 92618

Effective as of 01-JAN-17

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 609  
 IRVINE, CA 92618

Effective as of 01-JAN-17

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 609  
 IRVINE, CA 92618

Effective as of 01-JAN-14

**PARK, JAMES, DO**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-OCT-22

**PARK, JAMES, DO**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-OCT-22

**PATEL, JAY, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
 STE 511  
 IRVINE, CA 92618

Effective as of 01-JAN-20

## C1. List of Network Providers

### Specialty Care Physician

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#### **THAKKAR, SANDEEP, DO<sup>+</sup>**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 265  
IRVINE, CA 92618

Effective as of 01-AUG-22

#### **THAKKAR, SANDEEP, DO<sup>+</sup>**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 265  
IRVINE, CA 92618

Effective as of 01-AUG-22

#### **THAKKAR, SANDEEP, DO<sup>+</sup>**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-MAR-19

#### **THAKKAR, SANDEEP, DO<sup>+</sup>**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-MAR-18

#### **WHITMAN, GREGORY, MD**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-JAN-20

#### **WHITMAN, GREGORY, MD**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **NEUROLOGY CHILD**

#### **ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A

113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618

Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A

113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618

Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A

113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618

Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A

113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618

Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A

113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618

Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A

113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618

Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A

113 WATERWORKS WAY  
STE 350

IRVINE, CA 92618

Effective as of 01-JUN-19

#### **ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A

113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618

Effective as of 01-AUG-23

#### **ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A

113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618

Effective as of 01-AUG-23

#### **ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A

113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618

Effective as of 01-AUG-23

#### **ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A

113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618

Effective as of 01-AUG-23

#### **ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A

113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618

Effective as of 01-OCT-22

#### **NUCLEAR MEDICINE**

#### **REDDY, RYAN, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 215  
IRVINE, CA 92618



## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-OCT-23

#### **REDDY, RYAN, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 215  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### ***OBSTETRICS / GYNECOLOGY***

#### **AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-APR-11

#### **AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-APR-20

#### **AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-APR-20

#### **AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-MAY-12

#### **AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-FEB-21

#### **AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-JAN-18

#### **AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-JUL-12

#### **AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-FEB-21

#### **BARR, JESSICA, DO**

Provider ID: N/A

22 ODYSSEY STE 200  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **BARR, JESSICA, DO**

Provider ID: N/A

22 ODYSSEY STE 200  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **BUSH, MELISSA, MD†**

Provider ID: N/A

15785 LAGUNA CANYON

RD STE 360

IRVINE, CA 92618

Effective as of 01-MAY-24

#### **COUGH, HEIDI, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-OCT-22

#### **DAVIS, STEPHANIE, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-OCT-22

#### **HASHEMI, EMAD, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-NOV-20

#### **HASHEMI, EMAD, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-NOV-20

#### **KONG, GRACE, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-OCT-22

#### **LEE, KATHERINE, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618

Effective as of 01-JUN-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **LEE, KATHERINE, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-23

#### **LIN, JAMES, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 901  
IRVINE, CA 92618

Effective as of 01-SEP-15

#### **MARINESCU, CATALIN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 265  
IRVINE, CA 92618

Effective as of 01-JAN-20

#### **MARINESCU, CATALIN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 265  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **MASAKI, DAMON, MD†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-JAN-22

#### **MASAKI, DAMON, MD†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-JAN-22

#### **MENDELSON, SUSAN, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **MILLER, JAMIE, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **PERKINS, KENDRA, DO†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 265  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **PETERS, AMY, DO**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **PETERS, AMY, DO**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **STERNFELD, DANIEL, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618

Effective as of 01-SEP-20

#### **STERNFELD, DANIEL, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618

Effective as of 01-OCT-22

#### **TANAMAI, VAYA, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618

Effective as of 01-MAY-20

#### **YAO, GRACE, MD†**

Provider ID: N/A

22 ODYSSEY STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **YAO, GRACE, MD†**

Provider ID: N/A

22 ODYSSEY STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-21

### ***OPHTHALMOLOGY***

#### **GE, NENGJIE, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618

Effective as of 01-JUL-12

#### **GE, NENGJIE, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618

Effective as of 01-MAR-23

#### **GE, NENGJIE, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618

Effective as of 01-MAR-23

#### **GE, NENGJIE, MD†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

16300 SAND CANYON AVE  
STE 608

IRVINE, CA 92618

Effective as of 01-JAN-17

#### **GE, NENGJIE, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 608

IRVINE, CA 92618

Effective as of 01-JAN-18

#### **GE, NENGJIE, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 608

IRVINE, CA 92618

Effective as of 01-OCT-23

#### **GHIASI, ZAHRA, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 245

IRVINE, CA 92618

Effective as of 01-JAN-17

#### **GWYNN, DAVID, MD**

Provider ID: N/A

22 ODYSSEY STE 150  
IRVINE, CA 92618

Effective as of 01-MAR-23

#### **LEE, JIMMY, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618

Effective as of 01-JUL-22

#### **LEE, ANDREW, MD**

Provider ID: N/A

18 ENDEAVOR STE 104  
IRVINE, CA 92618

Effective as of 01-MAY-23

#### **LEE, ANDREW, MD**

Provider ID: N/A

18 ENDEAVOR STE 104  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **LEE, JIMMY, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618

Effective as of 01-OCT-23

#### **MARVASTI, AMIR, MD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618

Effective as of 01-OCT-23

#### **MARVASTI, AMIR, MD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618

Effective as of 01-JAN-23

#### **NGUYEN, BAO-THU, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618\*

Effective as of 01-JAN-23

#### **NGUYEN, BAO-THU, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618

Effective as of 01-MAY-19

#### **NGUYEN, BAO-THU, MD†**

Provider ID: N/A

15825 LAGUNA CANYON

RD STE 201

IRVINE, CA 92618

Effective as of 01-MAY-19

#### **NGUYEN, BAO-THU, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618\*

Effective as of 01-OCT-23

#### **TAYANI, RAMIN, MD**

Provider ID: N/A

22 ODYSSEY STE 150  
IRVINE, CA 92618

Effective as of 01-MAR-23

#### **VAIDYA, NADEEM, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 385

IRVINE, CA 92618

Effective as of 01-MAR-16

#### **VAIDYA, NADEEM, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 385

IRVINE, CA 92618

Effective as of 01-FEB-21

#### **VAIDYA, NADEEM, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 385

IRVINE, CA 92618

Effective as of 01-FEB-21

#### **VAIDYA, NADEEM, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 385

IRVINE, CA 92618

Effective as of 01-JAN-21

## CI. List of Network Providers

### Specialty Care Physician

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#### **VAIDYA, NADEEM, MD<sup>†</sup>**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 385  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### ***OPTOMETRIST***

#### **OWYANG, ASHLEY, OD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **OWYANG, ASHLEY, OD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618

Effective as of 01-JAN-23

#### **RUDE, LOREN, OD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618

Effective as of 01-JAN-23

#### **RUDE, LOREN, OD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **TRAN, STEPHANIE, OD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **TRAN, STEPHANIE, OD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618

Effective as of 01-JAN-23

#### **WANG, MATTHEW, OD<sup>†</sup>**

Provider ID: N/A

22 ODYSSEY STE 150  
IRVINE, CA 92618

Effective as of 01-JAN-23

#### **WANG, MATTHEW, OD<sup>†</sup>**

Provider ID: N/A

22 ODYSSEY STE 150  
IRVINE, CA 92618

Effective as of 01-JAN-18

#### **WANG, STEVEN, OD**

Provider ID: N/A

22 ODYSSEY STE 150  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **WANG, MATTHEW, OD<sup>†</sup>**

Provider ID: N/A

22 ODYSSEY STE 150  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### ***ORAL MAXILLOFACIAL SURGEON***

#### **KALANTARI, OUZHAN, DMD**

Provider ID: N/A

114 PACIFICA STE 420  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### ***OTOLARYNGOLOGY***

#### **BALAKER, ASHLEY, MD<sup>†</sup>**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-OCT-22

#### **BALAKER, ASHLEY, MD<sup>†</sup>**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-APR-23

#### **BALAKER, ASHLEY, MD<sup>†</sup>**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-APR-23

#### **BALAKER, ASHLEY, MD<sup>†</sup>**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-JUN-19

#### **BALAKER, ASHLEY, MD<sup>†</sup>**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-MAY-19

#### **BUEN, FLOYD, MD<sup>†</sup>**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-DEC-20

#### **BUEN, FLOYD, MD<sup>†</sup>**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-DEC-20

#### **BUEN, FLOYD, MD<sup>†</sup>**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-DEC-20

#### **BUEN, FLOYD, MD<sup>†</sup>**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-DEC-20

#### **BUEN, FLOYD, MD†**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-NOV-20

#### **BUEN, FLOYD, MD†**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-NOV-20

#### **CHO, MICHAEL, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-JAN-15

#### **CHO, MICHAEL, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-JAN-15

#### **CROCKETT, DENNIS, MD†**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **CROCKETT, DENNIS, MD†**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-JUL-19

#### **CROCKETT, DENNIS, MD†**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-JUL-19

#### **GE, NORMAN, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-OCT-12

#### **GE, NORMAN, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-JAN-23

#### **GE, NORMAN, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-FEB-23

#### **GE, NORMAN, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-FEB-23

#### **GE, NORMAN, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **GE, NORMAN, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-FEB-23

#### **LUU, QUANG, MD†**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-OCT-18

#### **LUU, QUANG, MD†**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-OCT-18

#### **MUNDI, JAGMEET, MD†**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-JUN-16

#### **MUNDI, JAGMEET, MD†**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-JUN-16

#### **MUNDI, JAGMEET, MD†**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-MAY-19

#### **PETTIS, ROBERT, MD†**

Provider ID: N/A

☐ 16100 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-MAY-20

#### **SUN, JOHN, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-MAR-16

#### **SUN, JOHN, MD†**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **SUN, PAUL, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-JAN-17

#### **SUN, JOHN, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-JAN-17

#### **SUN, PAUL, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-JAN-14

#### **SUN, JOHN, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **SUN, PAUL, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-FEB-16

#### **SUN, JOHN, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-JAN-20

#### **SUN, PAUL, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **SUN, PAUL, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-NOV-17

#### **SUN, PAUL, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **SUN, JOHN, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-NOV-17

#### **SUN, PAUL, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-NOV-17

#### **SUN, JOHN, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-NOV-17

#### **SUN, JOHN, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-JAN-14

#### **THOMPSON, CHRISTOPHER, MD†**

Provider ID: N/A  
☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-AUG-16

#### **THOMPSON, CHRISTOPHER, MD†**

Provider ID: N/A  
☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-AUG-16

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-FEB-16

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-JAN-14

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-NOV-17

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A  
☐ 22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-NOV-17

#### **ZUCKERMAN, KENNETH, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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☐ 16300 SAND CANYON AVE  
STE 704  
IRVINE, CA 92618  
Effective as of 01-JUL-12

#### ***PHYSICAL MEDICINE / REHABILITATION***

**LAI, KHANG, DO**

Provider ID: N/A

☐ 15701 ROCKFIELD BLVD  
IRVINE, CA 92618  
Effective as of 01-DEC-14

**LAI, KHANG, DO**

Provider ID: N/A

☐ 15701 ROCKFIELD BLVD  
IRVINE, CA 92618  
Effective as of 01-APR-11

**LAI, KHANG, DO**

Provider ID: N/A

☐ 15701 ROCKFIELD BLVD  
IRVINE, CA 92618  
Effective as of 01-NOV-14

**SEKO, KYLE, DO**

Provider ID: N/A

☐ 9080 IRVINE CENTER DR  
IRVINE, CA 92618  
Effective as of 01-FEB-22

#### ***PHYSICIANS ASSISTANT***

**BOW, LINDA, PA<sup>†</sup>**

Provider ID: N/A

☐ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-SEP-23

**CARR, OLIVIA, PA**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-APR-24

**CARR, OLIVIA, PA**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-APR-24

**CARR, OLIVIA, PA**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-APR-24

**CHRISTIE, CAMERON, PA**

Provider ID: N/A

☐ 8607 IRVINE CENTER DR  
IRVINE, CA 92618  
Effective as of 01-DEC-23

**KIM, MOSES, MD<sup>†</sup>**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-APR-21

**KISCADEN, LAUREN, PA**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-APR-23

**KISCADEN, LAUREN, PA**

Provider ID: N/A

☐ 18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-APR-23

**ROUGHLEY, MATTHEW, PA**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618

Effective as of 01-DEC-23

**SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-NOV-22

**SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-NOV-22

**STONE, MICHELLE, PA**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**STONE, MICHELLE, PA**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**STONE, MICHELLE, PA**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**STONE, MICHELLE, PA**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-FEB-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **STONE, MICHELLE, PA**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-JAN-23

#### **WONG, POLLYANNA, PA**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JAN-23

#### **WONG, POLLYANNA, PA**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JAN-23

#### **WU, VANNA, PA**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAR-24

#### **WU, VANNA, PA**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAR-24

#### **WU, VANNA, PA**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAR-24

#### **WU, VANNA, PA**

Provider ID: N/A

113 WATERWORKS WAY

STE 155  
IRVINE, CA 92618  
Effective as of 01-MAR-24

#### **WU, VANNA, PA**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAR-24

### ***PODIATRIST***

#### **BATHAEE, FARSHAD, DPM**

Provider ID: N/A

113 WATERWORKS WAY  
STE 250  
IRVINE, CA 92618  
Effective as of 01-DEC-21

#### **COYER, MICHAEL, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-JUL-18

#### **COYER, MICHAEL, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-JUL-18

#### **COYER, MICHAEL, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-JAN-20

#### **KOLODENKER, GENNADY, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE

STE 270  
IRVINE, CA 92618  
Effective as of 01-JUL-18

#### **KOLODENKER, GENNADY, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-JUL-18

#### **LIN, PARKSON, DPM**

Provider ID: N/A

2 HUGHES STE 150  
IRVINE, CA 92618  
Effective as of 01-JAN-17

#### **ROOHIAN, ARSHIA, DPM**

Provider ID: N/A

113 WATERWORKS WAY  
STE 250  
IRVINE, CA 92618  
Effective as of 01-DEC-21

#### **ROOHIAN, ARSHIA, DPM**

Provider ID: N/A

113 WATERWORKS WAY  
STE 250  
IRVINE, CA 92618  
Effective as of 01-JUL-20

#### **SOLAR, SARA, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-NOV-22

#### **SOLAR, SARA, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-NOV-22



## C1. List of Network Providers

### Specialty Care Physician

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**TIEN, AUDRIS, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-JUL-21

**TIEN, AUDRIS, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-JUL-21

**TIEN, AUDRIS, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-DEC-20

**TIEN, AUDRIS, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-DEC-20

**TIEN, AUDRIS, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-DEC-20

**VINCENT, EBONIE, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-AUG-19

**VINCENT, EBONIE, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-AUG-19

**VINCENT, EBONIE, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-AUG-19

**VINCENT, EBONIE, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-JAN-21

**YANG, DAVID, DPM**

Provider ID: N/A

18 ENDEAVOR STE 206  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**YANG, DAVID, DPM**

Provider ID: N/A

18 ENDEAVOR STE 206  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**YANG, ANDREW, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-DEC-20

**YANG, ANDREW, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-DEC-20

**YANG, ANDREW, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-DEC-20

### ***PSYCHIATRY***

**RITTER, AARON, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-NOV-22

**RITTER, AARON, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-NOV-22

**RITTER, AARON, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-NOV-22

**RITTER, AARON, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-NOV-22

**SALO, CLINT, DO†**

Provider ID: N/A

2 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-AUG-17


**SALO, CLINT, DO†**

Provider ID: N/A

## C1. List of Network Providers


### Specialty Care Physician

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 2 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-NOV-16


**SALO, CLINT, DO†**

Provider ID: N/A

 2 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-NOV-16


**SALO, CLINT, DO†**

Provider ID: N/A

 2 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-AUG-17


**SZPUNAR, MERCEDES, MD**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-MAR-23


**SZPUNAR, MERCEDES, MD**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-MAR-23


**SZPUNAR, MERCEDES, MD**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**SZPUNAR, MERCEDES, MD**


Provider ID: N/A

 16305 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**PSYCHOLOGIST**


**ALEXANDER, DEBORAH, PSYD**

Provider ID: N/A

 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23


**ALEXANDER, DEBORAH, PSYD**

Provider ID: N/A

 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23


**ALEXANDER, DEBORAH, PSYD**

Provider ID: N/A

 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23


**ALEXANDER, DEBORAH, PSYD**

Provider ID: N/A

 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23


**KANG, EILEEN, PhD**

Provider ID: N/A

 6 VENTURE  
IRVINE, CA 92618  
Effective as of 01-MAR-20


**KANG, EILEEN, PhD**

Provider ID: N/A

 6 VENTURE  
IRVINE, CA 92618  
Effective as of 01-MAR-20


**KANG, EILEEN, PhD**

Provider ID: N/A

 6 VENTURE  
IRVINE, CA 92618  
Effective as of 01-MAR-20


**KANG, EILEEN, PhD**

Provider ID: N/A

 6 VENTURE  
IRVINE, CA 92618  
Effective as of 01-MAR-20


**MORIN, RUTH, PSYD**

Provider ID: N/A

 16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JAN-24


**MORIN, RUTH, PSYD**

Provider ID: N/A

 16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JAN-24


**MORIN, RUTH, PSYD**

Provider ID: N/A

 16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JAN-24


**MORIN, RUTH, PSYD**

Provider ID: N/A

 16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JAN-24

**MUNAVU, LILY, PSYD**

Provider ID: N/A

 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23

**MUNAVU, LILY, PSYD**

Provider ID: N/A

 15635 ALTON PKWY STE

## CI. List of Network Providers

### Specialty Care Physician

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350  
IRVINE, CA 92618  
Effective as of 01-DEC-23

#### **MUNAVU, LILY, PSYD**

Provider ID: N/A  
☑ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23

#### **MUNAVU, LILY, PSYD**

Provider ID: N/A  
☑ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23

#### **PETERSON, JENYFFER, PSYD**

Provider ID: N/A  
☑ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23

#### **PETERSON, JENYFFER, PSYD**

Provider ID: N/A  
☑ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23

#### **PETERSON, JENYFFER, PSYD**

Provider ID: N/A  
☑ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23

#### **PETERSON, JENYFFER, PSYD**

Provider ID: N/A  
☑ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618  
Effective as of 01-DEC-23

### ***PULMONARY DISEASES***

#### **EL-BERSHAWI, AHMED, MD†**

Provider ID: N/A  
☑ 4 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-JUN-22

#### **EL-BERSHAWI, AHMED, MD†**

Provider ID: N/A  
☑ 4 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-JUN-22

#### **GHAZARIAN, ZERON, MD†**

Provider ID: N/A  
☑ 16305 SAND CANYON AVE  
STE 225  
IRVINE, CA 92618  
Effective as of 01-MAR-21

#### **GOZZO, YVETTE, MD**

Provider ID: N/A  
☑ 16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **HARIANAWALA, SALIM, MD†**

Provider ID: N/A  
☑ 4 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-JUN-22

#### **HARIANAWALA, SALIM, MD†**

Provider ID: N/A  
☑ 4 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-JUN-22

### ***RADIATION ONCOLOGY***

#### **LIN, KEVIN, MD†**

Provider ID: N/A

☑ 16105 SAND CANYON AVE  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **LIN, KEVIN, MD†**

Provider ID: N/A  
☑ 16105 SAND CANYON AVE  
STE 150  
IRVINE, CA 92618  
Effective as of 01-JAN-20

### ***RADIOLOGY DIAGNOSTIC***

#### **ULANER, GARY, MD†**

Provider ID: N/A  
☑ 16105 SAND CANYON AVE  
STE 215  
IRVINE, CA 92618  
Effective as of 01-OCT-22

#### **ULANER, GARY, MD†**

Provider ID: N/A  
☑ 16105 SAND CANYON AVE  
STE 215  
IRVINE, CA 92618  
Effective as of 01-OCT-22

### ***SURGERY COLON SURGERY***

#### **MILANCHI, SIAMAK, MD†**

Provider ID: N/A  
☑ 16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **MILANCHI, SIAMAK, MD†**

Provider ID: N/A  
☑ 16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618  
Effective as of 01-APR-15

#### **MILANCHI, SIAMAK, MD†**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

Effective as of 01-APR-15

#### **SURGERY GENERAL**

##### **CHUNG, NATHAN, MD†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-MAR-21

##### **CHUNG, NATHAN, MD†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-MAR-21

##### **COLEMAN, COLLEEN, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-JAN-20

##### **FORRESTER, JARED, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-OCT-23

##### **FORRESTER, JARED, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-OCT-23

##### **HAMOUI, NAHID, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

Effective as of 01-JAN-23

##### **HAMOUI, NAHID, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

Effective as of 01-JAN-21

##### **HAMOUI, NAHID, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

Effective as of 01-JAN-14

##### **HAMOUI, NAHID, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

Effective as of 01-DEC-19

##### **HAMOUI, NAHID, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

Effective as of 01-DEC-19

##### **HAMOUI, NAHID, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

Effective as of 01-DEC-19

##### **HURWITZ, MICHAEL, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-JAN-20

##### **JENSEN, NATISHA, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-AUG-23

##### **KRAFT, ELIZABETH, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 160  
IRVINE, CA 92618

Effective as of 01-OCT-23

##### **KRAFT, ELIZABETH, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 160  
IRVINE, CA 92618

Effective as of 01-OCT-23

##### **MACDONALD, HEATHER, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 160  
IRVINE, CA 92618

Effective as of 01-JAN-21

##### **MILANCHI, SIAMAK, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

Effective as of 01-JAN-18

##### **NISHANIAN, GARABED, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 350  
IRVINE, CA 92618

Effective as of 01-JAN-20

##### **NISHANIAN, GARABED, MD†**

**C1. List of Network Providers**  
**Specialty Care Physician**

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Provider ID: N/A  
 ☐ 16100 SAND CANYON AVE  
 STE 350  
 IRVINE, CA 92618  
 Effective as of 01-NOV-15

**SHAVER, JOHN, MD†**

Provider ID: N/A  
 ☐ 16305 SAND CANYON AVE  
 IRVINE, CA 92618  
 Effective as of 01-NOV-19

**SHAVER, JOHN, MD†**

Provider ID: N/A  
 ☐ 16305 SAND CANYON AVE  
 IRVINE, CA 92618  
 Effective as of 01-NOV-19

**SNYDER, LINCOLN, MD**

Provider ID: N/A  
 ☐ 16305 SAND CANYON AVE  
 STE 260  
 IRVINE, CA 92618  
 Effective as of 01-JAN-20

**WOLF, RONALD, MD**

Provider ID: N/A  
 ☐ 16105 SAND CANYON AVE  
 STE 230  
 IRVINE, CA 92618  
 Effective as of 01-NOV-23

***SURGERY GENERAL***  
***VASCULAR***

**NISHANIAN, GARABED, MD†**

Provider ID: N/A  
 ☐ 16100 SAND CANYON AVE  
 STE 350  
 IRVINE, CA 92618  
 Effective as of 01-JAN-21

**NISHANIAN, GARABED, MD†**

Provider ID: N/A  
 ☐ 16100 SAND CANYON AVE

STE 350  
 IRVINE, CA 92618  
 Effective as of 01-NOV-15

***SURGERY***  
***NEUROLOGICAL***

**JANKOWSKI, PAWEL, MD**

Provider ID: N/A  
 ☐ 16305 SAND CANYON AVE  
 STE 220  
 IRVINE, CA 92618  
 Effective as of 01-MAY-23

**MEHTA, VIVEK, MD†**

Provider ID: N/A  
 ☐ 16405 SAND CANYON AVE  
 STE 220  
 IRVINE, CA 92618  
 Effective as of 01-JAN-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A  
 ☐ 16405 SAND CANYON AVE  
 STE 220  
 IRVINE, CA 92618  
 Effective as of 01-JAN-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A  
 ☐ 16405 SAND CANYON AVE  
 STE 220  
 IRVINE, CA 92618  
 Effective as of 01-AUG-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A  
 ☐ 16405 SAND CANYON AVE  
 STE 220  
 IRVINE, CA 92618  
 Effective as of 01-AUG-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A  
 ☐ 16405 SAND CANYON AVE

STE 220  
 IRVINE, CA 92618  
 Effective as of 01-AUG-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A  
 ☐ 16405 SAND CANYON AVE  
 STE 220  
 IRVINE, CA 92618  
 Effective as of 01-AUG-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A  
 ☐ 16405 SAND CANYON AVE  
 STE 220  
 IRVINE, CA 92618  
 Effective as of 01-AUG-21

**MEHTA, VIVEK, MD**

Provider ID: N/A  
 ☐ 16405 SAND CANYON AVE  
 STE 300  
 IRVINE, CA 92618  
 Effective as of 01-APR-24

**OZGUR, BURAK, MD†**

Provider ID: N/A  
 ☐ 16405 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618  
 Effective as of 01-JAN-21

**OZGUR, BURAK, MD†**

Provider ID: N/A  
 ☐ 16405 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618  
 Effective as of 01-MAR-23

***SURGERY ORTHOPEDIC***

**ALEXANDER, GERALD, MD†**

Provider ID: N/A  
 ☐ 16300 SAND CANYON AVE  
 STE 511

## C1. List of Network Providers

### Specialty Care Physician

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IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **ALEXANDER, GERALD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618

Effective as of 01-MAR-18

#### **ALEXANDER, GERALD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618

Effective as of 01-MAR-18

#### **ALI, RAED, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 225

IRVINE, CA 92618

Effective as of 01-JAN-23

#### **ALI, RAED, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 240

IRVINE, CA 92618

Effective as of 01-JAN-23

#### **ALI, RAED, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 240

IRVINE, CA 92618

Effective as of 01-JAN-19

#### **ALI, RAED, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 225

IRVINE, CA 92618

Effective as of 01-OCT-23

#### **ALI, RAED, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 240

IRVINE, CA 92618

Effective as of 01-OCT-23

#### **AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-21

#### **AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-FEB-23

#### **AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-NOV-21

#### **AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-NOV-21

#### **AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-NOV-21

#### **AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-MAR-21

#### **AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

#### **DEBOTTIS, DANIEL, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618

Effective as of 01-OCT-23

#### **DEBOTTIS, DANIEL, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618

Effective as of 01-OCT-23

#### **DINH, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618

Effective as of 01-JAN-20

#### **DUNPHY, TAYLOR, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400

IRVINE, CA 92618

Effective as of 01-JAN-21

#### **FARRELLY, ERIN, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400

IRVINE, CA 92618

Effective as of 01-AUG-23

#### **GITTINGS, DANIEL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618

Effective as of 01-FEB-22

## C1. List of Network Providers

### Specialty Care Physician

---

#### **GITTINGS, DANIEL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-NOV-21

#### **GITTINGS, DANIEL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-NOV-21

#### **GITTINGS, DANIEL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-FEB-22

#### **GORDON, MICHAEL, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **GRAHAM, SCOTT, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

#### **HAGHVERDIAN, BRANDON, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **HAGHVERDIAN, BRANDON, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **HUNTER, MICHAEL, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618

Effective as of 01-OCT-22

#### **HUNTER, MICHAEL, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618

Effective as of 01-MAR-24

#### **JOHNSON, BRYCE, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-21

#### **JOHNSON, BRYCE, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-MAR-21

#### **JOHNSON, BRYCE, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-OCT-22

#### **JOHNSON, BRYCE, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-FEB-21

#### **JOHNSON, BRYCE, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

#### **KADAKIA, NIMISH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

#### **KADAKIA, NIMISH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-MAR-21

#### **KADAKIA, NIMISH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-FEB-21

#### **KADAKIA, NIMISH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-FEB-17

#### **KADAKIA, NIMISH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-FEB-17

#### **KADAKIA, NIMISH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-21

#### **KADAKIA, NIMISH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-FEB-21

#### **KADAKIA, NIMISH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JUL-23

#### **KADAKIA, NIMISH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JUL-23

#### **KASSAM, HAFIZ, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618

Effective as of 01-FEB-22

#### **KIM, ABRAHAM, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-24

#### **KIM, ABRAHAM, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-24

#### **KIM, ABRAHAM, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-24

#### **KIM, ABRAHAM, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-24

#### **KIM, ABRAHAM, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **KIM, ABRAHAM, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-23

#### **KIM, ABRAHAM, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-23

#### **KIM, ABRAHAM, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

#### **LEE, RICHARD, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **LIN, DARIUS, MD†**

Provider ID: N/A

22 ODYSSEY STE 270B  
IRVINE, CA 92618

Effective as of 01-JUN-17

#### **MOLHO, DAVID, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **MOLHO, DAVID, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **MOLHO, DAVID, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **MOLHO, DAVID, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **MOLHO, DAVID, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **MONTGOMERY, ROBERT, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

#### **MOSKOW, LONNIE, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

#### **NIETO, MICHAEL, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-JUN-21

#### **NIETO, MICHAEL, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511



## C1. List of Network Providers

### Specialty Care Physician

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IRVINE, CA 92618  
Effective as of 01-JUN-21

#### **NINH, CHRISTOPHER, MD†**

Provider ID: N/A

📍 113 WATERWORKS WAY  
STE 240

IRVINE, CA 92618  
Effective as of 01-DEC-23

#### **NINH, CHRISTOPHER, MD†**

Provider ID: N/A

📍 113 WATERWORKS WAY  
STE 240

IRVINE, CA 92618  
Effective as of 01-JAN-23

#### **NINH, CHRISTOPHER, MD†**

Provider ID: N/A

📍 113 WATERWORKS WAY  
STE 240

IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **NINH, CHRISTOPHER, MD†**

Provider ID: N/A

📍 113 WATERWORKS WAY  
STE 240

IRVINE, CA 92618  
Effective as of 01-MAY-21

#### **NINH, CHRISTOPHER, MD†**

Provider ID: N/A

📍 113 WATERWORKS WAY  
STE 240

IRVINE, CA 92618  
Effective as of 01-DEC-23

#### **PARVARESH, KEVIN, MD†**

Provider ID: N/A

📍 16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618  
Effective as of 01-DEC-20

#### **PARVARESH, KEVIN, MD†**

Provider ID: N/A

📍 16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618  
Effective as of 01-DEC-20

#### **PATEL, AMAR, MD†**

Provider ID: N/A

📍 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-21

#### **PATEL, AMAR, MD†**

Provider ID: N/A

📍 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

#### **PYRKO, PETER, MD**

Provider ID: N/A

📍 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **SCUDDAY, TRAVIS, MD†**

Provider ID: N/A

📍 16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618  
Effective as of 01-SEP-18

#### **SCUDDAY, TRAVIS, MD†**

Provider ID: N/A

📍 16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618  
Effective as of 01-SEP-18

#### **SCUDDAY, TRAVIS, MD†**

Provider ID: N/A

📍 16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **TING, JAMES, MD†**

Provider ID: N/A

📍 16300 SAND CANYON AVE  
STE 400

IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **VENEZIANO, CHRISTOPHER, MD**

Provider ID: N/A

📍 22 ODYSSEY STE 210  
IRVINE, CA 92618

Effective as of 01-SEP-23

#### **WANG, WILLIAM, MD†**

Provider ID: N/A

📍 16300 SAND CANYON AVE  
STE 400

IRVINE, CA 92618  
Effective as of 01-AUG-22

#### **WANG, WILLIAM, MD†**

Provider ID: N/A

📍 16300 SAND CANYON AVE  
STE 400

IRVINE, CA 92618  
Effective as of 01-AUG-22

#### **WHITE, JON, MD†**

Provider ID: N/A

📍 16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618  
Effective as of 01-AUG-18

#### **WHITE, JON, MD†**

Provider ID: N/A

📍 16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618  
Effective as of 01-DEC-12

#### **WHITE, JON, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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16300 SAND CANYON AVE STE 511  
IRVINE, CA 92618  
Effective as of 01-DEC-21

Effective as of 01-FEB-03

#### **WONG, JEFFREY, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-20

#### **WONG, JEFFREY, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-FEB-20

#### **WONG, JEFFREY, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-FEB-20

#### **WONG, JEFFREY, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-FEB-20

#### **WONG, JEFFREY, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

#### **YOUDERIAN, ARI, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

#### **YOUDERIAN, ARI, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

#### **YOUDERIAN, ARI, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-23

#### **YOUDERIAN, ARI, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-23

#### **YOUDERIAN, ARI, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **YOUDERIAN, ARI, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

#### **YOUDERIAN, ARI, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

#### **ZHANG, JOANNE, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618

Effective as of 01-NOV-22

#### **ZHANG, JOANNE, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618

Effective as of 01-NOV-22

### ***SURGERY THORACIC***

#### **KANAAN, SAMER, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
IRVINE, CA 92618

Effective as of 01-APR-19

#### **KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-APR-22

#### **KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-APR-22

#### **KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-APR-22

#### **KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-APR-22

#### **KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-APR-22

## CI. List of Network Providers

### Specialty Care Physician

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#### **KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-APR-22

#### **MARMUREANU, ALEXANDRU, MD**

Provider ID: N/A

5 HOLLAND STE 101  
IRVINE, CA 92618

Effective as of 01-NOV-23

### **UROLOGY**

#### **BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618\*

Effective as of 01-OCT-22

#### **BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JAN-23

#### **BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-18

#### **BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-18

#### **BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-18

#### **BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-18

#### **BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-18

#### **ELKHOURY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-FEB-23

#### **ELKHOURY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-FEB-23

#### **ELKHOURY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-FEB-23

#### **ELKHOURY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-FEB-23

#### **ELKHOURY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-FEB-23

#### **ELKHOURY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **ELKHOURY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JAN-23

#### **GRUENENFELDER, JENNIFER, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JAN-21

## C1. List of Network Providers

### Specialty Care Physician

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#### **HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-FEB-22

#### **HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-19

#### **HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-19

#### **HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-MAY-19

#### **HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE

STE 200  
IRVINE, CA 92618

Effective as of 01-DEC-20

#### **HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-AUG-19

#### **HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-AUG-19

#### **HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-AUG-19

#### **HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-AUG-19

#### **HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-AUG-19

#### **KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-DEC-23

#### **KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-SEP-18

#### **KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-SEP-18

#### **KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JAN-23

#### **KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-18



#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18	Effective as of 01-OCT-23	Provider ID: N/A
<b>MEAGLIA, JAMES, MD†</b> Provider ID: N/A	<b>MEAGLIA, JAMES, MD†</b> Provider ID: N/A	 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JAN-23
 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JAN-21	Effective as of 01-OCT-22	<b>NAKAMURA, LEAH, MD†</b> Provider ID: N/A
<b>MEAGLIA, JAMES, MD†</b> Provider ID: N/A	<b>MEAGLIA, JAMES, MD†</b> Provider ID: N/A	 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JAN-21
 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18	Effective as of 01-DEC-23	<b>NAKAMURA, LEAH, MD†</b> Provider ID: N/A
<b>MEAGLIA, JAMES, MD†</b> Provider ID: N/A	<b>MEAGLIA, JAMES, MD†</b> Provider ID: N/A	 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18
 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-DEC-19	Effective as of 01-DEC-19	<b>SHOURESHI, POONE, MD</b> Provider ID: N/A
<b>MEAGLIA, JAMES, MD†</b> Provider ID: N/A	<b>NAKAMURA, LEAH, MD†</b> Provider ID: N/A	 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23
 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JAN-23	Effective as of 01-APR-21	<b>SHOURESHI, POONE, MD</b> Provider ID: N/A
<b>MEAGLIA, JAMES, MD†</b> Provider ID: N/A	<b>NAKAMURA, LEAH, MD†</b> Provider ID: N/A	 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23
 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18	Effective as of 01-OCT-22	<b>SHOURESHI, POONE, MD</b> Provider ID: N/A
<b>MEAGLIA, JAMES, MD†</b> Provider ID: N/A	<b>NAKAMURA, LEAH, MD†</b> Provider ID: N/A	 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23
 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618	Effective as of 01-OCT-23	<b>SHOURESHI, POONE, MD</b> Provider ID: N/A
<b>NAKAMURA, LEAH, MD†</b>	<b>NAKAMURA, LEAH, MD†</b>	 16305 SAND CANYON AVE STE 200

## C1. List of Network Providers

### Specialty Care Physician

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IRVINE, CA 92618  
Effective as of 01-AUG-23

#### **SHOURESHI, POONE, MD**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-AUG-23

#### **SHOURESHI, POONE, MD**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-AUG-23

#### **SINGH, KARAN, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-DEC-19

#### **SINGH, KARAN, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

#### **SINGH, KARAN, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **SINGH, KARAN, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-DEC-19

#### **SINGH, KARAN, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

#### **SINGH, KARAN, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-23

#### **SINGH, KARAN, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

#### **SINGH, KARAN, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **SINGH, KARAN, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-22

#### **SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-22

#### **SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE

STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-18

#### **SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-23

#### **SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

#### **SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-FEB-23

#### **SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-DEC-19

#### **SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-21

## C1. List of Network Providers

### Specialty Care Physician

---

#### **SPITZ, AARON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

#### **SPITZ, AARON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-DEC-19

#### **SPITZ, AARON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-APR-21

#### **SU, DANIEL, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
IRVINE, CA 92618  
Effective as of 01-SEP-18

#### **SU, DANIEL, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-SEP-18

#### **SU, DANIEL, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **SU, DANIEL, MD†**

Provider ID: N/A

16305 SAND CANYON AVE

STE 200

IRVINE, CA 92618

Effective as of 01-DEC-19

#### **SU, DANIEL, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-23

#### **SU, DANIEL, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **TAKESITA, KEN, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-15

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-SEP-18

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-SEP-18

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-23

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-MAY-21

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

#### **ZHAO, HANSON, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-NOV-22

#### **ZHAO, HANSON, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-NOV-22

### **ALLERGY IMMUNOLOGY**

#### **MODENA, BRIAN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUN-22

#### **MODENA, BRIAN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-MAY-22

#### **SHARMA, KUSUM, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Effective as of 01-JAN-23

#### **SHARMA, KUSUM, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
400  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

#### **SHARMA, KUSUM, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Effective as of 01-JUN-22

### **ANESTHESIOLOGY**

#### **BECERRA SONGOLO, TOSHA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **FILIPOVIC, MAYA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **FUNDINGSLAND, BRENT, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

#### **GAYAM, SAJJAN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-22

#### **NARLA, VINOD, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **NGO, DONALD, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **ROY, KEVIN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **SUYDAM, STEVEN, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

#### **TULLY, JEFFREY, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

#### **TZENG, ERIC, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

#### **VAUGHN, DOUGLAS, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **WANG, MICHELLE, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

### **ANESTHESIOLOGY**

### **CRITICAL CARE MEDICINE**

#### **KRAUSE, MARTIN, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21



## CI. List of Network Providers

### Specialty Care Physician

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#### **ANESTHESIOLOGY PAIN MANAGEMENT**

##### **MADHAV, SANDIP, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-APR-21

##### **MADHAV, SANDIP, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAR-21

#### **AUDIOLOGIST**

##### **BAXTER, STEPHANIE, AuD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

##### **BAXTER, STEPHANIE, AuD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

##### **BAXTER, STEPHANIE, AuD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

##### **BAXTER, STEPHANIE, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

##### **HARRIS, GENEVIEVE, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

##### **KING, JOHN, AuD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

##### **RUBY, CHARLES, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

##### **SPRIGGS, MEGHAN, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

##### **TSANG, JOYCE, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

##### **WIAN, DEBORAH, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

##### **WILLIAMS, ALICIA, AuD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037

Effective as of 01-JUL-21

##### **ZETTNER, ERIKA, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

#### **CARDIAC**

#### **ELECTROPHYSIOLOGY**

##### **COHEN, DAVID, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940  
LA JOLLA, CA 92037

Effective as of 01-MAY-20

##### **COHEN, DAVID, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940  
LA JOLLA, CA 92037

Effective as of 01-SEP-21

##### **HAMZEI, ALI, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

##### **MENDENHALL, GEORGE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940  
LA JOLLA, CA 92037

Effective as of 01-JUL-18

##### **MENDENHALL, GEORGE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940  
LA JOLLA, CA 92037

Effective as of 01-JAN-23

##### **PATEL, JIGAR, DO†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

9850 GENESEE AVE STE  
810

LA JOLLA, CA 92037

Effective as of 01-JAN-22

#### **WHITWAM, WAYNE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780

LA JOLLA, CA 92037

Effective as of 01-JAN-21

### **CARDIOVASCULAR DISEASE**

#### **AIZIN, VITALI, MD†**

Provider ID: N/A

9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037

Effective as of 01-JAN-23

#### **AIZIN, VITALI, MD†**

Provider ID: N/A

9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037

Effective as of 01-FEB-21

#### **AVALOS, ROY, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **BERMAN, BRETT, MD†**

Provider ID: N/A

9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037

Effective as of 01-FEB-21

#### **CARAZO, MATTHEW, MD†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

Effective as of 01-NOV-21

#### **CHARLAT, MARTIN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **COHEN, DAVID, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **COSTELLO, DENNIS, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
430

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **COSTELLO, DENNIS, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
430

LA JOLLA, CA 92037

Effective as of 01-JUL-20

#### **DAMANI, SAMIR, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
650

LA JOLLA, CA 92037

Effective as of 01-JUN-22

#### **DURAN, EDWARD, MD**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **HONG, ERIC, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **KARIMIAN, AMIR, MD**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **KEEN, WILLIAM, MD†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-22

#### **KULHANEK, JAN, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
780

LA JOLLA, CA 92037

Effective as of 01-JUL-23

#### **KUMAR, KRIS, DO**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **MENDENHALL, GEORGE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **PATEL, JIGAR, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
810

LA JOLLA, CA 92037

Effective as of 01-MAR-24

## C1. List of Network Providers

### Specialty Care Physician

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#### **RAPEPORT, KEVIN, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
940B  
LA JOLLA, CA 92037  
Effective as of 01-MAR-16

#### **RUSSO, ROBERT, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
350  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **SAB, SHIV, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
780  
LA JOLLA, CA 92037  
Effective as of 01-DEC-22

#### **SHAPIRO, HILARY, MD**

Provider ID: N/A

☐ 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

#### **SHEREV, DIMITRI, MD**

Provider ID: N/A

☐ 4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

### ***CERTIFIED***

### ***ACUPUNCTURIST***

#### **ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

☐ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-24

#### **ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

☐ 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

☐ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **JULIAN, FIDES, LAC**

Provider ID: N/A

☐ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **JULIAN, FIDES, LAC**

Provider ID: N/A

☐ 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **JULIAN, FIDES, LAC**

Provider ID: N/A

☐ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-24

#### **MURRAY, STEVEN, LAC**

Provider ID: N/A

☐ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-24

#### **MURRAY, STEVEN, LAC**

Provider ID: N/A

☐ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **MURRAY, STEVEN, LAC**

Provider ID: N/A

☐ 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

☐ 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

☐ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

☐ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-24

### ***CERTIFIED NURSE PRACTITIONER***

#### **ASHMAN, ELLEN, NP†**

Provider ID: N/A

☐ 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **ATILLO, RONALD MAR, NP†**

Provider ID: N/A

☐ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **BELL, ANDREA, NP†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-AUG-22

#### **BIRD, JEREMY, NP**

Provider ID: N/A

☐ 9300 CAMPUS POINT DR

## C1. List of Network Providers

### Specialty Care Physician

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LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **BIRD, JEREMY, NP**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **BISCHER, MARGARET, NP**

Provider ID: N/A  
7855 IVANHOE AVE STE 110  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

#### **BURNEY, BRAEANNE, NP†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **CAMAQUIN, MIA, NP**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **CAMAQUIN, MIA, NP**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **CONNER, PAMELA, NP**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **CONNER, PAMELA, NP**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **CONNOR, CAROLINE, NP†**

Provider ID: N/A  
8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-JUN-21

#### **CZYPULL, MONICA, NP**

Provider ID: N/A  
9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-SEP-21

#### **CZYPULL, MONICA, NP**

Provider ID: N/A  
9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-AUG-21

#### **DE DIOS, SARAH, NP**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

#### **DRISCOLL, KARRIE, NP†**

Provider ID: N/A  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-21

#### **EVANS, ELISABETH, NP**

Provider ID: N/A  
9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-APR-24

#### **GIOVANNETTI, ERIN, NP†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **GOMEZ, LESLIE, NP**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **GOMEZ, LESLIE, NP**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **GOMEZ, LESLIE, NP**

Provider ID: N/A  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **GOMEZ, LESLIE, NP**

Provider ID: N/A  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **GOSHEN, KIRSTEN, NP†**

Provider ID: N/A  
9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **GOSHEN, KIRSTEN, NP†**

Provider ID: N/A  
9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **HADINGER, JANE, NP**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

8950 VILLA LA JOLLA DR  
STE C129  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-DEC-23

#### **HALPERN, DAVID, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **HANNA, LINDSAY, NP†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-OCT-21

#### **HEURING, JULIE, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037

Effective as of 01-DEC-21

#### **JENKINS, ERIN, NP**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-22

#### **JENKINS, ERIN, NP**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-22

#### **JONES, CHRISTA, NP†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **JONES, LAILA, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **JORJADZE, KETEVAN, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-AUG-22

#### **KHUAT, LIEN, NP†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **KORMANIK, PATRICIA, NP†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-JUL-21

#### **LEE, MINDY, NP**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

#### **LEE, MINDY, NP**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

#### **LEE, MINDY, NP**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

#### **LEE, MINDY, NP**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

#### **LOWE, ASHLEY, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JUL-23

#### **MAROSOK, MICHELLE, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-NOV-23

#### **MATTERA, BETH, NPF**

Provider ID: N/A

9898 GENESEE AVE FL 4  
LA JOLLA, CA 92037

Effective as of 01-MAY-16

#### **MATTHESS, JANETTE, NP†**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-FEB-22

#### **MATTHESS, JANETTE, NP†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037


Effective as of 01-FEB-22

#### **MCCALLION, DANIELLE, NP†**


Provider ID: N/A

**C1. List of Network Providers**  
**Specialty Care Physician**


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 4225 EXECUTIVE SQ STE  
 450  
 LA JOLLA, CA 92037  
 Effective as of 01-OCT-21


**MCCALLION, DANIELLE, NP†**  
 Provider ID: N/A

 4225 EXECUTIVE SQ STE  
 450  
 LA JOLLA, CA 92037  
 Effective as of 01-SEP-22


**MCCLAIN, MEGAN, NP†**  
 Provider ID: N/A

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Effective as of 01-AUG-22


**MCCLAIN, MEGAN, NP†**  
 Provider ID: N/A

 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Effective as of 01-AUG-22


**MCPHERSON, SAMANTHA, NP**  
 Provider ID: N/A

 9850 GENESEE AVE STE  
 320  
 LA JOLLA, CA 92037  
 Teleservice  
 Effective as of 01-AUG-21


**MICHAEL, NICOLE, NP†**  
 Provider ID: N/A

 9850 GENESEE AVE STE  
 320  
 LA JOLLA, CA 92037  
 Effective as of 01-MAY-21

**MICK, SHARON, NP**  
 Provider ID: N/A

 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Effective as of 01-MAY-23

**MICK, SHARON, NP**  
 Provider ID: N/A

 3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093  
 Effective as of 01-MAY-23


**MICK, SHARON, NP**  
 Provider ID: N/A

 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Effective as of 01-MAY-23


**MICK, SHARON, NP**  
 Provider ID: N/A

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Effective as of 01-MAY-23


**MOONEY, PATRICIA, NP†**  
 Provider ID: N/A

 9850 GENESEE AVE STE  
 560  
 LA JOLLA, CA 92037  
 Teleservice  
 Effective as of 01-JAN-24

**MOONEY, PATRICIA, NP†**  
 Provider ID: N/A


 9850 GENESEE AVE STE  
 560  
 LA JOLLA, CA 92037  
 Teleservice  
 Effective as of 01-MAY-21

**MORENO, MANUEL, NP†**  
 Provider ID: N/A


 9850 GENESEE AVE STE  
 320  
 LA JOLLA, CA 92037  
 Teleservice  
 Effective as of 01-AUG-22

**MULVEY, CAOILFHIONN, NP†**


Provider ID: N/A

 3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093  
 Effective as of 01-AUG-22


**MWAURA, WAIRIMU, NP†**  
 Provider ID: N/A

 9850 GENESEE AVE STE  
 560  
 LA JOLLA, CA 92037  
 Teleservice  
 Effective as of 01-JAN-24


**MWAURA, WAIRIMU, NP†**  
 Provider ID: N/A

 9850 GENESEE AVE STE  
 560  
 LA JOLLA, CA 92037  
 Teleservice  
 Effective as of 01-JUN-21


**PETREK, MEAGAN, NP†**  
 Provider ID: N/A

 9850 GENESEE AVE STE  
 320  
 LA JOLLA, CA 92037  
 Teleservice  
 Effective as of 01-JAN-21

**RENFROE, ILANA, NP**  
 Provider ID: N/A

 7855 IVANHOE AVE STE 110  
 LA JOLLA, CA 92037  
 Teleservice  
 Effective as of 01-DEC-21

**ROSSI, CATHERINE, NP†**  
 Provider ID: N/A

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Effective as of 01-AUG-22

**SALINAS, NIECEL, NP†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **SETIAWAN, EUGENIE, NPF†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-DEC-21

#### **SILVESTRI, NICOLE, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

#### **SOLOMON, AMANDA, NP**

Provider ID: N/A

8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **SRILASAK, MICHELE, NP†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-JUL-21

#### **TOMICICH, STEPHANIE, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-21

#### **TOMICICH, STEPHANIE, NP†**

Provider ID: N/A

9850 GENESEE AVE STE

440

LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-24

#### **TOMICICH, STEPHANIE, NP†**

Provider ID: N/A

9834 GENESEE AVE STE  
416  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **TRAN, RICHARD, NPF**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-MAR-24

#### **TRAN, TRAN, NP†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

#### **TRAN, TRAN, NP†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

#### **TRAN, RICHARD, NPF**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUL-23

#### **TRUJILLO, DALE, NP†**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE 2B  
LA JOLLA, CA 92037

Effective as of 01-APR-21

#### **VIERRA, ERIN, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

#### **WARD, MICHAEL, NP**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **WEIDNER, ANNE, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

#### **WILLEY, MARTI, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUN-21

#### **WILLEY, MARTI, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-24

#### **YEO, ALEXANDRIA, NP**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **ZUNIGA, VANIA, NP†**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037

Effective as of 01-MAY-21

#### ***CERTIFIED REGISTERED NURSE ANESTHETIST***

#### **AMADOR, LINDSAY, CRNA<sup>†</sup>**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-22

#### **CALABRIA, MEGAN, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **CANTRELL, SARAH, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **COLE, JASON, CRNA<sup>†</sup>**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUL-21

#### **DOLLAND, STEVEN, CRNA<sup>†</sup>**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUL-21

#### **DULAY, JOTI, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

#### **ESTABROOK, LARA, CRNA**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-JUL-23

#### **EVANS, CATHERINE, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-23

#### **FIEDLER, DEREK, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **GONZALEZ, LISA, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **GRIFFIN, SETH, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

#### **JOHNSTON, RACHEL, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **LAZARUS, ELIZABETH, CRNA**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-JUL-23

#### **POLIKOWSKI, SAMANTHA,**

#### **CRNA<sup>†</sup>**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-22

#### **POLLOM, JESSICA, CRNA<sup>†</sup>**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUL-21

#### **RAMIREZ, NICOLE, CRNA<sup>†</sup>**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-22

#### **ROADMAN, KEENE, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **SACKS, BRENT, CRNA<sup>†</sup>**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-APR-21

#### **SNODGRASS, JULIE, CRNA<sup>†</sup>**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUL-21

#### **SOTO, GILBERTO, CRNA<sup>†</sup>**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-FEB-22

#### ***CERTIFIED REGISTERED NURSE MIDWIFE***



## CI. List of Network Providers

### Specialty Care Physician

---

#### **CHOI, NATHALIE, CRNM**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

#### **CORRY, ANDREA, CRNM**

Provider ID: N/A

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

#### **ELY-KONOSKE, RACHEL, CRNM**

Provider ID: N/A

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **ELY-KONOSKE, RACHEL, CRNM**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **NATHAN, CARLY, CRNM**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-23

### **CHIROPRACTOR**

#### **BERKOFF, GREGORY, DC**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C129  
LA JOLLA, CA 92037

Effective as of 01-MAY-21

### **CLINICAL**

#### **NEUROPSYCHOLOGIST**

#### **ALASANTRO, LORI, PhD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
470

LA JOLLA, CA 92037

Effective as of 01-FEB-18

#### **KAUP, ALLISON, PhD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
530

LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAR-21

### **DERMATOLOGY**

#### **CHANG, TIMOTHY, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
850

LA JOLLA, CA 92037

Teleservice

Effective as of 01-OCT-21

#### **GONZALES, DARRELL, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
850

LA JOLLA, CA 92037

Teleservice

Effective as of 01-OCT-21

#### **NASH GOELITZ, ALYSSA, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
850

LA JOLLA, CA 92037

Teleservice

Effective as of 01-OCT-21

#### **SIDDIQUI, FARYAL, MD**

Provider ID: N/A

📍 7720 FAY AVE

LA JOLLA, CA 92037

Effective as of 01-MAY-22

### **EMERGENCY MEDICINE**

#### **BLACK, NICHOLAS, MD†**

Provider ID: N/A

📍 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

Effective as of 01-SEP-21

#### **CHEN, ALICE, MD†**

Provider ID: N/A

📍 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

Effective as of 01-NOV-21

#### **CHEN, ALICE, MD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

#### **GALUST, HENRIK, MD**

Provider ID: N/A

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **HARDIN, JEREMY, MD†**

Provider ID: N/A

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-22

#### **HERNANDEZ, CRISTINA, MD†**

Provider ID: N/A

📍 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

Effective as of 01-MAY-21

#### **HOGUE, BRENNAN, MD**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **HOGUE, BRENNAN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **KUTZ, CRAIG, MD†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

#### **KUTZ, CRAIG, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

#### **LIOTTA, BENJAMIN, MD†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

#### **MUELLER, MATTHEW, DO†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

#### **MUELLER, MATTHEW, DO†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

#### **PARK, JAY, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

#### **PARK, JAY, MD†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

#### **SELTZER, JUSTIN, MD†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

#### **SMITH, CASEY, MD**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **SUPAT, BENJAMIN, MD**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **YU, ELAINE, DO**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE A  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **YU, ELAINE, DO**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

#### **GUERIN, CHRIS, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

#### **IYENGAR, RAVI, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **IYENGAR, RAVI, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **MBA, MBA UZOMA, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-DEC-22

#### **NAGELBERG, JODI, MD†**

Provider ID: N/A

8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

#### **PETTUS, JEREMY, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

#### **SCHNEIDER, DARIUS, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Teleservice

## CI. List of Network Providers

### Specialty Care Physician

---

Effective as of 01-OCT-21

#### **SCHNEIDER, DARIUS, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-23

#### **SHAH, NANDI, MD**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JAN-24

#### **SHAH, NANDI, MD**

Provider ID: N/A

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JAN-24

### ***FAMILY PRACTICE***

#### **BOYD, JAMES, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*

Effective as of 01-JAN-21

#### **JOLICOEUR, MEGAN, DO**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

### ***GASTROENTEROLOGY***

#### **BORTNIKER, ETHAN, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **GOLDKLANG, ROBERT, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **GOLDKLANG, ROBERT, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-SEP-22

#### **HASAN, AWS, MD**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **HASAN, AWS, MD**

Provider ID: N/A

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **KLAPHEKE, ROBERT, MD†**

Provider ID: N/A

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

#### **LAJOIE, ADRIANNE, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-SEP-22

#### **MAYER, ANDREW, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **MAYER, ANDREW, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037

Effective as of 01-MAR-23

#### **MAYER, ANDREW, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037\*

Effective as of 01-NOV-14

#### **MAYER, ANDREW, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037

Effective as of 01-SEP-22

#### **PAREDEZ, EDWARD, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

#### **PAREDEZ, EDWARD, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-SEP-22

#### **PAREDEZ, EDWARD, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037

Teleservice

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-NOV-14

#### **PAREDEZ, EDWARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-FEB-05

#### **SHAH, SHAILJA, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

#### **SHAH, SHAILJA, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

#### **SYAL, GAURAV, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **SYAL, GAURAV, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **YOUSSEF, FADY, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **YOUSSEF, FADY, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

### ***GENETICS MEDICAL***

#### **JONES, MARILYN, MD†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037

Effective as of 01-JUN-21

### ***GYNECOLOGIC ONCOLOGY***

#### **ESKANDER, RAMEZ, MD†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-JUL-21

### ***GYNECOLOGY***

#### **MARSHALL, CATHARINE, MD**

Provider ID: N/A

7301 GIRARD AVE STE 300  
LA JOLLA, CA 92037

Effective as of 01-NOV-18

### ***HEMATOLOGY / ONCOLOGY***

#### **BANERJEE, PUSHPENDU, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

#### **BANERJEE, PUSHPENDU, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

#### **CHEN, YU-WEI, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **CHEN, YU-WEI, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-DEC-23

#### **SINCLAIR, JAMES, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **SINCLAIR, JAMES, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **SINCLAIR, JAMES, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037

Effective as of 01-JUN-18

#### **SULLIVAN, JESSICA, DO**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-SEP-23

#### **WALLACH, SABINA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE

## C1. List of Network Providers

### Specialty Care Physician

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400  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

#### **WALLACH, SABINA, MD†**

Provider ID: N/A  
9850 GENESEE AVE STE  
400  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

### ***HOSPICE AND PALLIATIVE MEDICINE***

#### **RUBENSIK, TAMARA, MD†**

Provider ID: N/A  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-21

#### **SARWAR, NADIA, MD†**

Provider ID: N/A  
3252 HOLIDAY CT STE 113  
LA JOLLA, CA 92037  
Effective as of 01-APR-19

### ***HOSPITALIST MD/DO***

#### **BADALYAN, SEDA, MD†**

Provider ID: N/A  
9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-AUG-21

#### **COFFLER, ELIANE, MD**

Provider ID: N/A  
9888 GENESEE AVE  
LA JOLLA, CA 92037  
Effective as of 01-MAR-23

#### **DJEKIC, KRISTINA, DO†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

#### **DOUGLAS, JASON, MD**

Provider ID: N/A  
9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-23

#### **FIRESTEIN, CATHERINE, MD†**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **HAMMOND, CHARLES, MD†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-21

#### **PAPP, STEPHAN, MD**

Provider ID: N/A  
9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-NOV-22

#### **SCHUETZ, HESTON, MD**

Provider ID: N/A  
9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-APR-24

#### **SHINDO, YURI, MD†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

#### **TONG, ALEXANDER, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

#### **WILLIAMS, BRANDON, MD†**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-SEP-21

#### **YANG, BENJAMIN, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **YASSIN, HAZEM, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

### ***INFECTIOUS DISEASE***

#### **BARTHEL, ROBERT, MD†**

Provider ID: N/A  
9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

#### **KUPPALLI, KRUTIKA, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

#### **KUPPALLI, KRUTIKA, MD**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

#### **MILLER, HOWARD, MD**

Provider ID: N/A  
9834 GENESEE AVE STE  
310  
LA JOLLA, CA 92037\*  
Effective as of 01-FEB-21

## C1. List of Network Providers

### Specialty Care Physician

---

**RAMIREZ SANCHEZ, CLAUDIA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**TANG, MICHAEL, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

### **INTERNAL MEDICINE**

**BORTZ, DAVID, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037\*  
Teleservice  
Effective as of 01-OCT-22

**BRAZEL, DANIELLE, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**CHETLAPALLI, SURYA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**CROWLEY, DOUGLAS, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**DASHI, ARBEN, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**GADIYARAM, VARUNA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**GAN, TERENCE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**GELBERG, ANNA, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**KATSNELSON, MARCELLA, DO**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**LAM, PAMELA, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**LAM, PAMELA, DO†**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**LEWIS, GREG, MD†**

Provider ID: N/A

9888 GENESEE AVE

LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**LEWIS, GREG, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**LIU, ANDREW, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**LIU, ANDREW, MD**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**LUGO, GUSTAVO, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**MARTINEZ, ARMANDO, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**MCCUTCHEON, CLAIRE, MD†**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-DEC-22

**MIRZA, BASHAR, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

---

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-MAR-24

#### **MOOLANI, UJJALA, MD**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **MOOLANI, UJJALA, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **NOKES, BRANDON, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

#### **PATEL, KRUTI, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

#### **PATEL, KRUTI, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-21

#### **RADWAN, MOHAMED, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
370  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **RAMOS, JEFFREY, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

#### **RAMOS, JEFFREY, MD†**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

#### **SONG, ALEXANDER, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **STEVENS, KENNETH, MD†**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

#### **STEVENS, KENNETH, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

#### **TOPPEN, WILLIAM, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **TOROSIAN, KARO, DO†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **TRAN, PHI, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

#### **TRAN, PHI, DO†**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **TRIVEDI, NAYANA MOHAN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **TRIVEDI, MEHUL, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

#### **YANG, JENNY, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

### ***INTERNAL MEDICINE CRITICAL CARE MEDICINE***

#### **BOROK, ZEA, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

#### **JAFFE, GILAD, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **JONES, DANIEL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **SULLIVAN, LAUREN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

### **INTERVENTIONAL CARDIOLOGY**

#### **AIZIN, VITALI, MD†**

Provider ID: N/A

9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037  
Effective as of 01-SEP-15

#### **AL KHIAMI, BELAL, MD†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **CRUZ RODRIGUEZ, JOSE, MD**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

#### **DAMANI, SAMIR, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
650  
LA JOLLA, CA 92037  
Effective as of 01-NOV-23

#### **GOVEA, ALAYN, MD**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

#### **RAPEPORT, KEVIN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940B  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **WHITWAM, WAYNE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780  
LA JOLLA, CA 92037  
Effective as of 01-NOV-20

### **LICENSED CLINICAL**

#### **SOCIAL WORKER**

#### **ELLEDDGE, LINDSAY, LCSW**

Provider ID: N/A

8950 VILLA LA JOLLA DR  
STE 101  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

#### **WISHNEK, HANNAH, LCSW†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

### **MARRIAGE FAMILY THERAPIST**

#### **POZUN, CARA, MFT**

Provider ID: N/A

8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

### **MATERNAL AND FETAL**

### **MEDICINE**

#### **EMERUWA, UKACHI, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

### **MEDICAL ONCOLOGY**

#### **BANERJEE, PUSHPENDU, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUN-18

#### **FLORES, EDNA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Effective as of 01-JUN-18

#### **FLORES, EDNA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

### **NEPHROLOGY**

#### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **CRUZ WHITLEY, JESSICA, MD**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450



## CI. List of Network Providers

### Specialty Care Physician

---

LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **DAVIS, JASON, MD**

Provider ID: N/A

📍 4225 EXECUTIVE SQ STE  
450

LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **LAKHERA, YOGITA, MD†**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312

LA JOLLA, CA 92037

Teleservice

Effective as of 01-JUL-22

#### **LAKHERA, YOGITA, MD†**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312

LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAR-17

#### **LAKHERA, YOGITA, MD†**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312

LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAR-22

#### **LAKHERA, YOGITA, MD†**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312

LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

#### **NAMAZY, DAVID, MD**

Provider ID: N/A

📍 4225 EXECUTIVE SQ STE  
450

LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **RANA, SHAUNAK, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
320

LA JOLLA, CA 92037\*

Effective as of 01-NOV-21

#### **STEER, DYLAN, MD†**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312

LA JOLLA, CA 92037

Effective as of 01-SEP-15

#### **STEER, DYLAN, MD†**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **STEER, DYLAN, MD†**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **STEER, DYLAN, MD†**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312

LA JOLLA, CA 92037

Effective as of 01-FEB-05

#### **STEER, DYLAN, MD†**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312

LA JOLLA, CA 92037

Effective as of 01-JUL-22

#### **TOROSIAN, KARO, DO†**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312

LA JOLLA, CA 92037

Effective as of 01-JUL-22

#### **TOROSIAN, KARO, DO†**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **TOROSIAN, KARO, DO†**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312

LA JOLLA, CA 92037

Effective as of 01-DEC-17

#### **TOROSIAN, KARO, DO†**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312

LA JOLLA, CA 92037

Effective as of 01-SEP-20

#### **ZHONG, YAN, MD†**

Provider ID: N/A

📍 4225 EXECUTIVE SQ STE  
450

LA JOLLA, CA 92037

Effective as of 01-MAR-22

### **NEUROLOGY**

#### **ANSARI, HOSSEIN, MD†**

Provider ID: N/A

📍 4180 LA JOLLA VILLAGE  
DR STE 240

LA JOLLA, CA 92037

Effective as of 01-MAY-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **CHOUdry, BILAL, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

#### **CHOUdry, BILAL, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

#### **DROKER, BRIAN, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-APR-24

#### **FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

#### **GUPTA, VISHAL, DO**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

#### **HAAS, RICHARD, MD†**

Provider ID: N/A

📍 9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

#### **KARANJIA, NAVAZ, MD†**

Provider ID: N/A

📍 9350 CAMPUS POINT DR

LA JOLLA, CA 92037  
Effective as of 01-FEB-22

#### **KOCHARIAN, NAIRA, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
340  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **LUHAR, RIYA, DO**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-23

#### **NIELSEN, AMY, DO†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-FEB-21

#### **NIELSEN, AMY, DO†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-FEB-21

#### **NIELSEN, AMY, DO†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-FEB-21

#### **OH, IRENE, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

#### **PADUGA, REMIA, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Effective as of 01-MAR-21

#### **QAYOUMI, WALI, MD†**

Provider ID: N/A

📍 9500 GILMAN DR STE 2069  
LA JOLLA, CA 92093  
Effective as of 01-OCT-21

#### **QAYOUMI, WALI, MD†**

Provider ID: N/A

📍 9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

#### **SADOFF, MARK, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Effective as of 01-FEB-21

#### **SADOFF, MARK, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

#### **SCHIM, JACK, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

## C1. List of Network Providers

### Specialty Care Physician

---

#### **SCHULTE, JESSICA, MD†**

Provider ID: N/A

📍 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-21

#### **WANG, CHUNYANG, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE 530  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **WANG, ANCHI, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE 470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

#### **WANG, CHUNYANG, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE 470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

#### **WANG, CHUNYANG, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE 470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

#### **WIEGAND, SARAH, DO†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

### ***NUCLEAR MEDICINE***

#### **CHOI, ESTHER, MD**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **KIPPER, MICHAEL, MD**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **SHARIF TABRIZI, AHMAD, MD**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

### ***OBSTETRICS / GYNECOLOGY***

#### **BINDER, PRATIBHA, MD†**

Provider ID: N/A

📍 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093  
Effective as of 01-JUL-21

#### **BONDRE, IOANA, MD†**

Provider ID: N/A

📍 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093  
Effective as of 01-OCT-21

#### **BONDRE, IOANA, MD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

#### **CARDENAS, MICHAEL, MD†**

Provider ID: N/A

📍 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

#### **CARDENAS, MICHAEL, MD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

#### **DELCORE, LAURA, MD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **DELCORE, LAURA, MD†**

Provider ID: N/A

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **DRIEBE, AMY, MD†**

Provider ID: N/A

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **DRIEBE, AMY, MD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **HARVEY, SCOTT, MD†**

Provider ID: N/A

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

#### **HARVEY, SCOTT, MD†**

Provider ID: N/A

📍 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

#### **HILL, KAITLYN, MD**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

#### **KURTULUS, MEL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

#### **MACKAY, GILLIAN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **MACKAY, GILLIAN, MD**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **MELENDEZ, ARIANA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **MEURICE, MARIELLE**

#### **ERENDIRA LUCILLE, MD†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

#### **PICKETT, CHARLOTTE, MD**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

#### **PICKETT, CHARLOTTE, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

#### **PINSON, KELSEY, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

#### **SPRING ROBINSON,**

#### **CHANDRA, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
770  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **SPRING ROBINSON,**

#### **CHANDRA, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
770  
LA JOLLA, CA 92037  
Effective as of 01-JAN-23

#### **THOMSON, SAMANTHA, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

#### **THOMSON, SAMANTHA, MD†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

### **OCCUPATIONAL THERAPIST**

#### **MUNCADA, CAESAR, OT†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-22

### **OPHTHALMOLOGY**

#### **ARNETT, JUSTIN, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-23

#### **ARNETT, JUSTIN, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **ARNETT, JUSTIN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **ARYA, MALVIKA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **ARYA, MALVIKA, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **ARYA, MALVIKA, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-23

#### **BINDER, NICHOLAS, MD†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-NOV-23

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **BOLO, KYLE, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-23

#### **BOLO, KYLE, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **BOLO, KYLE, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **CHIU, STEPHAN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **CHIU, STEPHAN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-MAY-22

#### **CHOPLIN, NEIL, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
428  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

#### **CHOPLIN, NEIL, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
428  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

#### **CULOTTA, ANTHONY, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **CULOTTA, ANTHONY, MD†**

Provider ID: N/A

9834 GENESEE AVE  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **ESLANI, MEDI, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

#### **ESLANI, MEDI, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **ESLANI, MEDI, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-23

#### **FISH, STEVEN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-NOV-22

#### **FISH, STEVEN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **FISH, STEVEN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **FISH, STEVEN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **GARFF, KEVIN, MD**

Provider ID: N/A

9415 CAMPUS POINT DR

## CI. List of Network Providers

### Specialty Care Physician

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LA JOLLA, CA 92093  
Effective as of 01-MAR-24

#### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **HENNEIN, LAUREN, MD**

Provider ID: N/A

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-SEP-23

#### **HUANG, ALEX, MD†**

Provider ID: N/A

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-DEC-21

#### **HUDSON, HENRY, MD†**


Provider ID: N/A

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-MAY-21

#### **HUDSON, HENRY, MD†**

Provider ID: N/A

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **HUDSON, HENRY, MD†**

Provider ID: N/A

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-APR-22

#### **HUDSON, HENRY, MD†**

Provider ID: N/A

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **JIN, MAN, MD**

Provider ID: N/A

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-JUN-23

#### **JIN, MAN, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **LANG, PAUL, MD**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

#### **LANG, PAUL, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

#### **LANG, PAUL, MD**

Provider ID: N/A

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-SEP-23

#### **MCGRAW, JOSEPH, MD†**

Provider ID: N/A

 9850 GENESEE AVE STE

310

LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **MCGRAW, JOSEPH, MD†**

Provider ID: N/A

 9834 GENESEE AVE STE  
428

LA JOLLA, CA 92037  
Effective as of 01-NOV-21

#### **MORRISON-REYES, JOSHUA, MD**


Provider ID: N/A

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **MORTON, ASA, MD**


Provider ID: N/A

 9834 GENESEE AVE STE  
428

LA JOLLA, CA 92037  
Effective as of 01-JUL-23

#### **MORTON, ASA, MD**


Provider ID: N/A

 9834 GENESEE AVE STE  
428

LA JOLLA, CA 92037  
Effective as of 01-AUG-23

#### **PERRY, ARTHUR, MD**


Provider ID: N/A

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **PERRY, ARTHUR, MD**

Provider ID: N/A

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JAN-21

#### **PERRY, ARTHUR, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Effective as of 01-FEB-07

#### **PERRY, ARTHUR, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Effective as of 01-OCT-95

#### **PRATT, STEVEN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **PRATT, STEVEN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **PRATT, STEVEN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Effective as of 01-OCT-12

#### **PUIG LLANO, MANUEL, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-JUL-23

#### **RAHMATNEJAD, KAMRAN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **RAHMATNEJAD, KAMRAN, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-JUN-23

#### **ROESKE, RICHMOND, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
200

LA JOLLA, CA 92037

Effective as of 01-MAR-24

#### **SAMUEL, MICHAEL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Effective as of 01-SEP-22

#### **SATTERFIELD, KELLIE, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
200

LA JOLLA, CA 92037

Effective as of 01-MAR-24

#### **SATTERFIELD, KELLIE, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
200

LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **SCHONBACH, ETIENNE, MD†**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-SEP-21

#### **SHEILS, CATHERINE, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-JUN-23

#### **SHEILS, CATHERINE, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **SHEILS, CATHERINE, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
200

LA JOLLA, CA 92037

Effective as of 01-JAN-24

#### **SHOJI, MARISSA, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

#### **SHOJI, MARISSA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

#### **SHOJI, MARISSA, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-SEP-23

#### **SONG, DELU, MD†**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-SEP-21

#### **SUK, KEVIN, MD**

Provider ID: N/A

9850 GENESEE AVE STE

## C1. List of Network Providers

### Specialty Care Physician

---

310  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**TOPILOW, NICOLE, MD†**  
Provider ID: N/A  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-21

**WESTEREN, ALAN, MD**  
Provider ID: N/A  
6529 LA JOLLA BLVD  
LA JOLLA, CA 92037  
Effective as of 01-JAN-23

**ZHAO, TAILUN, MD**  
Provider ID: N/A  
9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**ZHAO, TAILUN, MD**  
Provider ID: N/A  
9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**ZHAO, TAILUN, MD**  
Provider ID: N/A  
9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-NOV-23

#### ***OPTOMETRIST***

**GARDNER, KRISTA, OD†**  
Provider ID: N/A  
8950 VILLA LA JOLLA DR  
STE C130  
LA JOLLA, CA 92037  
Teleservice

Effective as of 01-MAY-22  
**HOO, PAMELA, OD†**  
Provider ID: N/A  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-22

**JOMOC, CAITLIN, OD**  
Provider ID: N/A  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-JUL-23

**JOMOC, CAITLIN, OD**  
Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**JULAZADEH, SARA, OD**  
Provider ID: N/A  
9834 GENESEE AVE STE  
428  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**KHIEU, TINA, OD**  
Provider ID: N/A  
9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-NOV-23

**KHIEU, TINA, OD**  
Provider ID: N/A  
9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

**KHIEU, TINA, OD**  
Provider ID: N/A  
9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**KIM, PHILIP, OD†**  
Provider ID: N/A  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAR-22

**MCCLEAN, ESMERALDA, OD†**  
Provider ID: N/A  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-22

**TAUNTON, PHILIP, OD†**  
Provider ID: N/A  
9834 GENESEE AVE STE  
428  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**TAUNTON, PHILIP, OD†**  
Provider ID: N/A  
9834 GENESEE AVE STE  
428  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**YU, CAROL, OD**  
Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**YU, CAROL, OD**  
Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### ***OTOLARYNGOLOGY***

**BAREISS, ANNA, MD**  
Provider ID: N/A



## C1. List of Network Providers

### Specialty Care Physician

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 4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAY-23

#### **BAREISS, ANNA, MD**

Provider ID: N/A


 4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-DEC-23

#### **BRUMUND, KEVIN, MD**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

#### **BRUMUND, KEVIN, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

#### **BRUMUND, KEVIN, MD**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

#### **CALIFANO, JOSEPH, MD**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

#### **CALIFANO, JOSEPH, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

#### **CALIFANO, JOSEPH, MD**


Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

#### **CALIFANO, JOSEPH, MD**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

#### **CHANG, ANGELA, MD†**

Provider ID: N/A

 9834 GENESEE AVE STE 112  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **CHANG, ANGELA, MD†**

Provider ID: N/A

 9834 GENESEE AVE STE 112  
LA JOLLA, CA 92037

Effective as of 01-JAN-23

#### **CHANG, ANGELA, MD†**

Provider ID: N/A

 9834 GENESEE AVE STE 112  
LA JOLLA, CA 92037

Effective as of 01-JUL-20

#### **CHANG, ANGELA, MD†**

Provider ID: N/A

 9834 GENESEE AVE STE 112  
LA JOLLA, CA 92037

Effective as of 01-OCT-21

#### **COFFEY, CHARLES, MD**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

#### **COFFEY, CHARLES, MD**


Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

#### **COFFEY, CHARLES, MD**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

#### **COFFEY, CHARLES, MD**


Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

#### **DECONDE, ADAM, MD†**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

#### **DECONDE, ADAM, MD†**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

#### **DECONDE, ADAM, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

#### **DECONDE, ADAM, MD**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

#### **FRIEDMAN, RICK, MD**

Provider ID: N/A

 9400 CAMPUS POINT DR

## C1. List of Network Providers

### Specialty Care Physician

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LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **FRIEDMAN, RICK, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **FRIEDMAN, RICK, MD**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **FRIEDMAN, RICK, MD**

Provider ID: N/A  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **GILANI, SAPIDEH, MD**

Provider ID: N/A  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **GILANI, SAPIDEH, MD**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **GILANI, SAPIDEH, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **GILANI, SAPIDEH, MD**

Provider ID: N/A  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

#### **GREENE, JACQUELINE, MD**

Provider ID: N/A  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **GREENE, JACQUELINE, MD†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **GREENE, JACQUELINE, MD**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **GREENE, JACQUELINE, MD**

Provider ID: N/A  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **GUO, THERESA, MD**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **GUO, THERESA, MD†**

Provider ID: N/A  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **GUO, THERESA, MD**

Provider ID: N/A  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

#### **GUO, THERESA, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **HARRIS, JEFFREY, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **HARRIS, JEFFREY, MD**

Provider ID: N/A  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **HARRIS, JEFFREY, MD**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **HARRIS, JEFFREY, MD**

Provider ID: N/A  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **HOM, DAVID, MD**

Provider ID: N/A  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **HOM, DAVID, MD**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

## C1. List of Network Providers

### Specialty Care Physician

---

**HOM, DAVID, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**HOM, DAVID, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**HUGHES, CHARLOTTE, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**HUGHES, CHARLOTTE, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**HUGHES, CHARLOTTE, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**HUGHES, CHARLOTTE, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**HUSSEMAN, JACOB, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

**JANSEN, CORNELIUS, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**JANSEN, CORNELIUS, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**JANSEN, CORNELIUS, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**JANSEN, CORNELIUS, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**KARI, ELINA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**KARI, ELINA, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**KARI, ELINA, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**KARI, ELINA, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**MAGIT, ANTHONY, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**MAGIT, ANTHONY, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**MAGIT, ANTHONY, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**MAGIT, ANTHONY, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

3855 HEALTH SCIENCES

## C1. List of Network Providers

### Specialty Care Physician

---

DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23


#### **NGUYEN, QUYEN, MD†**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **NGUYEN, QUYEN, MD**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **NGUYEN, QUYEN, MD**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23


#### **NGUYEN, QUYEN, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **REUTHER, MARSHA, MD†**

Provider ID: N/A

 4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

#### **REUTHER, MARSHA, MD†**


Provider ID: N/A

 4150 REGENTS PARK ROW

STE 345  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **SCHALCH LEPE, PAUL, MD**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **SCHALCH LEPE, PAUL, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **SCHALCH LEPE, PAUL, MD**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **VAHABZADEH-HAGH, ANDREW, MD**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23


#### **VAHABZADEH-HAGH, ANDREW, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **VAHABZADEH-HAGH, ANDREW, MD†**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **VAHABZADEH-HAGH, ANDREW, MD**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23


#### **WATSON, DEBORAH, MD†**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **WATSON, DEBORAH, MD**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **WATSON, DEBORAH, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **WATSON, DEBORAH, MD**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **WEISSBROD, PHILIP, MD**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **WEISSBROD, PHILIP, MD**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **WEISSBROD, PHILIP, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **WEISSBROD, PHILIP, MD†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **WOO, LINDA, MD†**

Provider ID: N/A

9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **WOO, LINDA, MD†**

Provider ID: N/A

9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037  
Effective as of 01-JUL-22

#### **YAN, CAROL, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **YAN, CAROL, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

#### **YAN, CAROL, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **YAN, CAROL, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### ***PATHOLOGY ANATOMIC CLINICAL***

#### **LIN, GRACE, MD†**

Provider ID: N/A

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-22

### ***PEDIATRIC PULMONOLOGY***

#### **ANBAR, RAN, MD**

Provider ID: N/A

3252 HOLIDAY CT STE 113  
LA JOLLA, CA 92037  
Effective as of 01-NOV-18

### ***PEDIATRIC RADIOLOGY***

#### **DWEK, JERRY, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-22

#### **EVORA, DARRYL, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-22

#### **KONING, JEFFREY, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-22

#### **PUGMIRE, BRIAN, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

### ***PEDIATRICS***

#### **GROBMAN, LILLIAN, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

#### **KOOROS, KOOROSH, MD†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037  
Effective as of 01-FEB-22

### ***PHYSICAL MEDICINE / REHABILITATION***

#### **MADHAV, SANDIP, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-24

### ***PHYSICIANS ASSISTANT***

#### **ABDELWAHHAB, EANAS, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **ABRAHAMSEN, KELSEY, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **ALBRIGHT, KELSEY, PA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

#### **ALLERS, JENNA, PA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

#### **ARMEEN, GARY, PA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **BAKER, LINDZEE, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-NOV-22

#### **BECKER, JANTIMA, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

#### **CANDARE, VANESSA, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320

LA JOLLA, CA 92037  
Effective as of 01-FEB-21

#### **CASO, STEPHEN, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **DOUGHERTY, CLARA, PA†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **DOUGHERTY, CLARA, PA†**

Provider ID: N/A

9850 GENESEE AVE STE  
400  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **FELLION, LAUREN, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-MAY-23

#### **FLORENCE, BRYNA, PA†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-AUG-21

#### **FREY, LAUREN, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-OCT-22

#### **GALDAMEZ, ANDREA, PA†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice

Effective as of 01-DEC-21

#### **GOTTESFELD, STEVEN, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
650  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **GOTTESFELD, STEVEN, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
650  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

#### **HANSEN, CHRISTINA, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
210  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-OCT-23

#### **HIGGINS, JOSHUA, PA†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-22

#### **HIGGINS, JOSHUA, PA†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-JAN-22

**C1. List of Network Providers**  
**Specialty Care Physician**

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**HUNTER, JACOB, PA†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
 STE 100  
 LA JOLLA, CA 92037

Effective as of 01-MAY-21

**HUNTER, JACOB, PA**

Provider ID: N/A

3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093

Effective as of 01-MAY-23

**HUNTER, JACOB, PA**

Provider ID: N/A

9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093

Effective as of 01-MAY-23

**HUNTER, JACOB, PA**

Provider ID: N/A

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

Effective as of 01-MAY-23

**HUNTER, JACOB, PA†**

Provider ID: N/A

9350 CAMPUS POINT DR  
 STE LLA  
 LA JOLLA, CA 92037

Effective as of 01-FEB-22

**MARTIN, HALEY, PA**

Provider ID: N/A

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

Effective as of 01-MAR-24

**MARTIN, HALEY, PA**

Provider ID: N/A

3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093

Effective as of 01-MAR-24

**MARTIN, HALEY, PA**

Provider ID: N/A

9434 MEDICAL CENTER DR  
 LA JOLLA, CA 92037

Effective as of 01-MAR-24

**MATTIOLI, TAYLOR, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
 320  
 LA JOLLA, CA 92037

Teleservice

Effective as of 01-AUG-22

**MEGALI, NICOLE, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
 530  
 LA JOLLA, CA 92037

Teleservice

Effective as of 01-APR-24

**MORDEN, JACQUELINE, PA†**

Provider ID: N/A

9850 GENESEE AVE STE  
 320  
 LA JOLLA, CA 92037

Teleservice

Effective as of 01-AUG-22

**MOTT, KRISTEN, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
 320  
 LA JOLLA, CA 92037

Teleservice

Effective as of 01-APR-22

**OKADA, MICHELLE, PA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

Effective as of 01-APR-21

**OKADA, MICHELLE, PA†**

Provider ID: N/A

3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093

Effective as of 01-APR-21

**PAAMONI, ARIELLE, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
 320  
 LA JOLLA, CA 92037

Teleservice

Effective as of 01-AUG-22

**PELIO, DARREN, PA†**

Provider ID: N/A

3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093

Effective as of 01-SEP-22

**PELIO, DARREN, PA†**

Provider ID: N/A

9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093

Effective as of 01-SEP-22

**PERREAULT, MARK, PA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

Effective as of 01-AUG-21

**PERREAULT, MARK, PA†**

Provider ID: N/A

9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093

Effective as of 01-AUG-21

**RAHIM, ARIANNA, PA**

Provider ID: N/A

9850 GENESEE AVE STE

## C1. List of Network Providers

### Specialty Care Physician

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530  
LA JOLLA, CA 92037  
Effective as of 01-OCT-23

#### **SAIKHON, TALIA, PA†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **SAINT, MEAGHAN, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

#### **SAUNDERS, SARA, PA†**

Provider ID: N/A

9898 GENESEE AVE FL 4  
LA JOLLA, CA 92037  
Effective as of 01-MAY-16

#### **SHARAF, KAREEM, PA†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

#### **SHARAF, KAREEM, PA†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-21

#### **SHARAF, KAREEM, PA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

#### **SNOWDEN, KELLY, PA**

Provider ID: N/A

7855 IVANHOE AVE STE 110  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-21

#### **SPEH, BRIAN, PA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

#### **SZABO, HAYLIE, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
210  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-OCT-22

#### **WAHLIN, TAMARA, PA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **WAHLIN, TAMARA, PA**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **WAHLIN, TAMARA, PA**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-JUN-23

#### **WAHLIN, TAMARA, PA**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-JUN-23

#### **WEIR, JACQUELINE, PA†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-21

#### **WRITER, NICOLE, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037\*  
Effective as of 01-FEB-21

### ***PODIATRIST***

#### **BERENTER, JAY, DPM†**

Provider ID: N/A

9850 GENESEE AVE STE  
510  
LA JOLLA, CA 92037  
Effective as of 01-OCT-19

#### **BERENTER, JAY, DPM†**

Provider ID: N/A

9850 GENESEE AVE STE  
510  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **BERGER, COLBY, DPM**

Provider ID: N/A

9850 GENESEE AVE STE  
510  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **BERGER, COLBY, DPM**

Provider ID: N/A

9850 GENESEE AVE STE  
510  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **KREPS, CHRISTOPHER, DPM†**

Provider ID: N/A

9850 GENESEE AVE STE



## C1. List of Network Providers

### Specialty Care Physician

---

510  
LA JOLLA, CA 92037  
Effective as of 01-MAR-22

**KREPS, CHRISTOPHER, DPM†**  
Provider ID: N/A

☞ 9850 GENESEE AVE STE  
510  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

### ***PREVENTATIVE MEDICINE GENERAL***

**STERN, ANNA, MD**

Provider ID: N/A  
☞ 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-21

### ***PSYCHIATRY***

**BRAR, SIMERJEET, MD†**

Provider ID: N/A  
☞ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

**BRAR, SIMERJEET, MD†**

Provider ID: N/A  
☞ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

**FINN, DAPHNA, MD†**

Provider ID: N/A  
☞ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**FINN, DAPHNA, MD†**

Provider ID: N/A  
☞ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**JOSHI, YASH, MD**

Provider ID: N/A  
☞ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**JOSHI, YASH, MD**

Provider ID: N/A  
☞ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**KARANJIA, NAVAZ, MD†**

Provider ID: N/A  
☞ 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-22

**KARANJIA, NAVAZ, MD†**

Provider ID: N/A  
☞ 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-22

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A  
☞ 9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUN-22

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A  
☞ 9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Teleservice

Effective as of 01-JUN-22

**LEDBETTER, ALEX, DO**

Provider ID: N/A  
☞ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**LEDBETTER, ALEX, DO**

Provider ID: N/A  
☞ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**LI, XIA, MD†**

Provider ID: N/A  
☞ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

**LI, XIA, MD†**

Provider ID: N/A  
☞ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

**LIU, FRED, MD†**

Provider ID: N/A  
☞ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**LIU, FRED, MD†**

Provider ID: N/A  
☞ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**MOORE, SHAVON, MD†**

Provider ID: N/A  
☞ 9300 CAMPUS POINT DR

## C1. List of Network Providers

### Specialty Care Physician

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LA JOLLA, CA 92037  
Effective as of 01-NOV-21

#### **MOORE, SHAVON, MD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037  
Effective as of 01-NOV-21

#### **MOORE, SHAVON, MD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

#### **MOORE, SHAVON, MD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037  
Effective as of 01-NOV-21

#### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
710

LA JOLLA, CA 92037  
Teleservice

Effective as of 01-JUL-22

#### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
710

LA JOLLA, CA 92037  
Teleservice

Effective as of 01-JUL-22

#### **QAYOUMI, WALI, MD†**

Provider ID: N/A

📍 9350 CAMPUS POINT DR  
STE LLB

LA JOLLA, CA 92037  
Effective as of 01-OCT-21

#### **QAYOUMI, WALI, MD†**

Provider ID: N/A

📍 9500 GILMAN DR STE 2069  
LA JOLLA, CA 92093

Effective as of 01-OCT-21

#### **QAYOUMI, WALI, MD†**

Provider ID: N/A

📍 9350 CAMPUS POINT DR  
STE LLB

LA JOLLA, CA 92037  
Effective as of 01-OCT-21

#### **QAYOUMI, WALI, MD†**

Provider ID: N/A

📍 9500 GILMAN DR STE 2069  
LA JOLLA, CA 92093

Effective as of 01-OCT-21

#### **REGO-KEARNEY, JENNIFER, MD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C217

LA JOLLA, CA 92037  
Effective as of 01-OCT-23

#### **REGO-KEARNEY, JENNIFER, MD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C217

LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **REGO-KEARNEY, JENNIFER, MD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C217

LA JOLLA, CA 92037  
Effective as of 01-OCT-23

#### **REGO-KEARNEY, JENNIFER,**

#### **MD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C217

LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **REGO-KEARNEY, JENNIFER, MD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C217

LA JOLLA, CA 92037  
Effective as of 01-OCT-23

#### **REGO-KEARNEY, JENNIFER, MD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C217

LA JOLLA, CA 92037  
Effective as of 01-OCT-23

#### **SCHNEEBERGER, ANDRES, MD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **SCHNEEBERGER, ANDRES, MD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **TARVER, LESLIE, MD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-AUG-22

#### **TARVER, LESLIE, MD<sup>†</sup>**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Effective as of 01-AUG-22

#### ***PSYCHIATRY CHILD***

#### **KARIPPOT, ANOOP, MD<sup>†</sup>**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
400  
LA JOLLA, CA 92037

Effective as of 01-JUL-21

#### **KARIPPOT, ANOOP, MD<sup>†</sup>**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
400  
LA JOLLA, CA 92037

Effective as of 01-JUL-21

#### **KARIPPOT, ANOOP, MD<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JUN-22

#### **KARIPPOT, ANOOP, MD<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-23

#### **KARIPPOT, ANOOP, MD<sup>†</sup>**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
400

LA JOLLA, CA 92037

Effective as of 01-JUL-21

#### **KARIPPOT, ANOOP, MD<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-23

#### **KARIPPOT, ANOOP, MD<sup>†</sup>**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
400  
LA JOLLA, CA 92037

Effective as of 01-JUL-21

#### **KARIPPOT, ANOOP, MD<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JUN-22

#### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JUL-22

#### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JUL-22

#### **REGO-KEARNEY, JENNIFER, MD<sup>†</sup>**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C217  
LA JOLLA, CA 92037

Effective as of 01-OCT-23

#### **REGO-KEARNEY, JENNIFER, MD<sup>†</sup>**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C217  
LA JOLLA, CA 92037

Effective as of 01-SEP-22

#### **REGO-KEARNEY, JENNIFER, MD<sup>†</sup>**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C217  
LA JOLLA, CA 92037

Effective as of 01-OCT-23

#### **REGO-KEARNEY, JENNIFER, MD<sup>†</sup>**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C217  
LA JOLLA, CA 92037

Effective as of 01-OCT-23

#### **REGO-KEARNEY, JENNIFER, MD<sup>†</sup>**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C217  
LA JOLLA, CA 92037

Effective as of 01-SEP-22

#### **REGO-KEARNEY, JENNIFER, MD<sup>†</sup>**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C217  
LA JOLLA, CA 92037

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-OCT-23

#### **PSYCHIATRY SLEEP MEDICINE**

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
710

LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-23

#### **PSYCHOLOGIST**

**BAILIS, JESSICA, PSYD**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Effective as of 01-JUN-23

**BAILIS, JESSICA, PSYD**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Effective as of 01-JUN-23

**BOUTELLE, KERRI, PhD**

Provider ID: N/A

📍 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

**BOUTELLE, KERRI, PhD**

Provider ID: N/A

📍 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

**CRANDAL, BRENT, PhD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Effective as of 01-AUG-22

**CRANDAL, BRENT, PhD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Effective as of 01-AUG-22

**CUSACK, ANNE, PSYD**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Effective as of 01-DEC-23

**CUSACK, ANNE, PSYD**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Effective as of 01-DEC-23

**EICHEN, DAWN, PhD**

Provider ID: N/A

📍 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

**EICHEN, DAWN, PhD**

Provider ID: N/A

📍 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

**KAUP, ALLISON, PhD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
530

LA JOLLA, CA 92037

Teleservice

Effective as of 01-NOV-23

**KAUP, ALLISON, PhD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
530

LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-24

**KAUP, ALLISON, PhD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
530

LA JOLLA, CA 92037

Teleservice

Effective as of 01-NOV-23

**KAUP, ALLISON, PhD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
530

LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-24

**MINASSIAN, ARPI, PhD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

**MINASSIAN, ARPI, PhD†**

Provider ID: N/A

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-NOV-21

**MINASSIAN, ARPI, PhD†**

Provider ID: N/A

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-NOV-21

**MINASSIAN, ARPI, PhD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR

## C1. List of Network Providers

### Specialty Care Physician

---

LA JOLLA, CA 92037  
Effective as of 01-NOV-21

#### **PARK, JESSIE, PSYD<sup>†</sup>**

Provider ID: N/A

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037  
Effective as of 01-DEC-21

#### **PARK, JESSIE, PSYD<sup>†</sup>**

Provider ID: N/A

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037  
Effective as of 01-DEC-21

#### **REED, KRISTIE, PhD<sup>†</sup>**

Provider ID: N/A

 8950 VILLA LA JOLLA DR  
STE C212

LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **REED, KRISTIE, PhD**

Provider ID: N/A

 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **REED, KRISTIE, PhD**


Provider ID: N/A

 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **REED, KRISTIE, PhD<sup>†</sup>**

Provider ID: N/A

 8950 VILLA LA JOLLA DR  
STE C212

LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **TARLE, STEPHANIE, PhD**

Provider ID: N/A

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **TARLE, STEPHANIE, PhD**

Provider ID: N/A

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037  
Effective as of 01-DEC-23

### ***PUBLIC HEALTH***

### ***PREVENTATIVE MEDICINE***

#### **PERLMAN, MONICA, MD**

Provider ID: N/A

 9850 GENESEE AVE STE  
320

LA JOLLA, CA 92037  
Effective as of 01-NOV-20

### ***PULMONARY DISEASES***

#### **BAILEY, JACOB, MD**


Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **CORATE, LALAINÉ, MD<sup>†</sup>**


Provider ID: N/A

 9850 GENESEE AVE STE  
780

LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **CORATE, LALAINÉ, MD<sup>†</sup>**

Provider ID: N/A

 9850 GENESEE AVE STE  
370

LA JOLLA, CA 92037  
Effective as of 01-JUL-20

#### **CORATE, LALAINÉ, MD<sup>†</sup>**

Provider ID: N/A

 9850 GENESEE AVE STE  
370

LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **FE, ALEXANDER, MD<sup>†</sup>**

Provider ID: N/A

 9850 GENESEE AVE STE  
370

LA JOLLA, CA 92037  
Effective as of 01-SEP-21

#### **FE, ALEXANDER, MD<sup>†</sup>**

Provider ID: N/A

 9850 GENESEE AVE STE  
370

LA JOLLA, CA 92037  
Effective as of 01-FEB-23

#### **FRICKS, CARL, MD<sup>†</sup>**


Provider ID: N/A

 9850 GENESEE AVE STE  
370

LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **FRICKS, CARL, MD<sup>†</sup>**


Provider ID: N/A

 9850 GENESEE AVE STE  
370

LA JOLLA, CA 92037  
Effective as of 01-JUL-20

#### **GLICKMAN, SAMUEL, MD<sup>†</sup>**


Provider ID: N/A

 9850 GENESEE AVE STE  
370

LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **JONES, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

 9850 GENESEE AVE STE  
370

## C1. List of Network Providers


### Specialty Care Physician

---

LA JOLLA, CA 92037  
Effective as of 01-JUL-20

#### **MCCAUL, DAVID, MD†**


Provider ID: N/A

 9850 GENESEE AVE STE  
370

LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **MCCAUL, DAVID, MD†**

Provider ID: N/A

 9850 GENESEE AVE STE  
370

LA JOLLA, CA 92037  
Effective as of 01-JUL-20

#### **MCGUIRE, WILLIAM, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **MUNOZ PINEDA, JORGE, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **PEARCE, ALEX, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **RADWAN, MOHAMED, MD†**

Provider ID: N/A

 9850 GENESEE AVE STE  
370

LA JOLLA, CA 92037  
Effective as of 01-JUL-20

#### ***RADIATION ONCOLOGY***

#### **BEAR, JONATHAN, MD**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093  
Effective as of 01-APR-23

#### **BRUGGEMAN, ANDREW, MD†**


Provider ID: N/A

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093  
Effective as of 01-JAN-24

#### **HATTANGADI GLUTH, JONA, MD†**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093  
Effective as of 01-JAN-24

#### **HORN, ADAM, MD**


Provider ID: N/A

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093  
Effective as of 01-APR-23

#### **MACEWAN, IAIN, MD†**


Provider ID: N/A

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093  
Effective as of 01-JAN-21

#### **MELL, LOREN, MD†**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093  
Effective as of 01-SEP-22

#### **SANDHU, AJAY, MD†**

Provider ID: N/A


 3855 HEALTH SCIENCES

DR

LA JOLLA, CA 92093  
Effective as of 01-JAN-24

#### **SIMPSON, DANIEL, MD†**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093  
Effective as of 01-SEP-22

#### **TRINGALE, KATHRYN, MD**

Provider ID: N/A

 3960 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093  
Effective as of 01-DEC-23

#### **TRINGALE, KATHRYN, MD**


Provider ID: N/A

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093  
Effective as of 01-DEC-23

#### **TYE, KAREN, MD**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093  
Effective as of 01-JUN-23

#### **YORK, JOHN, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### ***RADIOLOGY DIAGNOSTIC***

#### **AGANOVIC, LEJLA, MD**

Provider ID: N/A

 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

## CI. List of Network Providers

### Specialty Care Physician

---

#### **AMMIRATI, GUISEPPE, MD†**

Provider ID: N/A

📍 9834 GENESEE AVE STE 411  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **BOLAR, DIVYA, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **BOSWELL, GILBERT, MD**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **BRANCH, CODY, MD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

#### **BROUHA, SHARON, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **BUI, KEVIN, MD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

#### **CARSWELL, AIMEE, MD**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **CHANG, JENNIFER, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR

LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **CHENG, KAREN, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **CHENG, KAREN, MD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

#### **CHO, AARON, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **CHUNG, CHRISTINE, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **DORROS, STEPHEN, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **EAJAZI, ALIREZA, MD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

#### **EGHTEDARI, MOHAMMAD, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **FARID, NIKDOKHT, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **FAZELI, SOUDABEH, MD**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

#### **FLISZAR, EVELYNE, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **FOWLER, KATHRYN, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **GENTILI, AMILCARE, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **HAHN, LEWIS, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **HAHN, MICHAEL, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **HANDWERKER, JASON, MD**

Provider ID: N/A

📍 9452 MEDICAL CENTER DR

## C1. List of Network Providers

### Specialty Care Physician

---

LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **HAWLEY, DANIEL, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **HOROWITZ, MICHAEL, MD**

Provider ID: N/A

 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **HSIAO, ALBERT, MD**


Provider ID: N/A

 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **HUANG, BRADY, MD**


Provider ID: N/A

 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **JACOBS, KATHLEEN, MD**

Provider ID: N/A

 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **JACOBSON, JON, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **JAFFRAY, PAUL, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **KAROW, DAVID, MD**


Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **KAROW, DAVID, MD**

Provider ID: N/A

 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **KARUNAMUNI, JENNIFER, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **KIM, ERIC, MD†**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

#### **KLIGERMAN, SETH, MD**

Provider ID: N/A

 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **KONDILI, DHIMITER, MD†**


Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

#### **LEE, ROLAND, MD**

Provider ID: N/A

 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **LIM, VIVIAN, MD**


Provider ID: N/A

 9452 MEDICAL CENTER DR

LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **MAREK BYKOWSKI, JULIE, MD**

Provider ID: N/A

 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **MARKS, ROBERT, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **MCDONALD, MARIN, MD†**


Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-FEB-22

#### **MCDONALD, MARIN, MD**


Provider ID: N/A

 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **MCNAMEE, CAIRINE, MD**

Provider ID: N/A

 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **MCNAMEE, CAIRINE, MD†**


Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

#### **MURPHY, PAUL, MD**

Provider ID: N/A

 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23



## CI. List of Network Providers

### Specialty Care Physician

---

#### **NORBASH, ALEXANDER, MD**

Provider ID: N/A

9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **OBOYLE, MARY, MD**

Provider ID: N/A

9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **OBOYLE, MARY, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-FEB-22

#### **OJEDA-FOURNIER, HAYDEE, MD**

Provider ID: N/A

9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **PATHRIA, MINI, MD**

Provider ID: N/A

9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **RAKOW-PENNER, REBECCA, MD**

Provider ID: N/A

9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **RESNICK, DONALD, MD**

Provider ID: N/A

9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **RITCHIE, DAVID, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **SADAT, SAYED, DO**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **SAMPATH, SRIHARI, MD**

Provider ID: N/A

9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **SAMPATH, SRINATH, MD**

Provider ID: N/A

9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **SANTILLAN, CYNTHIA, MD**

Provider ID: N/A

9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **SEARLEMAN, ADAM, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **SLATER, JERRY, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

#### **SMITAMAN, EDWARD, MD**

Provider ID: N/A

9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **SPENGLER, NATHAN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **STEINBERGER, AMANDA, DO**

Provider ID: N/A

9850 GENESEE AVE STE  
410  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-OCT-23

#### **STEINBERGER, AMANDA, DO**

Provider ID: N/A

9850 GENESEE AVE STE  
410  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-24

#### **TAMAYO-MURILLO, DORATHY, MD**

Provider ID: N/A

9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

#### **THOMPSON, COLE, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **UNSDORFER, KYLE, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **VAHDOT, NOUSHIN, MD**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

#### **YORK, VINCENT, MD†**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

### ***REGISTERED DIETITIAN / NUTRITIONIST***

#### **SALCEDO, ALEXANDRA, RD**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

### ***REGISTERED PHYSICAL THERAPIST***

#### **CAPONETTI, ELLIOTT, PT**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

#### **CAPONETTI, ELLIOTT, PT**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-JAN-24

#### **FERRER, MIRON, PT**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

#### **GILLILAND, TYLER, PT**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-JAN-24


#### **HOUSELY, ALEXIS, PT**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **SHARP, SIMPSON, PT**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

#### **TROYER, CORY, PT**


Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

### ***RHEUMATOLOGY***


#### **KIM, JANET, MD**

Provider ID: N/A

 9850 GENESEE AVE STE  
420  
LA JOLLA, CA 92037  
Effective as of 01-SEP-18

#### **KIM, JANET, MD**


Provider ID: N/A

 9850 GENESEE AVE STE  
420  
LA JOLLA, CA 92037  
Effective as of 01-FEB-17

### ***SPEECH PATHOLOGIST***


#### **BLUMENFELD, LIZA, SP**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23


#### **LINNEMEYER-RISSER, KRISTEN, SP**

Provider ID: N/A

 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **LINNEMEYER-RISSER, KRISTEN, SP**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23


#### **NEESE, SUSAN, SP**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24


#### **SCHIEDERMAYER, BENJAMIN, SP†**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-APR-22


#### **SCHIEDERMAYER, BENJAMIN, SP†**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-APR-22

#### **THOMPSON, DANIELLE, SP**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-JAN-24

## C1. List of Network Providers

### Specialty Care Physician

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#### ***SURGERY COLON SURGERY***

##### **BEIERMEISTER, KEITH, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
201  
LA JOLLA, CA 92037  
Effective as of 01-AUG-13

##### **BEIERMEISTER, KEITH, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
201  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

##### **LOPEZ, NICOLE, MD†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-21

##### **PARRY, LISA, MD†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-APR-21

##### **RAMAMOORTHY, SONIA, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

##### **SCHULTZEL, MATTHEW, DO†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

##### **WORSEY, MICHAEL, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
201  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

##### **WORSEY, MICHAEL, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
201  
LA JOLLA, CA 92037  
Effective as of 01-AUG-12

#### ***SURGERY CRITICAL CARE***

##### **ADAMS, LAURA, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

##### **VENTRO, GEORGE, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

#### ***SURGERY GENERAL***

##### **ARMANI, AVA, MD†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-JUL-21

##### **BHOYRUL, SUNIL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

##### **BHOYRUL, SUNIL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

##### **BORTZ, PASCAL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

##### **BORTZ, PASCAL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

##### **BORTZ, PASCAL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

##### **BURGESS, DANIEL, DO†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUN-21

##### **BURGESS, DANIEL, DO†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-OCT-23

##### **HORGAN, SANTIAGO, MD**

Provider ID: N/A

9300 CAMPUS POINT DR

## C1. List of Network Providers

### Specialty Care Physician

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LA JOLLA, CA 92037  
Effective as of 01-DEC-21

#### **MORELL, MICHAEL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
570

LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **MORELL, MICHAEL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
570

LA JOLLA, CA 92037  
Effective as of 01-MAR-24

#### **MORELL, MICHAEL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
570

LA JOLLA, CA 92037  
Effective as of 01-MAR-24

#### **OLSON, CHERYL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
660

LA JOLLA, CA 92037  
Effective as of 01-FEB-23

#### **OLSON, CHERYL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
660

LA JOLLA, CA 92037  
Effective as of 01-APR-17

#### **SCHULTZEL, MATTHEW, DO†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345

LA JOLLA, CA 92037  
Effective as of 01-JUL-20

#### **SHAPER, EMANUEL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
570

LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **SHAPER, EMANUEL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
570

LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **SHERMAN, MARK, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
660

LA JOLLA, CA 92037  
Effective as of 01-FEB-23

### ***SURGERY GENERAL VASCULAR***

#### **BUNKE, NISHA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
410

LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

#### **LUCAS, SARAH, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
410

LA JOLLA, CA 92037

Effective as of 01-JAN-21

### ***SURGERY HAND***

#### **BROWN, RICHARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE

210

LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

#### **DOWNING, KRISTOPHER, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
228

LA JOLLA, CA 92037  
Effective as of 01-MAY-18

### ***SURGERY HAND ORTHOPEDIC***

#### **STEPHENSON, SAMUEL, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-OCT-21

#### **STEPHENSON, SAMUEL, MD†**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-OCT-21

### ***SURGERY***

### ***NEUROLOGICAL***

#### **MURTHY, NIKHIL, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUL-23

#### **MURTHY, NIKHIL, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-JUL-23


#### **OSTRUP, RICHARD, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician


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 9850 GENESEE AVE STE  
770  
LA JOLLA, CA 92037  
Effective as of 01-JAN-13

#### ***SURGERY ORTHOPEDIC***


##### **ANDRY, JAMES, MD**

Provider ID: N/A

 9834 GENESEE AVE STE  
228  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

##### **ANDRY, JAMES, MD**

Provider ID: N/A

 9834 GENESEE AVE STE  
228  
LA JOLLA, CA 92037\*  
Effective as of 01-MAR-24

##### **BLAIS, MICAH, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

##### **BLAIS, MICAH, MD**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-JUL-23

##### **BUKATA, SUSAN, MD†**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAR-21

##### **CHOI, JIHOON, MD†**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21


##### **CHOI, JIHOON, MD†**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-21


##### **DOWNING, KRISTOPHER, MD†**

Provider ID: N/A

 9834 GENESEE AVE STE  
228  
LA JOLLA, CA 92037\*  
Effective as of 01-MAR-24

##### **DOWNING, KRISTOPHER, MD†**

Provider ID: N/A

 9834 GENESEE AVE STE  
228  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

##### **GOEB, YANNICK, MD†**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-21


##### **GOEB, YANNICK, MD†**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21


##### **HACKLEY, DAVID, MD†**

Provider ID: N/A

 9850 GENESEE AVE STE  
210  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

##### **KANE, NORMAN, MD**


Provider ID: N/A

 9834 GENESEE AVE STE  
228  
LA JOLLA, CA 92037  
Teleservice

Effective as of 01-APR-24

##### **KUSNEZOV, NICHOLAS, MD**


Provider ID: N/A

 9834 GENESEE AVE STE  
228  
LA JOLLA, CA 92037  
Teleservice

Effective as of 01-APR-24


##### **MARSHALL, STUART, MD**

Provider ID: N/A

 7301 GIRARD AVE STE 300  
LA JOLLA, CA 92037  
Effective as of 01-NOV-18

##### **MCKNIGHT, BRADEN, MD**


Provider ID: N/A

 9834 GENESEE AVE STE  
228  
LA JOLLA, CA 92037  
Teleservice

Effective as of 01-APR-24


##### **MOHLENBROCK, WILLIAM, MD**

Provider ID: N/A

 9850 GENESEE AVE STE  
210  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21


##### **PALLIA, CHRISTOPHER, MD**

Provider ID: N/A

 9834 GENESEE AVE STE  
228  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-APR-24

##### **PALLIA, CHRISTOPHER, MD**

Provider ID: N/A

 9834 GENESEE AVE STE  
228  
LA JOLLA, CA 92037\*  
Teleservice

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-MAR-24

#### **SWENSON, FRANK, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE 210

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **TAYLOR, MARIO, MD**

Provider ID: N/A

📍 9400 CAMPUS POINT DR LA JOLLA, CA 92093

Effective as of 01-JUN-23

#### **TAYLOR, MARIO, MD**

Provider ID: N/A

📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **THUNDER, RICHARD, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE 210

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **WHEATLEY, BENJAMIN, MD**

Provider ID: N/A

📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037

Effective as of 01-JUN-23

### ***SURGERY PLASTIC***

#### **GOSMAN, AMANDA, MD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037

Effective as of 01-NOV-21

#### **MOFID, MEHRDAD, MD†**

Provider ID: N/A

📍 4150 REGENTS PARK ROW

STE 300

LA JOLLA, CA 92037

Effective as of 01-SEP-15

#### **MOFID, MEHRDAD, MD†**

Provider ID: N/A

📍 4150 REGENTS PARK ROW STE 300

LA JOLLA, CA 92037

Effective as of 01-MAR-16

#### **MOFID, MEHRDAD, MD†**

Provider ID: N/A

📍 4150 REGENTS PARK ROW STE 300

LA JOLLA, CA 92037

Effective as of 01-JUL-21

#### **MOFID, MEHRDAD, MD†**

Provider ID: N/A

📍 4150 REGENTS PARK ROW STE 300

LA JOLLA, CA 92037\*

Effective as of 01-JUL-22

#### **MOFID, MEHRDAD, MD†**

Provider ID: N/A

📍 4150 REGENTS PARK ROW STE 300

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **UMANSKY, JEFFREY, MD†**

Provider ID: N/A

📍 4150 REGENTS PARK ROW STE 260

LA JOLLA, CA 92037\*

Effective as of 01-JAN-14

### ***SURGERY THORACIC***

#### **BARADARIAN, SAM, MD**

Provider ID: N/A

📍 9898 GENESEE AVE FL 3 LA JOLLA, CA 92037

Effective as of 01-JAN-24

#### **BARADARIAN, SAM, MD†**

Provider ID: N/A

📍 9898 GENESEE AVE LA JOLLA, CA 92037

Effective as of 01-NOV-17

#### **HUDSON, JESSICA, MD**

Provider ID: N/A

📍 3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093

Effective as of 01-DEC-23

#### **HUDSON, JESSICA, MD**

Provider ID: N/A

📍 9434 MEDICAL CENTER DR LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **HUDSON, JESSICA, MD**

Provider ID: N/A

📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037

Effective as of 01-DEC-23

#### **MOASIS, GHASSAN, MD†**

Provider ID: N/A

📍 9898 GENESEE AVE LA JOLLA, CA 92037

Effective as of 01-MAY-17

#### **TYNER, JOHN, MD†**

Provider ID: N/A

📍 10666 N TORREY PINES RD STE 209

LA JOLLA, CA 92037

Effective as of 01-SEP-20

#### **TYNER, JOHN, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE 560

LA JOLLA, CA 92037

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-SEP-15

#### **WANG, WILLIAM, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037

Effective as of 01-SEP-15

#### **ZANDER, ASHLEY, DO†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-22

#### **ZANDER, ASHLEY, DO†**

Provider ID: N/A

📍 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-AUG-22

#### **ZANDER, ASHLEY, DO†**

Provider ID: N/A

📍 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-22

### ***SURGICAL ONCOLOGY***

#### **MEHTSUN, WINTA, MD†**

Provider ID: N/A

📍 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-JAN-22

### ***UROLOGY***

#### **ANGER, JENNIFER, MD†**

Provider ID: N/A

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-OCT-21

#### **BAGRODIA, ADITYA, MD†**

Provider ID: N/A

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-DEC-21

#### **BASTUBA, MARTIN, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
630  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-JUL-22

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-SEP-21

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

Effective as of 01-OCT-12

#### **DATO, PAUL, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

Effective as of 01-JAN-24

#### **DICKS, BRIAN, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

Effective as of 01-FEB-24

#### **JUMA, SAAD, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

Effective as of 01-JAN-24

#### **KATZ, JONATHAN, MD**

Provider ID: N/A

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-JUN-23

#### **KEILLER, DANNY, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

Effective as of 01-FEB-24

#### **NAITOH, JOHN, MD†**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

Effective as of 01-JAN-21

#### **NAITOH, JOHN, MD†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JUL-22

#### **NAITOH, JOHN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **NAITOH, JOHN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **NAITOH, JOHN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

#### **NAITOH, JOHN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-NOV-98

#### **NEUSTEIN, PAUL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

#### **NGUYEN, HUNG, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

Teleservice

Effective as of 01-SEP-21

#### **NGUYEN, HUNG, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-21

#### **NGUYEN, HUNG, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-21

#### **NGUYEN, HUNG, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-SEP-19

#### **PE, MARK-RALLY, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **ROBERTS, JAMES, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

#### **SALEM, CAROL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **SALMASI, AMIRALI, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

#### **SHEETZ, TYLER, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-23

#### **SIMON, SCOTT, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
224  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

#### **VAPNEK, EVAN, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

#### **WANG, LUKE, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-JUN-23

#### **YUH, BENJAMIN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JAN-23



## CI. List of Network Providers

### Specialty Care Physician

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#### **YUH, BENJAMIN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **ANESTHESIOLOGY**

#### **CHIEN, SHELBY, MD†**

Provider ID: N/A

5360 JACKSON DR STE 100  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **VERDOLIN, MICHAEL, MD**

Provider ID: N/A

7051 ALVARADO RD STE 101  
LA MESA, CA 91942  
Effective as of 01-FEB-16

#### **VERDOLIN, MICHAEL, MD**

Provider ID: N/A

7051 ALVARADO RD STE 101  
LA MESA, CA 91942  
Effective as of 01-JAN-23

#### **VERDOLIN, MICHAEL, MD**

Provider ID: N/A

7051 ALVARADO RD STE 101  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **BROWNLOW, ROY, MD**

Provider ID: N/A

5360 JACKSON DR STE 100  
LA MESA, CA 91942  
Effective as of 01-APR-24

#### **COHEN, ZACHARY, MD**

Provider ID: N/A

5360 JACKSON DR STE 100  
LA MESA, CA 91942  
Effective as of 01-FEB-24

#### **LEE, INSUN, MD†**

Provider ID: N/A

5360 JACKSON DR STE 100  
LA MESA, CA 91942  
Teleservice  
Effective as of 01-APR-24

#### **VERDOLIN, MICHAEL, MD**

Provider ID: N/A

7051 ALVARADO RD STE 101  
LA MESA, CA 91942  
Effective as of 01-MAR-22

#### **AUDIOLOGIST**

#### **HORNER, HEATHER, AuD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 463  
LA MESA, CA 91942  
Teleservice  
Effective as of 01-JUN-22

#### **SHASKY, GARY, AuD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 153  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **SHASKY, GARY, AuD**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 463  
LA MESA, CA 91942  
Effective as of 01-FEB-24

#### **CARDIAC**

#### **ELECTROPHYSIOLOGY**

#### **DAWOOD, FARAH, MD†**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942  
Effective as of 01-DEC-20

#### **CARDIOVASCULAR DISEASE**

#### **AZIMI, NASSIR, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 STE 444  
LA MESA, CA 91942  
Effective as of 01-SEP-22

#### **AZIMI, NASSIR, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 STE 444  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **BELOTT, PETER, MD†**

Provider ID: N/A

8851 CENTER DR STE 305  
LA MESA, CA 91942  
Effective as of 01-APR-17

#### **DAWOOD, FARAH, MD†**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942  
Effective as of 01-AUG-21

#### **FERNANDEZ, GENARO, MD†**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942  
Effective as of 01-AUG-21

#### **KIM, JAMES, MD**

Provider ID: N/A

5358 JACKSON DR STE 1  
LA MESA, CA 91942  
Teleservice

**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-AUG-23

**KIM, JAMES, MD**

Provider ID: N/A

☐ 5358 JACKSON DR STE 1  
 LA MESA, CA 91942

Teleservice

Effective as of 01-JUN-23

**KOTHA, PURUSHOTHAM, MD†**

Provider ID: N/A

☐ 8860 CENTER DR STE 400  
 LA MESA, CA 91942

Effective as of 01-JAN-21

**MEHRANPOUR, PAYAM, MD†**

Provider ID: N/A

☐ 8851 CENTER DR STE 405  
 LA MESA, CA 91942

Effective as of 01-JAN-21

**SHEREV, DIMITRI, MD**

Provider ID: N/A

☐ 8851 CENTER DR STE 304  
 LA MESA, CA 91942

Effective as of 01-APR-23

***CERTIFIED NURSE  
 PRACTITIONER***

**DWYER, ERIN, NP**

Provider ID: N/A

☐ 8851 CENTER DR STE 501  
 LA MESA, CA 91942

Effective as of 01-JAN-24

**HALE, EMILY, NPF**

Provider ID: N/A

☐ 5360 JACKSON DR STE 100  
 LA MESA, CA 91942

Teleservice

Effective as of 01-MAY-23

**MCCALLION, DANIELLE, NP**

Provider ID: N/A

☐ 8851 CENTER DR STE 505  
 LA MESA, CA 91942

Effective as of 01-AUG-23

**MCCALLION, DANIELLE, NP**

Provider ID: N/A

☐ 8851 CENTER DR STE 505  
 LA MESA, CA 91942

Effective as of 01-AUG-23

**MEGERT, SONYA, NP†**

Provider ID: N/A

☐ 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942

Effective as of 01-SEP-22

**TOMICICH, STEPHANIE, NP**

Provider ID: N/A

☐ 8851 CENTER DR STE 501  
 LA MESA, CA 91942

Effective as of 01-JAN-24

**WOLF, ELI, NP**

Provider ID: N/A

☐ 7339 EL CAJON BLVD STE 1  
 LA MESA, CA 91942

Effective as of 01-OCT-23

***HEARING AID DEALER /  
 SUPPLIER***

**ANDERSON, ELAINE, MA†**

Provider ID: N/A

☐ 5565 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942

Effective as of 01-SEP-22

***HEMATOLOGY /  
 ONCOLOGY***

**BATRA, REEMA, MD†**

Provider ID: N/A

☐ 5555 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942\*

Effective as of 01-JAN-14

**BATRA, REEMA, MD†**

Provider ID: N/A

☐ 5555 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942

Effective as of 01-JAN-21

**BODKIN, DAVID, MD†**

Provider ID: N/A

☐ 5555 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942

Effective as of 01-JAN-21

**MEDIC, IGOR, MD†**

Provider ID: N/A

☐ 5555 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942

Effective as of 01-JAN-21

**MEDIC, IGOR, MD†**

Provider ID: N/A

☐ 5555 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942\*

Effective as of 01-FEB-18

**ZU, KAI, MD†**

Provider ID: N/A

☐ 5555 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942\*

Teleservice

Effective as of 01-JAN-14

**ZU, KAI, MD†**

Provider ID: N/A

☐ 5555 GROSSMONT

## C1. List of Network Providers

### Specialty Care Physician

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CENTER DR  
LA MESA, CA 91942  
Teleservice  
Effective as of 01-JAN-21

#### **INFECTIOUS DISEASE**

##### **HADDAD, FADI, MD**

Provider ID: N/A  
8860 CENTER DR STE 320  
LA MESA, CA 91942  
Effective as of 01-JUN-23

##### **MIRADI, MOHAMMED, MD†**

Provider ID: N/A  
5565 GROSSMONT  
CENTER DR BLDG 1 STE 211  
LA MESA, CA 91942  
Effective as of 01-SEP-22

##### **MIRADI, MOHAMMED, MD†**

Provider ID: N/A  
5565 GROSSMONT  
CENTER DR BLDG 1 STE 211  
LA MESA, CA 91942  
Effective as of 01-APR-15

#### **INTERNAL MEDICINE**

##### **FADDA, GEORGE, MD†**

Provider ID: N/A  
8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-NOV-23

##### **FARAVARDEH, ARMAN, MD†**

Provider ID: N/A  
8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-SEP-14

##### **FERNANDEZ, GENARO, MD†**

Provider ID: N/A  
8851 CENTER DR STE 304  
LA MESA, CA 91942

Effective as of 01-SEP-22

##### **KOTHA, ROSHAN, MD†**

Provider ID: N/A  
8860 CENTER DR STE 400  
LA MESA, CA 91942  
Effective as of 01-SEP-15

##### **LEININGER, DANIEL, DO†**

Provider ID: N/A  
8851 CENTER DR STE 505  
LA MESA, CA 91942  
Teleservice  
Effective as of 01-NOV-22

##### **LIU, ANDREW, MD**

Provider ID: N/A  
8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-SEP-23

##### **MOOLANI, UJJALA, MD**

Provider ID: N/A  
8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-MAY-23

##### **POKALA, SATHYA, MD†**

Provider ID: N/A  
8860 CENTER DR STE 240  
LA MESA, CA 91942  
Effective as of 01-JAN-14

##### **REDDY, REDDIWANDLA, MD†**

Provider ID: N/A  
5565 GROSSMONT  
CENTER DR STE 202  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **INTERVENTIONAL CARDIOLOGY**

##### **FERNANDEZ, GENARO, MD†**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942  
Effective as of 01-DEC-20

##### **MEHRANPOUR, PAYAM, MD†**

Provider ID: N/A  
8851 CENTER DR STE 405  
LA MESA, CA 91942  
Effective as of 01-JAN-19

##### **NAGHI, JESSE, MD†**

Provider ID: N/A  
8851 CENTER DR STE 304  
LA MESA, CA 91942  
Effective as of 01-JAN-24

##### **NAGHI, JESSE, MD†**

Provider ID: N/A  
8851 CENTER DR STE 304  
LA MESA, CA 91942  
Effective as of 01-JUL-22

##### **NGUYEN, BRYANT, MD†**

Provider ID: N/A  
8851 CENTER DR STE 304  
LA MESA, CA 91942  
Effective as of 01-JAN-21

##### **REDDY, REDDIWANDLA, MD†**

Provider ID: N/A  
5565 GROSSMONT  
CENTER DR STE 202  
LA MESA, CA 91942  
Effective as of 01-SEP-22

##### **TAGHIZADEH, BEHZAD, MD†**

Provider ID: N/A  
8851 CENTER DR STE 405  
LA MESA, CA 91942  
Effective as of 01-SEP-22

##### **TAGHIZADEH, BEHZAD, MD†**

Provider ID: N/A  
8851 CENTER DR STE 405  
LA MESA, CA 91942

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-SEP-22

#### **YELLEN, LAURENCE, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 405  
LA MESA, CA 91942

Effective as of 01-SEP-22

#### **NEPHROLOGY**

#### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-MAY-23

#### **DO, LUAN, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-14

#### **DO, LUAN, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **DO, LUAN, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **DO, LUAN, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-SEP-20

#### **DO, LUAN, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JUL-22

#### **FADDA, GEORGE, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JUL-22

#### **FADDA, GEORGE, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **FADDA, GEORGE, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-AUG-16

#### **FADDA, GEORGE, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-AUG-16

#### **FARAVARDEH, ARMAN, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-AUG-14

#### **LEININGER, DANIEL, DO<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Teleservice

Effective as of 01-AUG-22

#### **LEININGER, DANIEL, DO<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Teleservice

Effective as of 01-OCT-22

#### **LEININGER, DANIEL, DO<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Teleservice

Effective as of 01-SEP-22

#### **LEININGER, DANIEL, DO<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Teleservice

Effective as of 01-SEP-22

#### **MILLER, LUCY, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JUL-22

#### **MILLER, LUCY, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-SEP-20

#### **MILLER, LUCY, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-APR-15

#### **MILLER, LUCY, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **MILLER, LUCY, MD<sup>†</sup>**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **SAEED, ODAY, MD**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-MAR-24

#### **THOMPSON, JOHN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-MAY-15

#### **THOMPSON, JOHN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **THOMPSON, JOHN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **THOMPSON, JOHN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **THOMPSON, JOHN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-JUL-22

### **NEUROLOGY**

#### **MOHAMMAD, AHMAD SHAH, MD†**

Provider ID: N/A

8851 CENTER DR STE 307  
LA MESA, CA 91942  
Effective as of 01-JAN-14

#### **MOHAMMAD, AHMAD SHAH,**

#### **MD†**

Provider ID: N/A

8851 CENTER DR STE 307  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **MOHAMMAD, AHMAD SHAH, MD†**

Provider ID: N/A

8851 CENTER DR STE 307  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **MOHAMMAD, AHMAD SHAH, MD†**

Provider ID: N/A

8851 CENTER DR STE 307  
LA MESA, CA 91942\*  
Effective as of 01-JAN-21

#### **MOHAMMAD, AHMAD SHAH, MD†**

Provider ID: N/A

8851 CENTER DR STE 307  
LA MESA, CA 91942  
Effective as of 01-SEP-22

### **OBSTETRICS / GYNECOLOGY**

#### **DAVIS, TRACIE, MD†**

Provider ID: N/A

8851 CENTER DR STE 210  
LA MESA, CA 91942  
Effective as of 01-APR-21

#### **PAPA, RHETT, DO†**

Provider ID: N/A

8851 CENTER DR STE 210  
LA MESA, CA 91942  
Effective as of 01-APR-21

### **OCCUPATIONAL THERAPIST**

#### **BERNALES-MENDEZ, DEZARINA, OT**

Provider ID: N/A

4700 SPRING ST STE 180  
LA MESA, CA 91942  
Effective as of 01-NOV-23

#### **BERNALES-MENDEZ, DEZARINA, OT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-AUG-23

#### **BERNALES-MENDEZ, DEZARINA, OT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-JAN-23

#### **PORTER, EILEEN, OT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-JAN-22

#### **PORTER, EILEEN, OT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-AUG-23

#### **PORTER, EILEEN, OT**

Provider ID: N/A

4700 SPRING ST STE 180  
LA MESA, CA 91942  
Effective as of 01-NOV-23

#### **SHIH, LYNN, OT**

Provider ID: N/A

4700 SPRING ST STE 180  
LA MESA, CA 91942  
Effective as of 01-DEC-23

## C1. List of Network Providers

### Specialty Care Physician

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#### SHIH, LYNN, OT

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-DEC-23

#### OPHTHALMOLOGY

#### BINDER, NICHOLAS, MD†

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 BLDG 2  
LA MESA, CA 91942  
Effective as of 01-APR-22

#### BINDER, NICHOLAS, MD†

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-DEC-23

#### BINDER, NICHOLAS, MD†

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

#### BINDER, NICHOLAS, MD†

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 BLDG 2  
LA MESA, CA 91942  
Effective as of 01-SEP-22

#### BINDER, NICHOLAS, MD†

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-SEP-22

#### BINDER, NICHOLAS, MD†

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 BLDG 2  
LA MESA, CA 91942  
Effective as of 01-NOV-23

#### CARRABY, ARNETT, MD†

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-SEP-22

#### CARRABY, ARNETT, MD†

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-JUL-22

#### CHANG, TOM, MD

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

#### CHANG, TOM, MD

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

#### CHANG, TOM, MD

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

#### CHANG, TOM, MD

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

#### CHANG, TOM, MD

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

#### CHANG, TOM, MD

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

#### CHANG, TOM, MD

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

#### CHIU, STEPHAN, MD†

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-JUN-23

#### CHIU, STEPHAN, MD†

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-MAY-22

#### CHIU, STEPHAN, MD†

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-FEB-23

#### DELENGOCKY, TAYSON, DO†

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-JUL-22

**DELENGOCKY, TAYSON, DO<sup>†</sup>**  
Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**FISH, STEVEN, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-JUN-22

**FISH, STEVEN, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 2 STE 3  
LA MESA, CA 91942  
Effective as of 01-JAN-22

**FISH, STEVEN, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE  
J-K  
LA MESA, CA 91942  
Effective as of 01-APR-23

**GOLLOGLY, HEIDRUN, MD<sup>†</sup>**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-APR-23

**GOLLOGLY, HEIDRUN, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**GOLLOGLY, HEIDRUN, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-JUN-23

**GOLLOGLY, HEIDRUN, MD<sup>†</sup>**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

**GOLLOGLY, HEIDRUN, MD<sup>†</sup>**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**GOLLOGLY, HEIDRUN, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**GOLLOGLY, HEIDRUN, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 BLDG 2  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**HAIGHT, BRUCE, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 2-3  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**HAIGHT, BRUCE, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT

CENTER DR BLDG 3 STE  
551  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**HAIGHT, BRUCE, MD<sup>†</sup>**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**HAIGHT, BRUCE, MD<sup>†</sup>**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

**HAIGHT, BRUCE, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**HAIGHT, BRUCE, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551  
LA MESA, CA 91942  
Effective as of 01-JAN-22

**HSU, CHRISTOPHER, MD<sup>†</sup>**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

**HSU, CHRISTOPHER, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT

**C1. List of Network Providers**  
**Specialty Care Physician**

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CENTER DR STE 551  
 LA MESA, CA 91942  
 Effective as of 01-MAY-22

**HSU, CHRISTOPHER, MD†**  
 Provider ID: N/A

7339 EL CAJON BLVD STE J  
 AND K  
 LA MESA, CA 91942  
 Effective as of 01-APR-22

**HUDSON, HENRY, MD†**  
 Provider ID: N/A

7339 EL CAJON BLVD STE J  
 AND K  
 LA MESA, CA 91942  
 Effective as of 01-APR-23

**HUDSON, HENRY, MD†**  
 Provider ID: N/A

5565 GROSSMONT  
 CENTER DR STE 551  
 LA MESA, CA 91942  
 Effective as of 01-APR-23

**HUDSON, HENRY, MD†**  
 Provider ID: N/A

5565 GROSSMONT  
 CENTER DR STE 551  
 LA MESA, CA 91942  
 Effective as of 01-MAY-21

**HUDSON, HENRY, MD†**  
 Provider ID: N/A

7339 EL CAJON BLVD STE J  
 AND K  
 LA MESA, CA 91942  
 Effective as of 01-MAR-22

**HUDSON, HENRY, MD†**  
 Provider ID: N/A

5565 GROSSMONT  
 CENTER DR STE 551  
 LA MESA, CA 91942  
 Effective as of 01-MAR-23

**HUDSON, HENRY, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
 AND K  
 LA MESA, CA 91942  
 Effective as of 01-MAR-23

**HUDSON, HENRY, MD†**

Provider ID: N/A

5565 GROSSMONT  
 CENTER DR STE 551  
 LA MESA, CA 91942  
 Effective as of 01-SEP-22

**KATZMAN, BARRY, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
 AND K  
 LA MESA, CA 91942  
 Effective as of 01-MAR-22

**KATZMAN, BARRY, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
 AND K  
 LA MESA, CA 91942  
 Effective as of 01-APR-22

**MANI, MAJID, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
 LA MESA, CA 91942  
 Effective as of 01-JUL-22

**MANI, MAJID, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
 LA MESA, CA 91942  
 Effective as of 01-SEP-22

**MANI, NASRIN, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
 LA MESA, CA 91942

Effective as of 01-SEP-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
 AND K  
 LA MESA, CA 91942  
 Effective as of 01-MAR-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
 AND K  
 LA MESA, CA 91942  
 Effective as of 01-SEP-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

5565 GROSSMONT  
 CENTER DR STE 551  
 LA MESA, CA 91942  
 Effective as of 01-SEP-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

5565 GROSSMONT  
 CENTER DR BLDG 2 STE 3  
 LA MESA, CA 91942  
 Effective as of 01-JAN-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
 AND K  
 LA MESA, CA 91942  
 Effective as of 01-APR-23

**MORRISON-REYES, JOSHUA,  
 MD†**

Provider ID: N/A

5565 GROSSMONT  
 CENTER DR BLDG 2 STE 3  
 LA MESA, CA 91942  
 Effective as of 01-APR-22



## C1. List of Network Providers

### Specialty Care Physician

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**MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551 BLDG  
3  
LA MESA, CA 91942

Effective as of 01-SEP-22

**MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551 BLDG  
3  
LA MESA, CA 91942

Effective as of 01-MAR-23

**MORRISON-REYES, JOSHUA, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-FEB-24

**NAJAFI, DAVID, MD**

Provider ID: N/A

8262 UNIVERSITY AVE  
LA MESA, CA 91942

Effective as of 01-JAN-23

**PAPASTERGIOU, GEORGIOS, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-JAN-21

**PAPASTERGIOU, GEORGIOS, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-AUG-20

**PAPASTERGIOU, GEORGIOS, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-SEP-22

**PATEL, GITANE, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-DEC-23

**PATEL, SARJAN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-DEC-23

**PATEL, SARJAN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

**PATEL, GITANE, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

**PATEL, GITANE, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-SEP-22

**PATEL, SARJAN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-SEP-22

**PEAIRS, JAMES, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-AUG-20

**PEAIRS, JAMES, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-SEP-22

**PERRY, ARTHUR, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-APR-22

**PERRY, ARTHUR, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-APR-23

**PRABHU, SUJATA, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 BLDG 2  
LA MESA, CA 91942

Effective as of 01-APR-22

**PRABHU, SUJATA, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551  
LA MESA, CA 91942

## CI. List of Network Providers


### Specialty Care Physician

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Effective as of 01-DEC-20

#### **PRABHU, SUJATA, MD†**


Provider ID: N/A

 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-DEC-23

#### **PRABHU, SUJATA, MD†**


Provider ID: N/A

 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-SEP-22

#### **PRABHU, SUJATA, MD†**


Provider ID: N/A

 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

#### **PRATT, STEVEN, MD†**


Provider ID: N/A

 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

#### **RAJSBAUM, MARTIN, MD†**


Provider ID: N/A

 8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-JUL-22

#### **SAMUEL, MICHAEL, MD†**


Provider ID: N/A

 5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-MAR-21

#### **SAMUEL, MICHAEL, MD†**


Provider ID: N/A

 5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-FEB-21

#### **SASSANI, PATRICK, MD**

Provider ID: N/A

 8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-FEB-24

#### **SCHER, BARRY, MD†**


Provider ID: N/A

 8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-SEP-22

#### **SKAF, AYHAM, MD†**


Provider ID: N/A

 8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-SEP-22

#### **SKAF, AYHAM, MD†**


Provider ID: N/A

 8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **SKAF, AYHAM, MD†**


Provider ID: N/A

 8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-AUG-20

#### **ZABANEH, ALEXANDER, MD†**

Provider ID: N/A


 5565 GROSSMONT  
CENTER DR STE 3  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **OPTOMETRIST**

#### **AOTO, KIM, OD†**


Provider ID: N/A

 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

#### **AOTO, KIM, OD†**


Provider ID: N/A

 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-SEP-22

#### **DEAN, MOENA, OD†**


Provider ID: N/A

 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-JAN-24

#### **DEAN, MOENA, OD†**


Provider ID: N/A

 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

#### **DYER, SHARON, OD†**


Provider ID: N/A

 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

#### **DYER, SHARON, OD†**


Provider ID: N/A

 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-SEP-22

#### **DYER, SHARON, OD†**

Provider ID: N/A

 5565 GROSSMONT  
CENTER DR STE 551

## CI. List of Network Providers

### Specialty Care Physician

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LA MESA, CA 91942  
Effective as of 01-SEP-22

#### **DYER, SHARON, OD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-SEP-22

#### **HAN, SUL KI, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE  
J/K  
LA MESA, CA 91942  
Effective as of 01-DEC-22

#### **KHALIL, VADY, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE  
J-K  
LA MESA, CA 91942  
Effective as of 01-NOV-22

#### **KHALIL, VADY, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE  
J-K  
LA MESA, CA 91942  
Effective as of 01-NOV-22

#### **TONNU, ANH, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

#### **VINH, JOHN, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

#### **VINH, JOHN, OD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **VINH, JOHN, OD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-SEP-20

#### **ZVANUT, DONALD, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

#### **ZVANUT, DONALD, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-AUG-22

### **OTOLARYNGOLOGY**

#### **BUSINO, ROWLEY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942  
Effective as of 01-APR-21

#### **BUSINO, ROWLEY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **BUSINO, ROWLEY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **BUSINO, ROWLEY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 101  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **BUSINO, ROWLEY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942  
Effective as of 01-JUL-22

#### **BUSINO, ROWLEY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942  
Effective as of 01-SEP-22

#### **BUSINO, ROWLEY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942  
Effective as of 01-DEC-15

#### **MOLES, JEREMIAH, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942  
Effective as of 01-DEC-15

#### **MOLES, JEREMIAH, MD†**

Provider ID: N/A


5565 GROSSMONT  
CENTER DR BLDG 3 STE 101

**C1. List of Network Providers**  
**Specialty Care Physician**


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LA MESA, CA 91942  
 Effective as of 01-SEP-22


**MOLES, JEREMIAH, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942  
 Effective as of 01-JUL-22


**MOLES, JEREMIAH, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942  
 Effective as of 01-JAN-21


**MOLES, JEREMIAH, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942  
 Effective as of 01-JAN-21


**MOLES, JEREMIAH, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942  
 Effective as of 01-NOV-22


**MOLES, JEREMIAH, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942  
 Effective as of 01-APR-21


**MOSHTAGHI, OMID, MD**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942  
 Effective as of 01-JAN-24


**MOSHTAGHI, OMID, MD**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942  
 Teleservice  
 Effective as of 01-OCT-23


**PATSIAS, ALEXIS, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR STE 101  
 LA MESA, CA 91942  
 Effective as of 01-MAY-21


**PATSIAS, ALEXIS, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR STE 101  
 LA MESA, CA 91942  
 Effective as of 01-JAN-21


**PATSIAS, ALEXIS, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR STE 101  
 LA MESA, CA 91942  
 Effective as of 01-JUN-20

**PITZER, GEOFFREY, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942  
 Teleservice  
 Effective as of 01-AUG-16

**PITZER, GEOFFREY, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942  
 Teleservice  
 Effective as of 01-JAN-21

**PITZER, GEOFFREY, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942  
 Teleservice  
 Effective as of 01-NOV-22

**PITZER, GEOFFREY, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942  
 Teleservice  
 Effective as of 01-JAN-21


**PITZER, GEOFFREY, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942  
 Teleservice  
 Effective as of 01-JAN-21


**PITZER, GEOFFREY, MD†**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942  
 Teleservice  
 Effective as of 01-APR-21

**SAEZ, NEIL, MD**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR BLDG 3 STE 101  
 LA MESA, CA 91942  
 Effective as of 01-FEB-24

**SAEZ, NEIL, MD**

Provider ID: N/A  
 5565 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JAN-24

#### **SAEZ, NEIL, MD**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3  
LA MESA, CA 91942

Effective as of 01-NOV-23

#### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3  
LA MESA, CA 91942

Effective as of 01-MAY-21

#### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-OCT-22

#### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-JUL-22

#### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **SKELTON, SEAN, DO†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-APR-21

#### **SKELTON, SEAN, DO†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-SEP-22

#### **SKELTON, SEAN, DO†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-MAY-21

### ***PEDIATRICS***

#### **SHAHBAZ, MAJID, MD**

Provider ID: N/A

8851 CENTER DR STE 408  
LA MESA, CA 91942

Effective as of 01-MAR-18

### ***PHYS MED/ REHAB PAIN MEDICINE***

#### **KATZEN, SETH, DO**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-MAY-23

### ***PHYSICAL MEDICINE / REHABILITATION***

#### **KATZEN, SETH, DO**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-NOV-22

### ***PHYSICIANS ASSISTANT***

#### **DOUGHERTY, CLARA, PA**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942

Effective as of 01-JAN-24

#### **ELO, KRISTIN, PA†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **FERRARA, SAMANTHA, PA**

Provider ID: N/A

7339 EL CAJON BLVD STE I  
LA MESA, CA 91942

Teleservice

Effective as of 01-JUL-23

#### **GUTH, CARA, PA**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JAN-24

#### **HINKLE, CORINNE, PA**

Provider ID: N/A

7339 EL CAJON BLVD STE I  
LA MESA, CA 91942

Teleservice

Effective as of 01-MAR-24

#### **KHALEGHI, MANI, PA†**

Provider ID: N/A

5360 JACKSON DR STE 100  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **MOORMAN, KRISTA, PA**

Provider ID: N/A

7339 EL CAJON BLVD STE I  
LA MESA, CA 91942

Effective as of 01-MAY-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **PYLE, ALEXANDRA, PA**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JAN-24

#### **TAYLOR, RYAN, PA**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JAN-24

#### **WHITE, KYLE, PA**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3  
LA MESA, CA 91942

Teleservice

Effective as of 01-MAR-23

#### **WHITE, KYLE, PA**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-MAY-23

#### **WHITE, KYLE, PA**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-NOV-23

### ***PODIATRIST***

#### **CAINE, SAMUEL, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
510  
LA MESA, CA 91942

Teleservice

Effective as of 01-DEC-23

#### **CAINE, SAMUEL, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
510  
LA MESA, CA 91942

Teleservice

Effective as of 01-DEC-23

#### **CAINE, SAMUEL, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
510  
LA MESA, CA 91942

Teleservice

Effective as of 01-APR-24

#### **COLLINS, MICHAEL, DPM†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **COLLINS, MICHAEL, DPM†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-AUG-23

#### **COX, KEVIN, DPM**

Provider ID: N/A

5129 GARFIELD ST  
LA MESA, CA 91941

Effective as of 01-APR-23

#### **KRIGER, STEPHEN, DPM†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Teleservice

Effective as of 01-JAN-22

#### **NGUYEN, HAN, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Effective as of 01-DEC-23

#### **NGUYEN, HAN, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Effective as of 01-JUL-23

#### **NGUYEN, HAN, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Effective as of 01-JUN-23

#### **NGUYEN, HAN, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Effective as of 01-JAN-24

#### **TSAI, GRACE, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
510  
LA MESA, CA 91942

Effective as of 01-SEP-23

#### **TSAI, GRACE, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
510  
LA MESA, CA 91942

Effective as of 01-APR-23

#### **TSAI, GRACE, DPM**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician


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 5565 GROSSMONT  
CENTER DR BLDG 3 STE  
510

LA MESA, CA 91942  
Effective as of 01-FEB-23

#### **XU, DIXON, DPM†**


Provider ID: N/A

 5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Effective as of 01-MAR-24

#### **XU, DIXON, DPM†**

Provider ID: N/A

 5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Effective as of 01-SEP-22

### ***PSYCHIATRY***

#### **MILLER, BRIAN, MD**

Provider ID: N/A

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JUL-23

#### **MILLER, BRIAN, MD**

Provider ID: N/A

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JUL-23

### ***PULMONARY DISEASES***

#### **AL-NASER, RAED, MD**

Provider ID: N/A

 5525 GROSSMONT  
CENTER DR STE 609  
LA MESA, CA 91942

Effective as of 01-AUG-23

### ***RADIATION ONCOLOGY***

#### **BRUGGEMAN, ANDREW, MD**


Provider ID: N/A

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-24

#### **CARMONA, RUBEN, MD**


Provider ID: N/A

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-24

#### **COLEMAN, LORI, MD†**


Provider ID: N/A

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **JABBARI, SIAVASH, MD†**


Provider ID: N/A

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-OCT-22

#### **PEJAVAR, SUNANDA, MD†**


Provider ID: N/A

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **VOLPP, PAUL, MD†**

Provider ID: N/A

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **WEINSTEIN, GEOFFREY, MD†**

Provider ID: N/A


 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-21

### ***RADIOLOGY DIAGNOSTIC***

#### **MOORE, BRIAN, MD†**

Provider ID: N/A

 8860 CENTER DR STE 100  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **MOORE, BRIAN, MD†**

Provider ID: N/A

 8881 FLETCHER PKWY STE  
102  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **VENKATESH, VIJAY, MD†**


Provider ID: N/A

 8860 CENTER DR STE 100  
LA MESA, CA 91942

Effective as of 01-SEP-22

#### **VENKATESH, VIJAY, MD†**

Provider ID: N/A

 8881 FLETCHER PKWY STE  
102  
LA MESA, CA 91942

Effective as of 01-SEP-22

### ***REGISTERED PHYSICAL THERAPIST***

#### **ALLOS, ALEXANDER, PT**

Provider ID: N/A

 8388 PARKWAY DR  
LA MESA, CA 91942

Effective as of 01-NOV-23

#### **CONCHA URDAY ZAA, JANNY, PT**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

5266 BALTIMORE DR  
LA MESA, CA 91942  
Effective as of 01-JAN-23

#### **NGUYEN, STEVEN, PT**

Provider ID: N/A  
8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-AUG-23

#### **NGUYEN, STEVEN, PT**

Provider ID: N/A  
8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-MAY-22

#### **PAPA, AMY, PT**

Provider ID: N/A  
8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-NOV-21

#### **PAPA, AMY, PT**

Provider ID: N/A  
8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-AUG-23

#### **SAHATDJIAN, EVA, PT**

Provider ID: N/A  
8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-DEC-21

#### **SAHATDJIAN, EVA, PT**

Provider ID: N/A  
8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-AUG-23

#### **THOMAS, KAITLIN, PT**

Provider ID: N/A  
8388 PARKWAY DR  
LA MESA, CA 91942

Effective as of 01-NOV-23

### ***RHEUMATOLOGY***

#### **KOTHA, AKTHER, MD<sup>†</sup>**

Provider ID: N/A  
8860 CENTER DR STE 400  
LA MESA, CA 91942  
Effective as of 01-SEP-15

#### **KOTHA, ROSHAN, MD<sup>†</sup>**

Provider ID: N/A  
8860 CENTER DR STE 400  
LA MESA, CA 91942  
Effective as of 01-AUG-20

#### **KOTHA, AKTHER, MD<sup>†</sup>**

Provider ID: N/A  
8860 CENTER DR STE 400  
LA MESA, CA 91942  
Effective as of 01-DEC-23

#### **KOTHA, AKTHER, MD<sup>†</sup>**

Provider ID: N/A  
8860 CENTER DR STE 400  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **KOTHA, ROSHAN, MD<sup>†</sup>**

Provider ID: N/A  
8860 CENTER DR STE 400  
LA MESA, CA 91942  
Effective as of 01-JAN-21

### ***SURGERY GENERAL***

#### **DICKINSON, PHILLIP, MD<sup>†</sup>**

Provider ID: N/A  
8554 LA MESA BLVD  
LA MESA, CA 91942  
Effective as of 01-JAN-14

#### **DICKINSON, PHILLIP, MD<sup>†</sup>**

Provider ID: N/A  
8554 LA MESA BLVD

LA MESA, CA 91942  
Effective as of 01-JAN-24

#### **DICKINSON, PHILLIP, MD<sup>†</sup>**

Provider ID: N/A  
8554 LA MESA BLVD  
LA MESA, CA 91942  
Effective as of 01-JUL-22

#### **KHARAZI, ALEXANDRA, MD**

Provider ID: N/A  
8851 CENTER DR STE 500  
LA MESA, CA 91942  
Effective as of 01-MAY-23

### ***SURGERY HAND***

#### **RICKARDS, ENASS, MD<sup>†</sup>**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-JAN-21

### ***SURGERY***

### ***NEUROLOGICAL***

#### **KURESHI, SOHAIB, MD<sup>†</sup>**

Provider ID: N/A  
5565 GROSSMONT  
CENTER DR STE 210  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **OSTRUP, RICHARD, MD<sup>†</sup>**

Provider ID: N/A  
5565 GROSSMONT  
CENTER DR STE 210  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **OSTRUP, RICHARD, MD<sup>†</sup>**

Provider ID: N/A  
5565 GROSSMONT  
CENTER DR STE 210  
LA MESA, CA 91942



## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-MAR-21

#### **ZACHARIAH, MARCUS, MD**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 1 STE 210  
LA MESA, CA 91942

Effective as of 01-MAY-23

#### ***SURGERY ORTHOPEDIC***

#### **HENDERSON, RODNEY, MD**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JAN-14

#### **KIMBALL, MICHAEL, MD†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **KIMBALL, MICHAEL, MD†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **KIMBALL, MICHAEL, MD†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JUL-23

#### **KIMBALL, MICHAEL, MD†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-MAR-16

#### **KIMBALL, MICHAEL, MD†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-OCT-21

#### **RICKARDS, ENASS, MD†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-SEP-22

#### **RICKARDS, ENASS, MD†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JUL-23

#### **RICKARDS, ENASS, MD†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JAN-21

#### **RICKARDS, ENASS, MD†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-APR-23

#### **TAYYAB, NEIL, MD**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-AUG-23

#### ***SURGERY THORACIC***

#### **KOUMJIAN, MICHAEL, MD†**

Provider ID: N/A

5525 GROSSMONT  
CENTER DR STE 609  
LA MESA, CA 91942

Effective as of 01-FEB-07

#### **KOUMJIAN, MICHAEL, MD†**

Provider ID: N/A

5525 GROSSMONT  
CENTER DR STE 609

LA MESA, CA 91942

Effective as of 01-JAN-21

#### ***UROLOGY***

#### **BUTLER, PHILIP, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942

Effective as of 01-JAN-24

#### **COHEN, EDWARD, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942

Effective as of 01-JAN-24

#### **DICKS, BRIAN, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942

Effective as of 01-JAN-24

#### **JAVIER DESLOGES, JUAN, MD†**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942

Teleservice

Effective as of 01-JAN-23

#### **JAVIER DESLOGES, JUAN, MD†**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942

Teleservice

Effective as of 01-JUL-23

#### **JAVIER DESLOGES, JUAN, MD†**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942

Teleservice

Effective as of 01-DEC-22

#### **JUMA, SAAD, MD**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

#### **KEARSE, WILFRED, MD†**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-DEC-21

#### **KEILLER, DANNY, MD**

Provider ID: N/A

8850 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

#### **NEUSTEIN, PAUL, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

#### **NGUYEN, HUNG, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

#### **PE, MARK-RALLY, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

#### **ROBERTS, JAMES, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

#### **SALEM, CAROL, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942

Effective as of 01-JAN-24

#### **SALMASI, AMIRALI, MD†**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JUL-23

#### **SALMASI, AMIRALI, MD†**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-21

#### **VAPNEK, EVAN, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

### ***CARDIAC***

### ***ELECTROPHYSIOLOGY***

#### **MITIKU, TEFERI, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
102  
LADERA RANCH, CA 92694  
Effective as of 01-FEB-22

#### **MITIKU, TEFERI, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
102  
LADERA RANCH, CA 92694  
Effective as of 01-FEB-22

### ***CARDIOVASCULAR DISEASE***

#### **NGUYEN, HUY, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
102

LADERA RANCH, CA 92694  
Effective as of 01-JAN-20

#### **WERTMAN, BRETT, MD**

Provider ID: N/A

333 CORPORATE DR STE  
102  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-20

#### **WERTMAN, BRETT, MD**

Provider ID: N/A

333 CORPORATE DR STE  
102  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-21

### ***CERTIFIED NURSE PRACTITIONER***

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

25612 CROWN VALLEY  
PKWY  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-22

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

25612 CROWN VALLEY  
PKWY  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-22

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

25612 CROWN VALLEY  
PKWY  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-22

### ***DERMATOLOGY***

#### **BINGHAM, LUCAS, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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600 CORPORATE DR STE 100  
LADERA RANCH, CA 92694  
Effective as of 01-MAY-22

#### **BINGHAM, LUCAS, MD**

Provider ID: N/A

600 CORPORATE DR STE 100  
LADERA RANCH, CA 92694  
Effective as of 01-MAY-22

#### **BINGHAM, LUCAS, MD**

Provider ID: N/A

600 CORPORATE DR STE 100  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-18

#### **BINGHAM, LUCAS, MD**

Provider ID: N/A

600 CORPORATE DR STE 100  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-18

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

600 CORPORATE DR STE 100  
LADERA RANCH, CA 92694  
Effective as of 01-FEB-20

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

600 CORPORATE DR STE 100  
LADERA RANCH, CA 92694  
Effective as of 01-OCT-23

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

600 CORPORATE DR STE 100  
LADERA RANCH, CA 92694

Effective as of 01-MAY-20

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

600 CORPORATE DR STE 100  
LADERA RANCH, CA 92694  
Effective as of 01-MAY-20

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

600 CORPORATE DR STE 100  
LADERA RANCH, CA 92694  
Effective as of 01-MAY-20

#### **PETERSON, SAMUEL, MD†**

Provider ID: N/A

600 CORPORATE DR STE 100  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-21

#### **PETERSON, SAMUEL, MD†**

Provider ID: N/A

600 CORPORATE DR STE 100  
LADERA RANCH, CA 92694  
Effective as of 01-MAY-22

### ***EMERGENCY MEDICINE***

#### **TIMBOE, JENNA, MD**

Provider ID: N/A

777 CORPORATE DR  
LADERA RANCH, CA 92694  
Effective as of 01-OCT-23

#### **WAINWRIGHT, MITCHELL, MD**

Provider ID: N/A

800 CORPORATE DR STE 100  
LADERA RANCH, CA 92694  
Effective as of 01-SEP-18

### ***INTERVENTIONAL CARDIOLOGY***

#### **NGUYEN, HUY, MD†**

Provider ID: N/A

333 CORPORATE DR STE 102  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-17

#### **NGUYEN, HUY, MD†**

Provider ID: N/A

333 CORPORATE DR STE 102  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-17

#### **NGUYEN, HUY, MD†**

Provider ID: N/A

333 CORPORATE DR STE 102  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-21

#### **WERTMAN, BRETT, MD**

Provider ID: N/A

333 CORPORATE DR STE 100  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-15

#### **WERTMAN, BRETT, MD**

Provider ID: N/A

333 CORPORATE DR STE 100  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-16

### ***NEUROLOGY***

#### **PENG, YING, MD†**

Provider ID: N/A

333 CORPORATE DR STE 110  
LADERA RANCH, CA 92694

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JUN-22

#### **NEUROLOGY CHILD**

**PENG, YING, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694

Effective as of 01-DEC-20

**PENG, YING, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694

Effective as of 01-DEC-20

**PENG, YING, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694

Effective as of 01-JUL-21

**PENG, YING, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694

Effective as of 01-JUL-21

**PENG, YING, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694

Effective as of 01-OCT-19

**PENG, YING, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694

Effective as of 01-OCT-19

#### **OTOLARYNGOLOGY**

**KAUFMAN, AVRUM, DO**

Provider ID: N/A

800 CORPORATE DR STE  
290  
LADERA RANCH, CA 92694

Effective as of 01-JAN-18

#### **PEDIATRICS**

**DWINELL, LAUREN, MD**

Provider ID: N/A

777 CORPORATE DR STE  
250  
LADERA RANCH, CA 92694

Effective as of 01-JUL-23

#### **PHYSICIANS ASSISTANT**

**RUMMEL, LAURA, PA†**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694

Effective as of 01-DEC-22

**RUMMEL, LAURA, PA†**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694

Effective as of 01-DEC-22

#### **PODIATRIST**

**RODRIGUEZ, NITZA, DPM†**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694

Effective as of 01-SEP-19

**RODRIGUEZ, NITZA, DPM†**

Provider ID: N/A

333 CORPORATE DR STE  
230

LADERA RANCH, CA 92694

Effective as of 01-NOV-19

**RODRIGUEZ, NITZA, DPM†**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694

Effective as of 01-NOV-19

**SPENCER, ROBERT, DPM†**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694

Effective as of 01-SEP-19

**SPENCER, ROBERT, DPM†**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694

Effective as of 01-SEP-19

**SPENCER, ROBERT, DPM†**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694

Effective as of 01-SEP-19

#### **PSYCHIATRY**

**BORECKY, ADAM, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694

Effective as of 01-JAN-24

**BORECKY, ADAM, MD**

Provider ID: N/A

333 CORPORATE DR STE

## CI. List of Network Providers

### Specialty Care Physician

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260  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-24

#### **KINBACK, KEVIN, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-19

#### **KINBACK, KEVIN, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-19

#### **KINBACK, KEVIN, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-19

#### **KINBACK, KEVIN, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-19

#### **LAW, LINDSEY, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-20

#### **LAW, LINDSEY, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-20

#### **LAW, LINDSEY, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-20

#### **LAW, LINDSEY, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-20

### **PSYCHOLOGIST**

#### **OKONSKI, MICHELE, PSYD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-JUN-19

#### **OKONSKI, MICHELE, PSYD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-JUN-19

#### **OKONSKI, MICHELE, PSYD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-JUN-19

#### **OKONSKI, MICHELE, PSYD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-JUN-19

### **SURGERY GENERAL**

#### **QURESHI, ALI, MD**

Provider ID: N/A

800 CORPORATE DR STE  
280  
LADERA RANCH, CA 92694  
Effective as of 01-FEB-24

#### **QURESHI, ALI, MD**

Provider ID: N/A

800 CORPORATE DR STE  
280  
LADERA RANCH, CA 92694  
Effective as of 01-FEB-24

### **SURGERY PLASTIC**

#### **DOEZIE, ALLEN, MD†**

Provider ID: N/A

777 CORPORATE DR STE 110  
LADERA RANCH, CA 92694  
Effective as of 01-SEP-10

#### **DOEZIE, ALLEN, MD†**

Provider ID: N/A

777 CORPORATE DR STE 110  
LADERA RANCH, CA 92694  
Effective as of 01-SEP-10

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **BINAVI, HOWNAZ, NP†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA BEACH, CA 92677  
Effective as of 01-JUL-21

### **DERMATOLOGY**

#### **AWADALLA, FARAH, MD†**

Provider ID: N/A

31852 COAST HWY STE 300

## C1. List of Network Providers

### Specialty Care Physician

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LAGUNA BEACH, CA 92651  
Effective as of 01-MAR-23

#### **AWADALLA, FARAH, MD†**

Provider ID: N/A

31852 COAST HWY STE 300  
LAGUNA BEACH, CA 92651  
Effective as of 01-MAR-23

#### **AWADALLA, FARAH, MD†**

Provider ID: N/A

31852 COAST HWY STE 300  
LAGUNA BEACH, CA 92651  
Effective as of 01-MAR-23

#### **FAMILY PRACTICE**

#### **SANGUEDOLCE, JOHN, MD†**

Provider ID: N/A

333 THALIA ST  
LAGUNA BEACH, CA 92651  
Effective as of 01-FEB-21

#### **HEMATOLOGY / ONCOLOGY**

#### **VU, COLLIN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 320  
LAGUNA BEACH, CA 92653  
Effective as of 01-JAN-18

#### **INFECTIOUS DISEASE**

#### **HAMIDI ASL, KAMRAN, MD**

Provider ID: N/A

31852 COAST HWY STE 302  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

#### **OPHTHALMOLOGY**

#### **HENRICK, ANDREW, MD**

Provider ID: N/A

31852 COAST HWY  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-23

#### **HENRICK, ANDREW, MD**

Provider ID: N/A

31852 COAST HWY STE 101  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-23

#### **PRENDIVILLE, PAUL, MD**

Provider ID: N/A

31852 COAST HWY STE 101  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-23

#### **PRENDIVILLE, PAUL, MD**

Provider ID: N/A

31852 COAST HWY STE 101  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-23

#### **SPANGGORD, HOLLY, MD†**

Provider ID: N/A

31852 COAST HWY STE 101  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-19

#### **SPANGGORD, HOLLY, MD†**

Provider ID: N/A

31852 COAST HWY STE 101  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-23

#### **PEDIATRIC CRITICAL CARE MEDICINE**

#### **REDA, ZACHARIA, MD†**

Provider ID: N/A

31862 COAST HWY STE 302  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-23

#### **PEDIATRIC**

#### **PULMONOLOGY**

#### **REDA, ZACHARIA, MD†**

Provider ID: N/A

31862 COAST HWY STE 203  
LAGUNA BEACH, CA 92651  
Effective as of 01-JUN-22

#### **REDA, ZACHARIA, MD†**

Provider ID: N/A

31862 COAST HWY STE 203  
LAGUNA BEACH, CA 92651  
Effective as of 01-JUN-22

#### **REDA, ZACHARIA, MD†**

Provider ID: N/A

31862 COAST HWY STE 203  
LAGUNA BEACH, CA 92651  
Effective as of 01-JUN-22

#### **PODIATRIST**

#### **YETTER, MARCUS, DPM†**

Provider ID: N/A

31852 COAST HWY STE 105  
LAGUNA BEACH, CA 92651  
Effective as of 01-MAR-20

#### **YETTER, MARCUS, DPM†**

Provider ID: N/A

31852 COAST HWY STE 105  
LAGUNA BEACH, CA 92651  
Effective as of 01-MAR-20

#### **YETTER, MARCUS, DPM†**

Provider ID: N/A

31852 COAST HWY STE 105  
LAGUNA BEACH, CA 92651  
Effective as of 01-JUL-19

#### **PULMONARY DISEASES**

#### **SHAHINIAN, GEORGE, MD†**

Provider ID: N/A

31852 COAST HWY STE 201

## CI. List of Network Providers

### Specialty Care Physician

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LAGUNA BEACH, CA 92651  
Effective as of 01-NOV-23

#### **SHAHINIAN, GEORGE, MD†**

Provider ID: N/A

📍 31852 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-JUL-23

#### **SHAHINIAN, GEORGE, MD†**

Provider ID: N/A

📍 31852 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-15

### ***SURGERY GENERAL***

#### **CHANG, STEVEN, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-DEC-11

#### **CHANG, STEVEN, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-APR-12

#### **CHANG, STEVEN, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-SEP-13

#### **CHANG, STEVEN, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

#### **COCCIA, MICHAEL, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651

Effective as of 01-JAN-18

#### **COCCIA, MICHAEL, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-NOV-14

#### **COCCIA, MICHAEL, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-APR-12

### ***SURGERY ORTHOPEDIC***

#### **ABDOLLAHI, KARIM, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

#### **ABDOLLAHI, KARIM, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-NOV-14

#### **ABDOLLAHI, KARIM, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-SEP-10

#### **ASHKENAZE, DAVID, MD†**

Provider ID: N/A

📍 31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-13

#### **ASHKENAZE, DAVID, MD†**

Provider ID: N/A

📍 31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-13

#### **ASHKENAZE, DAVID, MD†**

Provider ID: N/A

📍 31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

#### **GILLMAN, MICHAEL, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

#### **GILLMAN, MICHAEL, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-APR-16

#### **GILLMAN, MICHAEL, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-NOV-14

#### **GILLMAN, MICHAEL, MD**

Provider ID: N/A

📍 31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-SEP-10

### ***ALLERGY IMMUNOLOGY***

#### **LIAO, OTTO, MD†**

Provider ID: N/A

📍 25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-17

#### **LIAO, OTTO, MD†**

Provider ID: N/A

📍 25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-22

## CI. List of Network Providers

### Specialty Care Physician

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#### **LIAO, OTTO, MD†**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-20

#### **LIAO, OTTO, MD†**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-20

#### **LIAO, OTTO, MD†**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-17

#### **LIAO, OTTO, MD†**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-20

#### **LIAO, OTTO, MD†**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **LIAO, OTTO, MD†**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-21

#### **LIAO, OTTO, MD†**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-20

### **ANESTHESIOLOGY**

#### **ALIKHANI, SHAHRIAR, MD†**

Provider ID: N/A

23025 MILL CREEK DR  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-20

#### **BARNHILL, JOSHUA, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 204

LAGUNA HILLS, CA 92653

Effective as of 01-FEB-24

#### **BARNHILL, JOSHUA, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 204

LAGUNA HILLS, CA 92653

Effective as of 01-FEB-24

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 5A

LAGUNA HILLS, CA 92653

Effective as of 01-AUG-22

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 5A

LAGUNA HILLS, CA 92653

Effective as of 01-AUG-22

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 5A

LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

#### **HO, ALAN, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 7A

LAGUNA HILLS, CA 92653

Effective as of 01-NOV-14

#### **HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610

LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **ALSHARIF, KAIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120

LAGUNA HILLS, CA 92653

Effective as of 01-NOV-18

#### **ALSHARIF, KAIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120

LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 5A

LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 5A

LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 5A

LAGUNA HILLS, CA 92653



**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-JAN-23

**GERAYLI, AFSHIN, MD†**

Provider ID: N/A

24953 PASEO DE VALENCIA STE 5A  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-15

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 610

LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24953 PASEO DE VALENCIA STE 7A  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

**HO, ALAN, MD†**

Provider ID: N/A

24953 PASEO DE VALENCIA STE 7A  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-17

**KUO, DENNIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-21

**KUO, DENNIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-21

## C1. List of Network Providers

### Specialty Care Physician

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#### **KUO, DENNIS, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-21

#### **KUO, DENNIS, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-19

#### **MESSIHA, ANDREW, MD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 204  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-22

#### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

#### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE

VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-16

#### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-16

#### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-16

#### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **POURADIB, AMIR, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **POURADIB, AMIR, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

#### **POURADIB, AMIR, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-18

#### **SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-16

#### **SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-20

#### **SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-22

### **AUDIOLOGIST**

**NIAVARANY, PIRAYEH, AuD**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

#### **NIAVARANY, PIRAYEH, AuD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

#### **PANEK, KRISTI, AuD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

#### **PANEK, KRISTI, AuD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

### **CARDIAC**

#### **ELECTROPHYSIOLOGY**

#### **DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

#### **DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

#### **GUJRAL, INDERPAL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 30A  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

#### **GUJRAL, INDERPAL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 30A  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

#### **SARCON, ANNAHITA, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

#### **SARCON, ANNAHITA, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

### **CARDIOVASCULAR**

#### **DISEASE**

#### **ARD, SCOTT, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-JAN-24

#### **ARD, SCOTT, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-AUG-23

#### **ARD, SCOTT, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-AUG-23

#### **ARD, SCOTT, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-23

#### **ARD, SCOTT, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-23

#### **ARD, SCOTT, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-23

#### **BAHADORANI, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

#### **CHEN, CHENG-HAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA

## C1. List of Network Providers

### Specialty Care Physician

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STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **CHEN, CHENG-HAN, MD†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **DRURY, PAUL, MD†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **DRURY, PAUL, MD†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **DRURY, PAUL, MD†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-19

#### **FEINER, JEFFREY, MD†**

Provider ID: N/A

📄 24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

#### **GIM, RONALD, MD†**

Provider ID: N/A

📄 24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

#### **GUJRAL, INDERPAL, MD†**

Provider ID: N/A

📄 24953 PASEO DE  
VALENCIA STE 30A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

#### **KONUGRES, GEORGE, DO†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

#### **KONUGRES, GEORGE, DO†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

#### **KONUGRES, GEORGE, DO†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **KONUGRES, GEORGE, DO†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **KONUGRES, GEORGE, DO†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **KONUGRES, GEORGE, DO†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **KONUGRES, GEORGE, DO†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-17

#### **LAMONT, DANIEL, MD†**

Provider ID: N/A

📄 24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

#### **LE, DAN, MD†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-21

#### **LE, DAN, MD†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **LE, DAN, MD†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-21

#### **LE, DAN, MD†**

Provider ID: N/A

📄 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

## CI. List of Network Providers

### Specialty Care Physician

---

Effective as of 01-JAN-23

#### **LYLE, DOUGLAS, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-12

#### **PARISE, CHARLES, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-20

#### **PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

#### **PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

#### **PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-19

#### **ROSANIO, SALVATORE, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-MAR-24

#### **ROSANIO, SALVATORE, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-AUG-23

#### **ROSANIO, SALVATORE, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-AUG-23

#### **ROSANIO, SALVATORE, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-23

#### **ROSANIO, SALVATORE, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-23

#### **ROSANIO, SALVATORE, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-23

#### **VAN, HO HAI, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500

LAGUNA HILLS, CA 92653

Effective as of 01-SEP-22

#### **VAN, HO HAI, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

#### **VAN, HO HAI, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

#### **VAN, HO HAI, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-20

#### **VAN, HO HAI, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **VAN, HO HAI, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **ZAREMBA, MARK, MD†**

Provider ID: N/A

25401 CABOT RD STE 107  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-13

#### **ZAREMBA, MARK, MD†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

25401 CABOT RD STE 107  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-14

#### **ZAREMBA, MARK, MD†**

Provider ID: N/A

25401 CABOT RD STE 107  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-14

#### **CERTIFIED**

#### **ACUPUNCTURIST**

#### **OMIDI, SHOHREH, LAC**

Provider ID: N/A

24422 AVENIDA DE LA  
CARLOTA STE 105  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

#### **OMIDI, SHOHREH, LAC**

Provider ID: N/A

24422 AVENIDA DE LA  
CARLOTA STE 105  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

#### **OMIDI, SHOHREH, LAC**

Provider ID: N/A

24422 AVENIDA DE LA  
CARLOTA STE 105  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

#### **SHE, WU, LAC†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 7C  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CARASQUERO, ANDREA, NP**

Provider ID: N/A

23121 PLAZA POINTE DR  
STE 107  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

#### **CHANG KIMES, AUDREY, NP†**

Provider ID: N/A

24422 AVENIDA DE LA  
CARLOTA STE 130  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

#### **CHANG KIMES, AUDREY, NP†**

Provider ID: N/A

24422 AVENIDA DE LA  
CARLOTA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

#### **CHANG KIMES, AUDREY, NP†**

Provider ID: N/A

24422 AVENIDA DE LA  
CARLOTA STE 130  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

#### **KHAN, KHADEER, NP**

Provider ID: N/A

23121 PLAZA POINTE DR  
STE 107  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-24

#### **KHURANA, ANIL, NP**

Provider ID: N/A

23121 PLAZA POINTE DR  
STE 107  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-24

#### **NGUYEN, MARICEL, NP**

Provider ID: N/A

23181 VERDUGO DR STE

103A

LAGUNA HILLS, CA 92653\*  
Effective as of 01-APR-23

#### **NGUYEN, MARICEL, NP**

Provider ID: N/A

23181 VERDUGO DR STE  
103A  
LAGUNA HILLS, CA 92653\*  
Effective as of 01-APR-23

#### **PARK, NURI, NP**

Provider ID: N/A

23181 VERDUGO DR STE  
103A  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-15

#### **PARK, SE, NP**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

#### **PARK, SE, NP**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

#### **PARK, SE, NP**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

#### **PARK, SE, NP**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **PARK, SE, NP**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

#### ***CERTIFIED REGISTERED NURSE MIDWIFE***

#### **GABEL, CHRISTINA, CRNM**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

#### **GABEL, CHRISTINA, CRNM**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

#### **GABEL, CHRISTINA, CRNM**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

#### **GABEL, CHRISTINA, CRNM**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

#### **GABEL, CHRISTINA, CRNM**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

#### **MOLINSKI, ALLISON, CRNM**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

#### **MOLINSKI, ALLISON, CRNM**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

#### **SAJADI, ALISA, CRNM**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

#### ***CHIROPRACTOR***

#### **COSTALES, STEPHEN, DC**

Provider ID: N/A

24741 ALICIA PKWY STE D  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **COSTALES, STEPHEN, DC**

Provider ID: N/A

24741 ALICIA PKWY STE D  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

#### **LANIER, TIMOTHY, DC†**

Provider ID: N/A

23412 MOULTON PKWY  
STE 100  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **MCHONE, PATRICIA, DC†**

Provider ID: N/A

24741 ALICIA PKWY STE D  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **MCHONE, PATRICIA, DC†**

Provider ID: N/A

24741 ALICIA PKWY STE D  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

#### ***DERMATOLOGY***

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-19

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653

**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-OCT-16

**LEE, KATHERINE, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
 STE 200  
 LAGUNA HILLS, CA 92653

Effective as of 01-JUN-19

**LEE, KATHERINE, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
 STE 200  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**LEE, KATHERINE, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
 STE 200  
 LAGUNA HILLS, CA 92653

Effective as of 01-SEP-14

**LEE, KATHERINE, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
 STE 200  
 LAGUNA HILLS, CA 92653

Effective as of 01-SEP-14

**LEE, KATHERINE, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
 STE 200  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**LEE, KATHERINE, MD**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
 STE 200  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**EMERGENCY MEDICINE**

**BLAND, HOWARD, MD**

Provider ID: N/A

23595 MOULTON PKWY  
 STE E  
 LAGUNA HILLS, CA 92653

Effective as of 01-SEP-23

**GEE, KELLY, DO†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 311  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-22

**ENDOCRINOLOGY  
 METABOLISM DIABETES**

**BANDUKWALA, RAHIL, DO†**

Provider ID: N/A

23141 MOULTON PKWY STE  
 102  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**BANDUKWALA, RAHIL, DO†**

Provider ID: N/A

23141 MOULTON PKWY STE  
 102  
 LAGUNA HILLS, CA 92653

Effective as of 01-JUN-19

**BANDUKWALA, RAHIL, DO†**

Provider ID: N/A

23141 MOULTON PKWY STE  
 102  
 LAGUNA HILLS, CA 92653

Effective as of 01-JUL-16

**BANDUKWALA, RAHIL, DO†**

Provider ID: N/A

23141 MOULTON PKWY STE  
 102  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**BANDUKWALA, RAHIL, DO†**

Provider ID: N/A

23141 MOULTON PKWY STE  
 102  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**CHAN, JESSICA, MD†**

Provider ID: N/A

24321 AVENIDA DE LA  
 CARLOTA  
 LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**CHAN, JESSICA, MD†**

Provider ID: N/A

24321 AVENIDA DE LA  
 CARLOTA  
 LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

**CHANG, KU JUEY, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
 102  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**CHANG, KU JUEY, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
 102  
 LAGUNA HILLS, CA 92653

Effective as of 01-AUG-21

**CHANG, KU JUEY, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
 102  
 LAGUNA HILLS, CA 92653

Effective as of 01-NOV-16

**CHANG, KU JUEY, MD**

Provider ID: N/A

23141 MOULTON PKWY STE



**C1. List of Network Providers**  
**Specialty Care Physician**

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102  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-19

**FARJOU DI, FARHAD, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-22

**FARJOU DI, FARHAD, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-22

**FARJOU DI, FARHAD, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-22

**FARJOU DI, FARHAD, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 106  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-22

**FARJOU DI, FARHAD, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 106  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-22

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-JUL-16

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-JUN-19

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-APR-18

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-FEB-16

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-AUG-21

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-OCT-22

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-OCT-23

**MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102

## CI. List of Network Providers

### Specialty Care Physician

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LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

#### **MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-JAN-23

#### **MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-NOV-19

#### **MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-NOV-19

#### **MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-NOV-19

#### **MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-NOV-19

#### **MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-JUN-19

#### **MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-JUN-19

#### **MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-OCT-23

#### **MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-OCT-22

#### **POURBABAK, SAM, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-OCT-23

#### **TRAN, NEIL, MD**

Provider ID: N/A

24321 AVENIDA DE LA  
CARLOTA

LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

### ***ENDOCRINOLOGY***

### ***REPRODUCTIVE***

#### **FREDERICK, JANE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 541

LAGUNA HILLS, CA 92653

Effective as of 01-NOV-13

#### **FREDERICK, JANE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 541

LAGUNA HILLS, CA 92653

Effective as of 01-NOV-13

#### **FREDERICK, JANE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 503

LAGUNA HILLS, CA 92653\*

Effective as of 01-JUN-19

### ***FAMILY PRACTICE***

#### **LEISH, BRIAN, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 460

LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

#### **RIZNIS, TENGIS, MD†**

Provider ID: N/A

24451 HEALTH CENTER DR

## C1. List of Network Providers

### Specialty Care Physician

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STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### ***FAMILY PRACTICE GERIATRIC MEDICINE***

##### **PATEL, NEHAL, MD†**

Provider ID: N/A

📍 23141 VERDUGO DR STE 201  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

##### **PATEL, NEHAL, MD†**

Provider ID: N/A

📍 23141 VERDUGO DR STE 201  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

#### ***FEMALE PELVIC MED AND RECONSTRUCTIVE SURG***

##### **MWESIGWA, PATRICIA, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-22

##### **SHOURESHI, POONE, MD**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

##### **SHOURESHI, POONE, MD**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

#### ***GASTROENTEROLOGY***

##### **JALALI, FARID, MD†**

Provider ID: N/A

📍 24221 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-19

##### **JALALI, FARID, MD†**

Provider ID: N/A

📍 24221 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-19

##### **JALALI, FARID, MD†**

Provider ID: N/A

📍 24221 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-19

##### **NGO, CATHERINE, MD**

Provider ID: N/A

📍 26671 ALISO CREEK RD STE  
301  
LAGUNA HILLS, CA 92656  
Effective as of 01-DEC-22

##### **NGO, CATHERINE, MD**

Provider ID: N/A

📍 26671 ALISO CREEK RD STE  
301  
LAGUNA HILLS, CA 92656  
Effective as of 01-DEC-22

##### **SHAH, KETAN, MD**

Provider ID: N/A

📍 24221 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-16

##### **SHAH, KETAN, MD**

Provider ID: N/A

📍 24221 CALLE DE LA LOUISA

STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-16

##### **SHAH, KETAN, MD**

Provider ID: N/A

📍 24221 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-16

##### **SHAH, KETAN, MD**

Provider ID: N/A

📍 24221 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

##### **SY, THEODORE, MD†**

Provider ID: N/A

📍 26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

##### **SY, THEODORE, MD†**

Provider ID: N/A

📍 26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

##### **SY, THEODORE, MD†**

Provider ID: N/A

📍 26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

##### **SY, THEODORE, MD†**

Provider ID: N/A

📍 26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-18

## C1. List of Network Providers

### Specialty Care Physician

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#### **SY, THEODORE, MD†**

Provider ID: N/A

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-18

#### **GENERAL PRACTICE**

#### **SHAW, BRIAN, DO†**

Provider ID: N/A

23265 S POINTE DR STE  
100  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-15

#### **HEMATOLOGY / ONCOLOGY**

#### **CHENG, HOWARD, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 25B  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-14

#### **CHENG, HOWARD, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 25B  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-08

#### **CHENG, HOWARD, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 25B  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

#### **HASSAN, SARAH, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 320

LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

#### **MALEKIRAD, JACQUELINE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 320  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-22

#### **MALEKIRAD, JACQUELINE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 320  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-22

#### **MALEKIRAD, JACQUELINE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 320  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-22

#### **MULTANI, GURPREET, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 320  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

#### **POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 501  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

#### **POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 420

LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 420  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 420  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-22

#### **POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 420  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-22

#### **RAO, AMOL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 320  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

#### **SALIMI-TARI, PEYMAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 501  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

#### **SU, DERRICK, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 501  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-22

#### **VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-22

#### **VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-22

### ***HOSPITALIST MD/DO***

#### **ABCEDE, GAIL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 7C  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-22

#### **SINGH, DEEJPOT, MD**

Provider ID: N/A

24451 HEALTH CENTER DR  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-24

### ***INFECTIOUS DISEASE***

#### **KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

#### **KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

#### **KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

#### **KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

#### **KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

#### **KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

#### **KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

#### **KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **WHITE, ALAN, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 460  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

### ***INTERNAL MEDICINE***

#### **BAE, CHAY, DO†**

Provider ID: N/A

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

#### **BAE, CHAY, DO†**

Provider ID: N/A

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

#### **BAE, CHAY, DO†**

Provider ID: N/A

**CI. List of Network Providers**  
**Specialty Care Physician**

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26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**BAE, CHAY, DO<sup>†</sup>**  
Provider ID: N/A

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**BAE, CHAY, DO<sup>†</sup>**  
Provider ID: N/A

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**KOOKOOTSEDES, GAYLE, MD**  
Provider ID: N/A

25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-FEB-24

**KOOKOOTSEDES, GAYLE, MD**  
Provider ID: N/A

25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-FEB-24

**KOOKOOTSEDES, GAYLE, MD**  
Provider ID: N/A

25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-FEB-24

**KOOKOOTSEDES, GAYLE, MD**  
Provider ID: N/A

25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-FEB-24

**KOOKOOTSEDES, GAYLE, MD**  
Provider ID: N/A

25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-FEB-24

**LO, ALAN, MD**  
Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653\*  
Effective as of 01-JAN-18

**NGUYEN, AN, DO<sup>†</sup>**  
Provider ID: N/A

23181 VERDUGO DR STE  
103A  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**POURBABAK, SAM, MD**  
Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-JAN-23

**SOONG, YEN-HUI, MD<sup>†</sup>**  
Provider ID: N/A

23141 MOULTON PKWY STE  
108  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

**SOONG, YEN-HUI, MD<sup>†</sup>**  
Provider ID: N/A

23141 MOULTON PKWY STE  
108  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

**INTERNAL MEDICINE**

**CRITICAL CARE MEDICINE**

**KADIFA, FADY, MD<sup>†</sup>**  
Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**VOVAN, THOMAS, MD<sup>†</sup>**  
Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**INTERVENTIONAL  
CARDIOLOGY**

**ALLAM, SHAMILI, MD**  
Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**ALLAM, SHAMILI, MD**  
Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**ALLAM, SHAMILI, MD**  
Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**CHEN, CHENG-HAN, MD<sup>†</sup>**  
Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-APR-20

**CHEN, CHENG-HAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 500  
 LAGUNA HILLS, CA 92653

Effective as of 01-AUG-20

**CHEN, CHENG-HAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 500  
 LAGUNA HILLS, CA 92653

Effective as of 01-AUG-20

**CHEN, CHENG-HAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 500  
 LAGUNA HILLS, CA 92653

Effective as of 01-AUG-20

**CHEN, CHENG-HAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 500  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 500  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 500  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 500  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 500  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 500  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**FEINER, JEFFREY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 550  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**FRUMIN, HOWARD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**GAULT, MICHAEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 550  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**GIM, RONALD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 550

LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**GUJRAL, INDERPAL, MD†**

Provider ID: N/A

24953 PASEO DE  
 VALENCIA STE 30A  
 LAGUNA HILLS, CA 92653

Effective as of 01-MAY-11

**KARROWNI, WASSEF, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 500  
 LAGUNA HILLS, CA 92653

Effective as of 01-SEP-23

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 500  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**LAMONT, DANIEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 550  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**LYLE, DOUGLAS, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 550  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**MASTERS, ROBERT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 550  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

## CI. List of Network Providers

### Specialty Care Physician

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#### **PARISE, CHARLES, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **PARISE, CHARLES, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **PARISE, CHARLES, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **PARISE, CHARLES, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **PARISE, CHARLES, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **PATEL, MILAN, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **PATEL, MILAN, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA

STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **PATEL, MILAN, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

#### **PATEL, MILAN, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

#### **TURIY, YULIYA, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-21

#### **TURIY, YULIYA, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-21

#### **TURIY, YULIYA, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-21

#### **VAN, HO HAI, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

#### **VAN, HO HAI, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **VAN, HO HAI, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **VAN, HO HAI, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

#### **VAN, HO HAI, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

#### **WALTERS, DANIEL, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **WALTERS, DANIEL, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **WALTERS, DANIEL, MD**

Provider ID: N/A



## C1. List of Network Providers

### Specialty Care Physician

---

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **WALTERS, DANIEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **WALTERS, DANIEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **LICENSED CLINICAL SOCIAL WORKER**

#### **DOWNES, SAIGE, LCSW**

Provider ID: N/A

23461 S POINTE DR STE 240  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

#### **DOWNES, SAIGE, LCSW**

Provider ID: N/A

23461 S POINTE DR STE 240  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

#### **MACIEL, MARLA, LCSW**

Provider ID: N/A

23121 PLAZA POINTE DR  
STE 107  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

#### **ZARGARBASHI, STEFANIE, LCSW†**

Provider ID: N/A

24321 AVENIDA DE LA

CARLOTA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **MARRIAGE FAMILY THERAPIST**

#### **MOORE, CANDACE, MFT**

Provider ID: N/A

23461 S POINTE DR  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-22

#### **MOORE, CANDACE, MFT**

Provider ID: N/A

23461 S POINTE DR  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-22

#### **MATERNAL AND FETAL MEDICINE**

#### **BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-24

#### **BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

#### **BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

#### **BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 260  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-16

#### **BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 260  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

#### **BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 260  
LAGUNA HILLS, CA 92653

**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-JAN-23

**BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 260  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-JUL-04

**BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-20

**BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 260  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-NOV-11

**CHAU, CINDY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-JUN-19

**CHAU, CINDY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**CHAU, CINDY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**CHAU, CINDY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

**CHAU, CINDY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**DAY, ROBERT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-MAY-22

**KFIR, MENASHE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**KFIR, MENASHE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300

LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**KFIR, MENASHE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**KFIR, MENASHE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**MASAKI, DAMON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-MAY-19

**MASAKI, DAMON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-DEC-19

**MILLS, MARLIN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 540  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**MILLS, MARLIN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 540  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

## **CI. List of Network Providers**

### **Specialty Care Physician**

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#### **MILLS, MARLIN, MD<sup>†</sup>**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 540  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **MILLS, MARLIN, MD<sup>†</sup>**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 540  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **SHRIVASTAVA, VINEET, MD<sup>†</sup>**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

#### **SHRIVASTAVA, VINEET, MD<sup>†</sup>**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

### ***MEDICAL ONCOLOGY***

#### **VU, COLLIN, MD<sup>†</sup>**

Provider ID: N/A

📍 25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

### ***NEONATAL / PERINATAL MEDICINE***

#### **BUSH, MELISSA, MD<sup>†</sup>**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **MASAKI, DAMON, MD<sup>†</sup>**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-19

### ***NEPHROLOGY***

#### **HAFTBARADARAN**

#### **MOHAMMADI, AFSANEH, MD**

Provider ID: N/A

📍 25411 CABOT RD STE 105  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **HAFTBARADARAN**

#### **MOHAMMADI, AFSANEH, MD**

Provider ID: N/A

📍 25411 CABOT RD STE 105  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **JAMES, JOJI, MD**

Provider ID: N/A

📍 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

#### **MANSOURY, HADI, MD**

Provider ID: N/A

📍 23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

#### **MANSOURY, HADI, MD<sup>†</sup>**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

### ***NEUROLOGY***

#### **BANDARI, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

📍 24012 CALLE DE LA PLATA  
STE 210  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

#### **CHOAN, CAROLINE, MD**

Provider ID: N/A

📍 24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **LOC, KIET, MD<sup>†</sup>**

Provider ID: N/A

📍 24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **LOC, KIET, MD<sup>†</sup>**

Provider ID: N/A

📍 24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

#### **LOC, KIET, MD<sup>†</sup>**

Provider ID: N/A

📍 24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **MAASUMI, KASRA, MD<sup>†</sup>**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

#### **MAASUMI, KASRA, MD<sup>†</sup>**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

#### **MAASUMI, KASRA, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

#### **MAASUMI, KASRA, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

#### **MAASUMI, KASRA, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

#### **MAASUMI, KASRA, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

#### **RAPOPORT, ZHANNA, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 8A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-19

#### **RAPOPORT, ZHANNA, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 8A

LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

#### **RAPOPORT, ZHANNA, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 8A  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

#### **RAPOPORT, ZHANNA, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 8A  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

#### **RAPOPORT, ZHANNA, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 8A  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-20

#### **SHEN, MICHAEL, MD**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-16

#### **SHEN, MICHAEL, MD**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-16

#### **SHEN, MICHAEL, MD**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-16

#### **SHEN, MICHAEL, MD**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

### ***OBSTETRICS / GYNECOLOGY***

#### **AL-AZAWI, HIND, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

#### **AL-AZAWI, HIND, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

#### **CHUNG, LINDA, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

#### **CHUNG, LINDA, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-20

#### **COUGH, HEIDI, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

## C1. List of Network Providers

### Specialty Care Physician

---

#### **COUGH, HEIDI, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

#### **COUGH, HEIDI, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **DAVIS, STEPHANIE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **DAVIS, STEPHANIE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **DAY, ROBERT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **DEJBAKHS, SHEILA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-19

#### **EDMUNDSON, MORIAH, DO†**

Provider ID: N/A

24321 AVENIDA DE LA

CARLOTA  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

#### **FREDERICK, JANE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 503  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

#### **FREDERICK, JANE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 503  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

#### **JOHNSON, SUSAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **KONG, GRACE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **KONG, GRACE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

#### **KONG, GRACE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

#### **KRYCHMAN, MICHAEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

#### **KRYCHMAN, MICHAEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

#### **KRYCHMAN, MICHAEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

#### **KRYCHMAN, MICHAEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

#### **KRYCHMAN, MICHAEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

#### **LAM, KIM, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **LAM, KIM, MD**

Provider ID: N/A

**C1. List of Network Providers**  
**Specialty Care Physician**

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<p>☞ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-21</p> <p><b>LEE, KATHERINE, MD</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-21</p> <p><b>LEE, KATHERINE, MD</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>LO, PATRICIA, MD</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-21</p> <p><b>LOPEZ, RACHAEL, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 640 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-22</p> <p><b>LOPEZ, RACHAEL, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 640 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-20</p> <p><b>LOPEZ, RACHAEL, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 640 LAGUNA HILLS, CA 92653</p>	<p>Effective as of 01-SEP-20</p> <p><b>LOPEZ, RACHAEL, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 640 LAGUNA HILLS, CA 92653 Effective as of 01-APR-11</p> <p><b>LOPEZ, RACHAEL, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 640 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-12</p> <p><b>MASAKI, DAMON, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR LAGUNA HILLS, CA 92653 Effective as of 01-APR-19</p> <p><b>MASAKI, DAMON, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-22</p> <p><b>MASAKI, DAMON, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-22</p> <p><b>MENDELSON, SUSAN, MD</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</p> <p><b>MENDELSON, SUSAN, MD</b> Provider ID: N/A</p>	<p>☞ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-23</p> <p><b>MENDELSON, SUSAN, MD</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-21</p> <p><b>MILLER, JAMIE, MD</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-23</p> <p><b>O TOOLE, MARY, MD</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-21</p> <p><b>O TOOLE, MARY, MD</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</p> <p><b>PATEL, MITA, MD</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-19</p> <p><b>PETERS, AMY, DO</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653</p>
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## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-NOV-23

**PETERS, AMY, DO<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

**PRIESTLEY, ANGELIKA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**STERNFELD, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**STERNFELD, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-20

**STERNFELD, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-11

**STERNFELD, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-12

**TANAMAI, VAYA, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-20

**TANAMAI, VAYA, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**TANAMAI, VAYA, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**TANAMAI, VAYA, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**TANAMAI, VAYA, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**TANAMAI, VAYA, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-21

**TANAMAI, VAYA, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653

Effective as of 01-OCT-19

**VICENS-VILLAFANA, JOSE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-23

**VICENS-VILLAFANA, JOSE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-23

**WINTER, MARC, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**YU, MIAO, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**YU, MIAO, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**YU, MIAO, MD<sup>†</sup>**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-20

**CI. List of Network Providers**  
**Specialty Care Physician**

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**OPHTHALMOLOGY**

**AHMAD, ASHRAF, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**AHMAD, ASHRAF, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

**AHMAD, ASHRAF, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

**AHMAD, ASHRAF, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**BANUELOS, LYDIA, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 309  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**BANUELOS, LYDIA, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-22

**BROOKMAN, MYLES, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

**BROOKMAN, MYLES, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

**CHEN, SANFORD, MD†**

Provider ID: N/A

23521 PASEO VALENCIA  
309  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-13

**CHOI, DAVID, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**CHOI, DAVID, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**CHOI, DAVID, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**DHOOT, SONIA, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-19

**DHOOT, SONIA, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-19

**DHOOT, SONIA, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**DHOOT, SONIA, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207



**C1. List of Network Providers**  
**Specialty Care Physician**

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LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-20

**EIFRIG, CHARLES WILLIAM, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 207

LAGUNA HILLS, CA 92653

Effective as of 01-DEC-20

**EIFRIG, CHARLES WILLIAM, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-SEP-18

**EIFRIG, CHARLES WILLIAM, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-SEP-18

**GUJRAL, SATVINDER, MD†**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

**GUJRAL, SATVINDER, MD†**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-SEP-22

**GUJRAL, SATVINDER, MD†**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 300

LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**GUJRAL, SATVINDER, MD†**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 300  
 LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

**GUPTA, MRINALI, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 207  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 207  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 207  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-22

**GUPTA, MRINALI, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 207  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-22

**GUPTA, MRINALI, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 207  
 LAGUNA HILLS, CA 92653

Effective as of 01-NOV-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 207  
 LAGUNA HILLS, CA 92653

Effective as of 01-NOV-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 207  
 LAGUNA HILLS, CA 92653

Effective as of 01-NOV-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 207  
 LAGUNA HILLS, CA 92653

Effective as of 01-NOV-20

**GWYNN, DAVID, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 305  
 LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

**HENRICK, ANDREW, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 305  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-14

**HENRICK, ANDREW, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 305  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-14

**HENRICK, ANDREW, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA

**CI. List of Network Providers**  
**Specialty Care Physician**

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STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**HENRICK, ANDREW, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**HENRICK, ANDREW, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**HOVANESIAN, JOHN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**HOVANESIAN, JOHN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**HOVANESIAN, JOHN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**HOVANESIAN, JOHN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**HWANG, JOHN, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**HWANG, JOHN, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-18

**HWANG, JOHN, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-16

**HWANG, JOHN, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**HWANG, JOHN, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**JOSON, PETER, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 309  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-22

**JOSON, PETER, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 306  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**JOSON, PETER, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 309  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-17

**KELLER, CHARLES, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-OCT-23

#### **KELLER, CHARLES, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-22

#### **KERSTEN, DIANA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

#### **KERSTEN, DIANA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

#### **KERSTEN, DIANA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **KERSTEN, DIANA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

#### **KHAN, SAMIRA, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

#### **KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

#### **KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

#### **KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

#### **KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

#### **KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

#### **KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

#### **KIM, ESTHER, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 745

LAGUNA HILLS, CA 92653

Effective as of 01-JAN-22

#### **KIM, BRIAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

#### **KIM, BRIAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-22

#### **KIM, ESTHER, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 745  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **KIM, EDWARD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-22

#### **KIM, BRIAN, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-14

#### **KIM, BRIAN, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-14

## C1. List of Network Providers

### Specialty Care Physician

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**KIM, BRIAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**KIM, EDWARD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**KNIGHT, DARREN, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-JAN-18

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-13

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-13

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-MAR-18

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-JUN-21

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-JUN-21

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-SEP-22

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-SEP-22

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-SEP-22

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-SEP-22

**MCGUIRE, DESMOND, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

**NOGUCHI, JONATHAN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**PATEL, ALPA, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-22

**PATEL, ALPA, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**PERRY, ANGELA, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

**PERRY, ANGELA, MD**

Provider ID: N/A

**C1. List of Network Providers**  
**Specialty Care Physician**

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23521 PASEO DE VALENCIA  
 STE 305  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-23

**PERRY, ANGELA, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 305  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-23

**PRENDIVILLE, PAUL, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**PRENDIVILLE, PAUL, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-14

**PRENDIVILLE, PAUL, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-14

**PRENDIVILLE, PAUL, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-23

**PRENDIVILLE, PAUL, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-18

**RATHOD, RAJIV, MD†**

Provider ID: N/A

23521 PASEO VALENCIA

309  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-FEB-15

**RATHOD, RAJIV, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 475  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-FEB-16

**RATHOD, RAJIV, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 475  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**RATHOD, RAJIV, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 475  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-APR-22

**RATHOD, RAJIV, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 475  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-APR-22

**RATHOD, RAJIV, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 475  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-APR-22

**RATHOD, RAJIV, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 475  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-APR-22

**RATHOD, RAJIV, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 475  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-APR-22

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
 STE 300  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-19

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
 STE 300  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-19

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 300  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-APR-23

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 300  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-22

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 300  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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 23521 PASEO DE VALENCIA STE 309 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-21	Effective as of 01-NOV-14 <b>SPANGGORD, HOLLY, MD†</b> Provider ID: N/A	 24401 CALLE DE LA LOUISA LAGUNA HILLS, CA 92653 Effective as of 01-DEC-14
<b>SALEHI-HAD, HANI, MD†</b> Provider ID: N/A	 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653	<b>TEYMOORIAN, SAVAK, MD†</b> Provider ID: N/A
 23521 PASEO DE VALENCIA STE 309 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-21	Effective as of 01-JAN-18 <b>SPANGGORD, HOLLY, MD†</b> Provider ID: N/A	 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-APR-23
<b>SALEHI-HAD, HANI, MD†</b> Provider ID: N/A	 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653	<b>TEYMOORIAN, SAVAK, MD†</b> Provider ID: N/A
 23521 PASEO DE VALENCIA STE 309 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-21	Effective as of 01-DEC-14 <b>SPANGGORD, HOLLY, MD†</b> Provider ID: N/A	 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23
<b>SALIB, GEORGE, MD†</b> Provider ID: N/A	 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653	<b>TEYMOORIAN, SAVAK, MD†</b> Provider ID: N/A
 24422 AVENIDA DE LA CARLOTA STE 110 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-21	Effective as of 01-JAN-19 <b>SPANGGORD, HOLLY, MD†</b> Provider ID: N/A	 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-22
<b>SALIB, GEORGE, MD†</b> Provider ID: N/A	 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653	<b>TEYMOORIAN, SAVAK, MD†</b> Provider ID: N/A
 24422 AVENIDA DE LA CARLOTA STE 110 LAGUNA HILLS, CA 92653 Effective as of 01-MAR-20	Effective as of 01-OCT-23 <b>TAYANI, RAMIN, MD</b> Provider ID: N/A	 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-23
<b>SALIB, GEORGE, MD†</b> Provider ID: N/A	 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653	<b>TOMPKINS, BRETT, DO</b> Provider ID: N/A
 24422 AVENIDA DE LA CARLOTA STE 110 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-18	Effective as of 01-MAR-23 <b>TEYMOORIAN, SAVAK, MD†</b> Provider ID: N/A	 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-24
<b>SPANGGORD, HOLLY, MD†</b> Provider ID: N/A	 24401 CALLE DE LA LOUISA LAGUNA HILLS, CA 92653	<b>TOMPKINS, BRETT, DO</b> Provider ID: N/A
 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653	Effective as of 01-NOV-14 <b>TEYMOORIAN, SAVAK, MD†</b> Provider ID: N/A	 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-DEC-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **TOMPKINS, BRETT, DO**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

#### **WANG, YE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

#### **WANG, YE, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

#### **WANG, YE, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

#### **WANG, YE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-22

#### **WANG, YE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

#### **WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

#### **WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

#### **WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

#### **WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

#### **YOU, TIMOTHY, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-16

#### **YOU, TIMOTHY, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **YOU, TIMOTHY, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-05

### ***OPTOMETRIST***

#### **CHOI-SIRITARATIWAT,**

#### **ISABELL, OD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-19

#### **CHOI-SIRITARATIWAT,**

#### **ISABELL, OD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-19

#### **CHOI-SIRITARATIWAT,**

#### **ISABELL, OD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-22

#### **CHOI-SIRITARATIWAT,**

#### **ISABELL, OD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **CHOI-SIRITARATIWAT,**

#### **ISABELL, OD†**

**C1. List of Network Providers**  
**Specialty Care Physician**

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Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

**GRATTAN, ANNE, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-22

**GRATTAN, ANNE, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-22

**GRATTAN, ANNE, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-22

**GRATTAN, ANNE, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**GRATTAN, ANNE, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-22

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-22

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-22

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**LEI, SHARON, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 325  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-21

**LEIGHT, TERRA, OD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**LEIGHT, TERRA, OD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-22

**LEUNG, CHRISTINA, OD†**

Provider ID: N/A

25260 LA PAZ RD STE G  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-16

**MONTANA-COLLINS,  
CLAUDIA, OD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 412  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**NG, REBECCA, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

**PHAN, MIMI, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-21

**PLECHOT, ERIQ, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305



## CI. List of Network Providers

### Specialty Care Physician

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LAGUNA HILLS, CA 92653  
Effective as of 01-APR-24

#### **PLECHOT, ERIQ, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653  
Effective as of 01-APR-24

#### **PLECHOT, ERIQ, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653  
Effective as of 01-APR-24

#### **PLECHOT, ERIQ, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653  
Effective as of 01-APR-24

#### **PLECHOT, ERIQ, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653  
Effective as of 01-APR-24

#### **PLECHOT, ERIQ, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653  
Effective as of 01-APR-24

#### **SKVARNA, KAREN, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

#### **SKVARNA, KAREN, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-22

#### **SKVARNA, KAREN, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **TERADA, SEIJU, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **TERADA, SEIJU, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-22

#### **TERADA, SEIJU, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

### ***OTOLARYNGOLOGY***

#### **ABEDI ASL, ESRAFIL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 430  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-14

#### **ABEDI ASL, ESRAFIL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 430  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

#### **ABEDI ASL, ESRAFIL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 430  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

#### **ABEDI ASL, ESRAFIL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 430  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-13

#### **BALAKER, ASHLEY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

#### **BALAKER, ASHLEY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-19

#### **BALAKER, ASHLEY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-19

#### **BALAKER, ASHLEY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370

## C1. List of Network Providers

### Specialty Care Physician

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LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **BALAKER, ASHLEY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370

LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

#### **BUEN, FLOYD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370

LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

#### **BUEN, FLOYD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370

LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

#### **BUEN, FLOYD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370

LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

#### **BUEN, FLOYD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370

LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

#### **CHO, MICHAEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **CHO, MICHAEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370

LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

#### **MUNDI, JAGMEET, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 600

LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-16

#### **SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-11

#### **SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-11

#### **SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600

LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-14

#### **SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600

LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-14

#### **SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

## C1. List of Network Providers

### Specialty Care Physician

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**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-07

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-07

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-16

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-12

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-12

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-20

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-14

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-14

**YIAN, CHRISTOPHER, MD†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-14

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-11

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600

LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-12

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-16

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-07

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-14

#### **YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

### ***PEDIATRIC CARDIOLOGY***

#### **DENNY-BROWN, SINAN, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **DENNY-BROWN, SINAN, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **DENNY-BROWN, SINAN, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **DENNY-BROWN, SINAN, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **DENNY-BROWN, SINAN, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **DENNY-BROWN, SINAN, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

### ***PHYS MED/ REHAB PAIN***

## C1. List of Network Providers

### Specialty Care Physician

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#### **MEDICINE**

##### **HANNA, ANDREW, DO**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

##### **HANNA, ANDREW, DO**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

##### **HANNA, ANDREW, DO**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

#### **PHYSICAL MEDICINE / REHABILITATION**

##### **ALSHARIF, KAIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

##### **ALSHARIF, KAIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

##### **ALSHARIF, KAIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-21

##### **HILAL, TARIQ, DO†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

##### **HILAL, TARIQ, DO†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

##### **HILAL, TARIQ, DO†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

##### **HILAL, TARIQ, DO†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

##### **HILAL, TARIQ, DO†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

##### **KUO, DENNIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-20

##### **LYNN, KENNETH, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 460  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-19

##### **POURADIB, AMIR, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

##### **POURADIB, AMIR, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-21

##### **POURADIB, AMIR, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-21

##### **POURADIB, AMIR, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-22

##### **POURADIB, AMIR, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-22

#### **PHYSICIANS ASSISTANT**

##### **BYNON, KRISTEN, PA**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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 24401 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-DEC-23	Effective as of 01-APR-24	<b>CARR, OLIVIA, PA</b> Provider ID: N/A	Provider ID: N/A
<b>BYNON, KRISTEN, PA</b> Provider ID: N/A	 23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653	Effective as of 01-APR-24	<b>OWEN, LISA, PA</b> Provider ID: N/A
 24401 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-DEC-23	Effective as of 01-APR-24	<b>CARR, OLIVIA, PA</b> Provider ID: N/A	 23181 VERDUGO DR STE 103A LAGUNA HILLS, CA 92653 Effective as of 01-APR-23
<b>BYNON, KRISTEN, PA</b> Provider ID: N/A	 23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653	Effective as of 01-APR-24	<b>PALMER, VIVIENNE, PA</b> Provider ID: N/A
 24401 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-DEC-23	Effective as of 01-APR-24	<b>DINH, Y NHA THI, PA†</b> Provider ID: N/A	 24411 HEALTH CENTER DR STE 680 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-24
<b>BYNON, KRISTEN, PA</b> Provider ID: N/A	 23181 VERDUGO DR STE 103A LAGUNA HILLS, CA 92653	Effective as of 01-MAR-15	<b>PALMER, VIVIENNE, PA</b> Provider ID: N/A
 24401 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-DEC-23	Effective as of 01-MAR-15	<b>KIM, MOSES, MD†</b> Provider ID: N/A	 24411 HEALTH CENTER DR STE 680 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-24
<b>CARDENAS, RICARDO, PA†</b> Provider ID: N/A	 23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653	Effective as of 01-APR-21	<b>PALMER, VIVIENNE, PA</b> Provider ID: N/A
 23521 PASEO DE VALENCIA STE 250 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-22	Effective as of 01-APR-21	<b>KISCADEN, LAUREN, PA</b> Provider ID: N/A	 24411 HEALTH CENTER DR STE 680 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-24
<b>CARDENAS, RICARDO, PA†</b> Provider ID: N/A	 24411 HEALTH CENTER DR STE 208 LAGUNA HILLS, CA 92653	Effective as of 01-APR-23	<b>PALMER, VIVIENNE, PA</b> Provider ID: N/A
 23521 PASEO DE VALENCIA STE 250 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-22	Effective as of 01-APR-23	<b>KISCADEN, LAUREN, PA</b> Provider ID: N/A	 24411 HEALTH CENTER DR STE 680 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-24
<b>CARR, OLIVIA, PA</b> Provider ID: N/A	 24411 HEALTH CENTER DR STE 208 LAGUNA HILLS, CA 92653	Effective as of 01-APR-23	<b>PETERMAN, KYLIE, PA</b> Provider ID: N/A
 23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653	Effective as of 01-APR-23	<b>NAGEL, IRENE, PA†</b>	 23181 VERDUGO DR STE 103A

## CI. List of Network Providers

### Specialty Care Physician

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LAGUNA HILLS, CA 92653\*  
Effective as of 01-APR-23

#### **PETERMAN, KYLIE, PA**

Provider ID: N/A

23181 VERDUGO DR STE  
103A

LAGUNA HILLS, CA 92653\*  
Effective as of 01-APR-23

#### **SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

#### **SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

#### **SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

#### **SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

#### **SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

#### **SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

#### **TOWERY, BOBBY, PA†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-18

#### **WANG, LILLIAN, PA†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637

Effective as of 01-FEB-22

### ***PODIATRIST***

#### **ARJOMANDI, NEDA, DPM†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 410  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

#### **ARJOMANDI, NEDA, DPM†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 410  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

#### **GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

23141 MOULTON PKWY STE  
109  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

#### **GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

23141 MOULTON PKWY STE  
109

LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

#### **GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

23141 MOULTON PKWY STE  
109  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-20

#### **GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

23141 MOULTON PKWY STE  
109  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-20

#### **LEAMING, ROBERT, DPM**

Provider ID: N/A

23141 MOULTON PKWY STE  
109  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-FEB-24

#### **LEAMING, ROBERT, DPM**

Provider ID: N/A

23141 MOULTON PKWY STE  
109  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-FEB-24

#### **MCCANN, JAN, DPM**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 135  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-20

#### **MCCANN, JAN, DPM**

Provider ID: N/A

24012 CALLE DE LA PLATA

## CI. List of Network Providers

### Specialty Care Physician

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STE 135  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

#### **NOSRATI, SAM, DPM†**

Provider ID: N/A

📍 23141 MOULTON PKWY STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

#### **NOSRATI, SAM, DPM†**

Provider ID: N/A

📍 23141 MOULTON PKWY STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-16

#### **NOSRATI, SAM, DPM†**

Provider ID: N/A

📍 23141 MOULTON PKWY STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-16

#### **POLISKIE, MICHAEL, DPM†**

Provider ID: N/A

📍 23521 PASEO DE VALENCIA STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-22

#### **POLISKIE, MICHAEL, DPM†**

Provider ID: N/A

📍 23521 PASEO DE VALENCIA STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-18

#### **YETTER, MARCUS, DPM†**

Provider ID: N/A

📍 23961 CALLE DE LA MAGDALENA STE 143  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

### ***PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER***

#### **CARASQUERO, ANDREA, NP**

Provider ID: N/A

📍 23121 PLAZA POINTE DR STE 107  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

#### **CARASQUERO, ANDREA, NP**

Provider ID: N/A

📍 23121 PLAZA POINTE DR STE 107  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

#### **KHURANA, ANIL, NP**

Provider ID: N/A

📍 23121 PLAZA POINTE DR STE 107  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-24

#### **KHURANA, ANIL, NP**

Provider ID: N/A

📍 23121 PLAZA POINTE DR STE 107  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-24

### ***PSYCHIATRY***

#### **CHU, WEIMING, MD†**

Provider ID: N/A

📍 24953 PASEO DE VALENCIA STE 7C  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-21

#### **CHU, WEIMING, MD†**

Provider ID: N/A

📍 24953 PASEO DE

VALENCIA STE 7C  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-21

#### **EAGAN, TERRY, MD**

Provider ID: N/A

📍 23961 CALLE DE LA MAGDALENA STE 424  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

#### **EAGAN, TERRY, MD**

Provider ID: N/A

📍 23961 CALLE DE LA MAGDALENA STE 424  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

### ***PULMONARY DISEASES***

#### **CHANG, WILLIAM, DO†**

Provider ID: N/A

📍 23141 MOULTON PKWY STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

#### **CHANG, WILLIAM, DO†**

Provider ID: N/A

📍 23141 MOULTON PKWY STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

#### **CHANG, WILLIAM, DO†**

Provider ID: N/A

📍 23141 MOULTON PKWY STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

#### **CHANG, WILLIAM, DO†**

Provider ID: N/A

📍 23141 MOULTON PKWY STE 108



**C1. List of Network Providers**  
**Specialty Care Physician**

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LAGUNA HILLS, CA 92653  
 Effective as of 01-JUN-23

**CHANG, WILLIAM, DO†**

Provider ID: N/A

23141 MOULTON PKWY STE 108

LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-22

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-AUG-23

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-AUG-23

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-22

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-MAY-22

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-JUN-17

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-17

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-17

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-18

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-18

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-23

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-23

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-19

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-19

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-MAY-12

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-22

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-APR-11

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560

LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-17

## C1. List of Network Providers

### Specialty Care Physician

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**KOHLI, SANJIVAN, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE 108  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**KOHLI, SANJIVAN, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE 108  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**KOHLI, SANJIVAN, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE 108  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**SHAHINIAN, GEORGE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

**SINGH, SAMARJIT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**SINGH, SAMARJIT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**SINGH, SAMARJIT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-19

**SINGH, SAMARJIT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-22

**SOONG, YEN-HUI, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE 108  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**VO, BRYAN, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-18

**VO, BRYAN, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-18

**VO, BRYAN, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**VO, BRYAN, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**VO, BRYAN, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**VO, BRYAN, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-12

**VO, BRYAN, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**VOVAN, THOMAS, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**VOVAN, THOMAS, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

**VOVAN, THOMAS, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**VOVAN, THOMAS, MD†**

**C1. List of Network Providers**  
**Specialty Care Physician**

---

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 560  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**VOVAN, THOMAS, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 560  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

***RADIATION ONCOLOGY***

**CHAN, LINDA, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**CHAN, LINDA, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**CHAN, LINDA, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**CHAN, LINDA, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

**CHAN, LINDA, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**HARSOLIA, ASIF, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**HARSOLIA, ASIF, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

**HARSOLIA, ASIF, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**HARSOLIA, ASIF, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**KABOLIZADEH, PEYMAN, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-APR-24

**KABOLIZADEH, PEYMAN, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-JUL-21

**LEE, SHARON, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**LEE, SHARON, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**LEE, SHARON, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-AUG-21

**LEE, SHARON, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**LEE, SHARON, MD†**

Provider ID: N/A

24302 PASEO DE  
 VALENCIA  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

***RHEUMATOLOGY***

**KHALEGHI DAMAVANDI, MIR BEHNAM, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
 LAGUNA HILLS, CA 92653

Effective as of 01-SEP-18

## CI. List of Network Providers

### Specialty Care Physician

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**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-15

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

**KHALEGHI DAMAVANDI, MIR**

**BEHNAM, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-19

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-21

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-FEB-24

**KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-APR-24

**KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-FEB-24

**KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-APR-24

**KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

📄 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

### ***SURGERY COLON SURGERY***

**BRADY, MATTHEW, MD<sup>†</sup>**

Provider ID: N/A

📄 24411 HEALTH CENTER DR

## CI. List of Network Providers

### Specialty Care Physician

---

STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

#### **BRADY, MATTHEW, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

#### **BRADY, MATTHEW, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

#### **BRADY, MATTHEW, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

#### **BRADY, MATTHEW, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

#### **SYN, GENE, MD**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 231  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **SYN, GENE, MD**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

### ***SURGERY GENERAL***

#### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **ASHLEY, BLAKE, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **ASHLEY, BLAKE, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

#### **ASHLEY, BLAKE, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-14

#### **ASHLEY, BLAKE, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

#### **ASHLEY, BLAKE, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-19

#### **ASHLEY, BLAKE, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **ASHLEY, BLAKE, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **ASHLEY, BLAKE, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

#### **ASHLEY, BLAKE, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **BACON, LOUISE, MD**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **BACON, LOUISE, MD**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **DEARING, DAVID, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 350

**C1. List of Network Providers**  
**Specialty Care Physician**

---

LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-18

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350

LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-19

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350

LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-19

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350

LAGUNA HILLS, CA 92653  
 Effective as of 01-MAY-23

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350

LAGUNA HILLS, CA 92653  
 Effective as of 01-MAY-18

**HOLNESS, RONALD, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 108

LAGUNA HILLS, CA 92653  
 Effective as of 01-MAY-19

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 417  
 LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 417  
 LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 417  
 LAGUNA HILLS, CA 92653\*

Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 417  
 LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 417  
 LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 417  
 LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 417  
 LAGUNA HILLS, CA 92653

Effective as of 01-MAY-23

**KUSHNER, KENNETH, MD**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**KUSHNER, KENNETH, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350

LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-23

**PHAM, ALEXANDER, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 108

LAGUNA HILLS, CA 92653  
 Effective as of 01-MAR-24

**PHAM, ALEXANDER, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 108

LAGUNA HILLS, CA 92653  
 Effective as of 01-MAR-24

**PHAM, ALEXANDER, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 108

LAGUNA HILLS, CA 92653  
 Effective as of 01-MAR-24

**RAHNEMA, CYRUS, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 108

LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-24

**RAHNEMA, CYRUS, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 108

LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-24

**C1. List of Network Providers**  
**Specialty Care Physician**

---

**RAHNEMA, CYRUS, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 108  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-24

**RAHNEMA, CYRUS, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 108  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-24

**ROBERTSON, ELSIE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-MAR-23

**ROBERTSON, ELSIE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**RONA, KAIS, MD**

Provider ID: N/A

11 MAREBLU STE 200  
 LAGUNA HILLS, CA 92656\*  
 Effective as of 01-FEB-23

**SHARMA, RAHUL, DO†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-19

**SHARMA, RAHUL, DO†**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-19

**SHAVER, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-19

**SHAVER, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-19

**SHAVER, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-22

**SHAVER, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-18

**TUNG, SHAWNDEEP, MD**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
 STE 102  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-21

**TUNG, SHAWNDEEP, MD**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
 STE 102  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-21

**TUNG, SHAWNDEEP, MD**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
 STE 102  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-21

**TUNG, SHAWNDEEP, MD**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
 STE 102  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-21

**TUNG, SHAWNDEEP, MD**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
 STE 102  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-21

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-23

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-20

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

**C1. List of Network Providers**  
**Specialty Care Physician**

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24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-20

**WALLACE, WILLIAM, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-18

**WALLACE, WILLIAM, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-FEB-16

**WALLACE, WILLIAM, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-FEB-13

**WALLACE, WILLIAM, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-APR-11

**WALLACE, WILLIAM, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-MAY-12

**WALLACE, WILLIAM, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**WATANABE, BRIAN, MD†**  
 Provider ID: N/A

24953 PASCO DE  
 VALENCIA  
 STE 15C  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-21

**WATANABE, BRIAN, MD†**  
 Provider ID: N/A

24953 PASCO DE  
 VALENCIA  
 STE 15C  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-21

**WATANABE, BRIAN, MD†**  
 Provider ID: N/A

24953 PASCO DE  
 VALENCIA  
 STE 15C  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-21

**WONG, JASON, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-12

**WONG, JASON, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**WONG, JASON, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-12

**WONG, JASON, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-22

**WONG, JASON, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-18

**WONG, JASON, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-23

**WONG, JASON, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-20

**WONG, JASON, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-20

***SURGERY GENERAL***  
***VASCULAR***

**DEARING, DAVID, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653



**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-AUG-19

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-SEP-15

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-MAY-18

**SHARMA, RAHUL, DO†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**SHARMA, RAHUL, DO†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-18

**SHARMA, RAHUL, DO†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-APR-19

**SHARMA, RAHUL, DO†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-APR-19

**SHARMA, RAHUL, DO†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-19

**SHARMA, RAHUL, DO†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-JAN-12

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-APR-11

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350

LAGUNA HILLS, CA 92653

Effective as of 01-FEB-16

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-16

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-MAY-12

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-16

## C1. List of Network Providers

### Specialty Care Physician

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#### ***SURGERY HAND***

#### ***ORTHOPEDIC***

##### **PATEL, AMAR, MD†**

Provider ID: N/A

📄 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637

Effective as of 01-NOV-20

##### **PATEL, AMAR, MD†**

Provider ID: N/A

📄 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637

Effective as of 01-NOV-20

##### **PATEL, AMAR, MD†**

Provider ID: N/A

📄 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637

Effective as of 01-NOV-20

##### **PATEL, AMAR, MD†**

Provider ID: N/A

📄 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637

Effective as of 01-NOV-20

#### ***SURGERY***

#### ***NEUROLOGICAL***

##### **HWANG, BRIAN, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

##### **HWANG, BRIAN, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

##### **HWANG, BRIAN, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

##### **HWANG, BRIAN, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

##### **HWANG, BRIAN, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

##### **HWANG, BRIAN, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

##### **HWANG, BRIAN, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

##### **HWANG, BRIAN, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

##### **JACKSON, ROBERT, MD**

Provider ID: N/A

📄 23961 CALLE DE LA

MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-23

##### **JACKSON, ROBERT, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-23

##### **LIAUW, JASON, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-19

##### **LIAUW, JASON, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

##### **LIAUW, JASON, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

##### **LIAUW, JASON, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-19

##### **LIAUW, JASON, MD**

Provider ID: N/A

📄 23961 CALLE DE LA  
MAGDALENA STE 504  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-21

## C1. List of Network Providers

### Specialty Care Physician

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#### **LIAUW, JASON, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 504  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

#### **LIAUW, JASON, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 504  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-18

#### **MASSOUDI, FARZAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-APR-22

#### **MASSOUDI, FARZAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-MAY-20

#### **MASSOUDI, FARZAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-MAY-20

#### **MASSOUDI, FARZAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-JAN-21

#### **MASSOUDI, FARZAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-JAN-21

#### **MASSOUDI, FARZAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-OCT-22

### ***SURGERY ORTHOPEDIC***

#### **GREENBAUM, BRADLEY, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 415  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

#### **GREENBAUM, BRADLEY, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 415  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

#### **PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-OCT-23

#### **PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-JUL-21

#### **PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-SEP-23

#### **PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-DEC-21

#### **PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-JAN-22

#### **PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-JAN-23

#### **PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-NOV-22

#### **PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-NOV-22

#### **PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-MAY-22

### ***SURGERY THORACIC***

## C1. List of Network Providers

### Specialty Care Physician

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#### **ALTSHULER, JEFFREY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **GRIFFITH, PATRICK, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **GRIFFITH, PATRICK, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

#### **GRIFFITH, PATRICK, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

#### **GRIFFITH, PATRICK, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

#### **GRIFFITH, PATRICK, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

#### **GRIFFITH, PATRICK, MD**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

#### **GRIFFITH, PATRICK, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **HARGROVE, RACHEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **HARGROVE, RACHEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

#### **HARGROVE, RACHEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **HARGROVE, RACHEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **HARGROVE, RACHEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **HARGROVE, RACHEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-22

#### **KANAAN, SAMER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-17

#### **KANAAN, SAMER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-17

#### **LAM, TUAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-19

#### **POWELL, LEDFORD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-14

#### **POWELL, LEDFORD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **POWELL, LEDFORD, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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24411 HEALTH CENTER DR  
STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-16

#### **POWELL, LEDFORD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **POWELL, LEDFORD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-16

#### **POWELL, LEDFORD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-20

#### **TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

#### **TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

### ***SURGICAL ONCOLOGY***

#### **BREMNER, AMY, MD**

Provider ID: N/A

24401 HEALTH CENTER DR

STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **BREMNER, AMY, MD**

Provider ID: N/A

24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **BREMNER, AMY, MD**

Provider ID: N/A

24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **BREMNER, AMY, MD**

Provider ID: N/A

24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

#### **BREMNER, AMY, MD**

Provider ID: N/A

24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

#### **BREMNER, AMY, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 102  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-21

### ***UROLOGY***

#### **BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **BUI, DON, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

#### **BUI, DON, MD†**

## CI. List of Network Providers Specialty Care Physician

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Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

### **CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

### **CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

### **CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

### **CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

### **CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

### **CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 15B

LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-22

### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-22

### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

### **GRUENENFELDER, JENNIFER, MD**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

---

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-22

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**KIM, MOSES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**KIM, MOSES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**KIM, MOSES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

**KIM, MOSES, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**KIM, MOSES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**KIM, MOSES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**KIM, MOSES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**KIM, MOSES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

## CI. List of Network Providers

### Specialty Care Physician

---

Effective as of 01-FEB-20

#### **KIM, MOSES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

#### **KIM, MOSES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **LIAUW, JASON, MD**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-19

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500

LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

#### **NAKAMURA, LEAH, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

#### **NAKAMURA, LEAH, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

#### **NAKAMURA, LEAH, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

#### **NAKAMURA, LEAH, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

#### **NAKAMURA, LEAH, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20



## CI. List of Network Providers

### Specialty Care Physician

---

#### **NAKAMURA, LEAH, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

#### **NAKAMURA, LEAH, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **NAKAMURA, LEAH, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

#### **PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO VALENCIA7C  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-15

#### **PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO VALENCIA7C  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-12

#### **PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-21

#### **PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-21

#### **PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-21

#### **PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-21

#### **PASIN, ERIK, MD**

Provider ID: N/A

24321 AVENIDA DE LA  
CARLOTA STE H7  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-24

#### **PASIN, ERIK, MD**

Provider ID: N/A

24321 AVENIDA DE LA  
CARLOTA STE H7  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-24

#### **SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-23

#### **SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-23

#### **SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-23

#### **SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-23

#### **SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-23

#### **SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-23

#### **SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-23

#### **SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

#### **SINGH, KARAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500

## CI. List of Network Providers

### Specialty Care Physician

---

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **SINGH, KARAN, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

#### **SINGH, KARAN, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **SINGH, KARAN, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SINGH, KARAN, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SINGH, KARAN, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SINGH, KARAN, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SINGH, KARAN, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SINGH, KARAN, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SINGH, KARAN, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SINGH, KARAN, MD†**

Provider ID: N/A

📍 25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **SPITZ, AARON, MD†**

Provider ID: N/A

📍 25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **SPITZ, AARON, MD†**

Provider ID: N/A

📍 25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

#### **SPITZ, AARON, MD†**

Provider ID: N/A

📍 25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-14

#### **SPITZ, AARON, MD†**

Provider ID: N/A

📍 25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-14

#### **SPITZ, AARON, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SPITZ, AARON, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-21

#### **SPITZ, AARON, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SPITZ, AARON, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SPITZ, AARON, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SPITZ, AARON, MD†**

Provider ID: N/A

📍 23961 CALLE DE LA  
MAGDALENA STE 500

## CI. List of Network Providers

### Specialty Care Physician

---

LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

#### **SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA

MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

#### **SU, DANIEL, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-17

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

---

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-21

### ***ALLERGY IMMUNOLOGY***

#### **DYER, MARC, MD**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 120  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-NOV-14

#### **DYER, MARC, MD**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 120  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-JAN-13

#### **DYER, MARC, MD**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 120  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-JAN-18

### ***AUDIOLOGIST***

#### **ABRAMSON, MARIA, AuD†**

Provider ID: N/A

28985 GOLDEN LANTERN  
STE B105  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-NOV-21

#### **ABRAMSON, MARIA, AuD†**

Provider ID: N/A

28985 GOLDEN LANTERN  
STE B105

LAGUNA NIGUEL, CA 92677  
Effective as of 01-NOV-21

### ***CERTIFIED***

### ***ACUPUNCTURIST***

#### **PARK, ERIC, LAC†**

Provider ID: N/A

30101 TOWN CENTER DR  
STE 112  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-OCT-22

### ***DERMATOLOGY***

#### **KLEIN, LORRIE, MD†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-JUL-21

#### **KLEIN, LORRIE, MD†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-JUL-21

#### **KLEIN, LORRIE, MD†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-JAN-23

#### **KLEIN, LORRIE, MD†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-OCT-23

#### **KLEIN, LORRIE, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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 30201 GOLDEN LANTERN STE B LAGUNA NIGUEL, CA 92677 Effective as of 01-SEP-19	Effective as of 01-JUL-23	Effective as of 01-NOV-17
<b>KLEIN, LORRIE, MD†</b> Provider ID: N/A	<b>LEDON, JENNIFER, MD†</b> Provider ID: N/A	<b>GENERAL PRACTICE</b>
 30201 GOLDEN LANTERN STE B LAGUNA NIGUEL, CA 92677 Effective as of 01-SEP-19	 30201 GOLDEN LANTERN STE B LAGUNA NIGUEL, CA 92677 Effective as of 01-MAY-23	<b>PATEL, JYOTINKUMAR, MD†</b> Provider ID: N/A
<b>LANDER, JEFFREY, MD†</b> Provider ID: N/A	<b>LEDON, JENNIFER, MD†</b> Provider ID: N/A	 30281 GOLDEN LANTERN LAGUNA NIGUEL, CA 92677 Effective as of 01-SEP-22
 30201 GOLDEN LANTERN STE B LAGUNA NIGUEL, CA 92677 Effective as of 01-OCT-22	 30201 GOLDEN LANTERN STE B LAGUNA NIGUEL, CA 92677 Effective as of 01-MAY-23	<b>HEMATOLOGY / ONCOLOGY</b>
<b>LANDER, JEFFREY, MD†</b> Provider ID: N/A	 30281 GOLDEN LANTERN LAGUNA NIGUEL, CA 92677 Effective as of 01-MAR-22	<b>WAGNER, EDWARD, MD</b> Provider ID: N/A
 30201 GOLDEN LANTERN STE B LAGUNA NIGUEL, CA 92677 Effective as of 01-JAN-23	<b>NAMI, NAVID, DO†</b> Provider ID: N/A	 25500 RANCHO NIGUEL RD STE 240 LAGUNA NIGUEL, CA 92677 Effective as of 01-NOV-21
<b>LANDER, JEFFREY, MD†</b> Provider ID: N/A	<b>ENDOCRINOLOGY METABOLISM DIABETES</b>	<b>INTERNAL MEDICINE</b>
 30201 GOLDEN LANTERN STE B LAGUNA NIGUEL, CA 92677 Effective as of 01-OCT-23	<b>NEMATI, MARYAM, MD</b> Provider ID: N/A	<b>SHAHIM, ZAHRA, MD</b> Provider ID: N/A
<b>LEDON, JENNIFER, MD†</b> Provider ID: N/A	 30281 GOLDEN LANTERN LAGUNA NIGUEL, CA 92677 Effective as of 01-SEP-23	 32341 GOLDEN LANTERN STE D LAGUNA NIGUEL, CA 92677 Effective as of 01-NOV-23
 30201 GOLDEN LANTERN STE B LAGUNA NIGUEL, CA 92677 Effective as of 01-OCT-23	<b>GASTROENTEROLOGY</b>	<b>MEDICAL ONCOLOGY</b>
<b>LEDON, JENNIFER, MD†</b> Provider ID: N/A	<b>ARGUELLO, JUAN, MD</b> Provider ID: N/A	<b>WAGNER, EDWARD, MD</b> Provider ID: N/A
 30201 GOLDEN LANTERN STE B LAGUNA NIGUEL, CA 92677	 30131 TOWN CENTER DR STE 215 LAGUNA NIGUEL, CA 92677 Effective as of 01-NOV-17	 25500 RANCHO NIGUEL RD STE 240 LAGUNA NIGUEL, CA 92677 Effective as of 01-OCT-12
<b>LEDON, JENNIFER, MD†</b> Provider ID: N/A	<b>ARGUELLO, JUAN, MD</b> Provider ID: N/A	<b>NEUROLOGY CHILD</b>
 30201 GOLDEN LANTERN STE B LAGUNA NIGUEL, CA 92677	 30131 TOWN CENTER DR STE 215 LAGUNA NIGUEL, CA 92677	<b>GARFINKLE, REBECCA, DO</b> Provider ID: N/A
		 30131 TOWN CENTER DR STE 245 LAGUNA NIGUEL, CA 92677

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-MAY-14

#### **GARFINKLE, REBECCA, DO**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 245  
LAGUNA NIGUEL, CA 92677

Effective as of 01-NOV-14

#### **MCINTOSH, ANDREW, MD†**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 195  
LAGUNA NIGUEL, CA 92677

Effective as of 01-JAN-21

#### **MCINTOSH, ANDREW, MD†**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 195  
LAGUNA NIGUEL, CA 92677

Effective as of 01-NOV-13

#### **MCINTOSH, ANDREW, MD†**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 195  
LAGUNA NIGUEL, CA 92677

Effective as of 01-NOV-14

#### **MCINTOSH, ANDREW, MD†**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 195  
LAGUNA NIGUEL, CA 92677

Effective as of 01-MAR-21

#### **PRZEKLASA AUTH, MELISSA, MD†**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 237  
LAGUNA NIGUEL, CA 92677

Effective as of 01-SEP-19

#### **PRZEKLASA AUTH, MELISSA, MD†**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 237  
LAGUNA NIGUEL, CA 92677

Effective as of 01-SEP-19

#### ***PEDIATRIC ALLERGY / IMMUNOLOGY***

#### **DYER, MARC, MD**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 120  
LAGUNA NIGUEL, CA 92677

Effective as of 01-JAN-21

#### ***PODIATRIST***

#### **COX, MATTHEW, DPM**

Provider ID: N/A

☐ 30001 TOWN CENTER DR  
STE E2  
LAGUNA NIGUEL, CA 92677

Effective as of 01-JAN-18

#### ***PSYCHOLOGIST***

#### **ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 268  
LAGUNA NIGUEL, CA 92677

Effective as of 01-MAR-15

#### **ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 268  
LAGUNA NIGUEL, CA 92677

Effective as of 01-MAR-15

#### **ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30100 CROWN VALLEY  
PKWY STE 17C  
LAGUNA NIGUEL, CA 92677

Effective as of 01-OCT-23

#### **ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30100 CROWN VALLEY  
PKWY STE 17C  
LAGUNA NIGUEL, CA 92677

Effective as of 01-OCT-23

#### **ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30100 CROWN VALLEY  
PKWY STE 17C  
LAGUNA NIGUEL, CA 92677

Effective as of 01-OCT-23

#### **ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 268  
LAGUNA NIGUEL, CA 92677

Effective as of 01-MAR-15

#### **ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30100 CROWN VALLEY  
PKWY STE 17C  
LAGUNA NIGUEL, CA 92677

Effective as of 01-OCT-23

#### **ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 268  
LAGUNA NIGUEL, CA 92677

Effective as of 01-MAR-15

#### ***FAMILY PRACTICE***

#### ***SPORTS MEDICINE***

#### **GRAHAM, SCOTT, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-22

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-OCT-23

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-23

#### ***PHYSICIANS ASSISTANT***

**BOW, LINDA, PA†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-SEP-23

**NGUYEN, TONY, PA†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-AUG-22

**NGUYEN, TONY, PA†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-AUG-22

#### ***PODIATRIST***

**BATHAEE, FARSHAD, DPM**

Provider ID: N/A

24331 EL TORO RD STE 370  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-18

**BATHAEE, FARSHAD, DPM**

Provider ID: N/A

24331 EL TORO RD STE 370  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-17

**BATHAEE, FARSHAD, DPM**

Provider ID: N/A

24331 EL TORO RD STE 370  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-21

**ROOHIAN, ARSHIA, DPM**

Provider ID: N/A

24331 EL TORO RD STE 370  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-21

**ROOHIAN, ARSHIA, DPM**

Provider ID: N/A

24331 EL TORO RD STE 370  
LAGUNA WOODS, CA  
92637

Effective as of 01-JUL-20

#### ***REGISTERED PHYSICAL THERAPIST***

**FRESHMAN, JANELLE, PT†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-23

**FRESHMAN, JANELLE, PT†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-OCT-23

**PARK, JOSEPH, PT**

Provider ID: N/A

24361 EL TORO RD STE 140  
LAGUNA WOODS, CA  
92637

Effective as of 01-OCT-23

#### ***SURGERY HAND***

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-OCT-23

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-23

#### ***SURGERY HAND***

#### ***ORTHOPEDIC***

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAY-22

#### ***SURGERY ORTHOPEDIC***















**AMINIAN, ARASH, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-OCT-22	Effective as of 01-SEP-23	Provider ID: N/A
<b>AMINIAN, ARASH, MD<sup>†</sup></b> Provider ID: N/A	<b>AMINIAN, ARASH, MD<sup>†</sup></b> Provider ID: N/A	 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637
 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-OCT-22	Effective as of 01-AUG-11	Effective as of 01-FEB-21
<b>AMINIAN, ARASH, MD<sup>†</sup></b> Provider ID: N/A	<b>AMINIAN, ARASH, MD<sup>†</sup></b> Provider ID: N/A	<b>GRAHAM, SCOTT, MD<sup>†</sup></b> Provider ID: N/A
 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-JAN-18	Effective as of 01-DEC-14	 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637
<b>AMINIAN, ARASH, MD<sup>†</sup></b> Provider ID: N/A	<b>AMINIAN, ARASH, MD<sup>†</sup></b> Provider ID: N/A	Effective as of 01-JAN-18
 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-FEB-21	Effective as of 01-NOV-14	<b>GRAHAM, SCOTT, MD<sup>†</sup></b> Provider ID: N/A
<b>AMINIAN, ARASH, MD<sup>†</sup></b> Provider ID: N/A	<b>AMINIAN, ARASH, MD<sup>†</sup></b> Provider ID: N/A	 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637
 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-FEB-21	Effective as of 01-MAY-12	Effective as of 01-FEB-21
<b>AMINIAN, ARASH, MD<sup>†</sup></b> Provider ID: N/A	<b>GRAHAM, SCOTT, MD<sup>†</sup></b> Provider ID: N/A	<b>GRAHAM, SCOTT, MD<sup>†</sup></b> Provider ID: N/A
 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-DEC-21	Effective as of 01-MAR-22	 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637
<b>AMINIAN, ARASH, MD<sup>†</sup></b> Provider ID: N/A	<b>GRAHAM, SCOTT, MD<sup>†</sup></b> Provider ID: N/A	Effective as of 01-FEB-22
 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	Effective as of 01-SEP-23	<b>GRAHAM, SCOTT, MD<sup>†</sup></b> Provider ID: N/A
	<b>GRAHAM, SCOTT, MD<sup>†</sup></b> Provider ID: N/A	 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637
	 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	Effective as of 01-FEB-24
		<b>GRAHAM, SCOTT, MD<sup>†</sup></b> Provider ID: N/A
	<b>GRAHAM, SCOTT, MD<sup>†</sup></b> Provider ID: N/A	 24331 EL TORO RD STE 200 LAGUNA WOODS, CA



**C1. List of Network Providers**  
**Specialty Care Physician**

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92637  
 Effective as of 01-FEB-24

**GRAHAM, SCOTT, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-FEB-24

**GRAHAM, SCOTT, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-FEB-24

**GURBANI, AJAY, MD**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-SEP-23

**GURBANI, AJAY, MD**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-AUG-23

**GURBANI, AJAY, MD**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-AUG-23

**GURBANI, AJAY, MD**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-AUG-23

**JOHNSON, BRYCE, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-DEC-21

**JOHNSON, BRYCE, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-SEP-23

**JOHNSON, BRYCE, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-FEB-21

**JOHNSON, BRYCE, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-OCT-22

**JOHNSON, BRYCE, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-JAN-18

**JOHNSON, BRYCE, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-MAR-21

**KADAKIA, NIMISH, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200

LAGUNA WOODS, CA  
 92637

Effective as of 01-OCT-22

**KADAKIA, NIMISH, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-SEP-23

**KADAKIA, NIMISH, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-DEC-21

**KIM, ABRAHAM, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-JAN-23

**KIM, ABRAHAM, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-DEC-18

**KIM, ABRAHAM, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-SEP-23

**KIM, ABRAHAM, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-SEP-20

## C1. List of Network Providers

### Specialty Care Physician

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**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-AUG-18

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JUN-23

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JUN-23

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-OCT-23

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-SEP-20

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-SEP-18

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-SEP-18

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Teleservice

Effective as of 01-JAN-24

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA

92637

Teleservice

Effective as of 01-JAN-24

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Teleservice

Effective as of 01-JAN-24

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Teleservice

Effective as of 01-JAN-24

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Teleservice

Effective as of 01-APR-24

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Teleservice

Effective as of 01-APR-24

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Teleservice

Effective as of 01-DEC-23

**C1. List of Network Providers**  
**Specialty Care Physician**

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**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Teleservice

Effective as of 01-DEC-23

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Teleservice

Effective as of 01-DEC-23

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Teleservice

Effective as of 01-DEC-23

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Teleservice

Effective as of 01-DEC-23

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-21

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-21

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-18

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAY-22

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAY-22

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-APR-11

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-11

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-SEP-23

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAY-12

**PATEL, AMAR, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**PATEL, AMAR, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**PATEL, AMAR, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**PATEL, AMAR, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**PYRKO, PETER, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-OCT-23

**TOCCI, STEPHEN, MD†**

Provider ID: N/A

24310 MOULTON PKWY  
STE O563

**C1. List of Network Providers**  
**Specialty Care Physician**

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LAGUNA WOODS, CA  
 92637

Effective as of 01-JUL-12

**TOCCI, STEPHEN, MD†**

Provider ID: N/A

24310 MOULTON PKWY  
 STE O563  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-JUL-12

**VENEZIANO, CHRISTOPHER,  
 MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-JAN-24

**VENEZIANO, CHRISTOPHER,  
 MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-JAN-24

**VENEZIANO, CHRISTOPHER,  
 MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-JAN-24

**VENEZIANO, CHRISTOPHER,  
 MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-JAN-24

**VENEZIANO, CHRISTOPHER,**

**MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-MAR-21

**VENEZIANO, CHRISTOPHER,  
 MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-MAR-21

**VENEZIANO, CHRISTOPHER,  
 MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-MAR-21

**VENEZIANO, CHRISTOPHER,  
 MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-MAR-21

**VENEZIANO, CHRISTOPHER,  
 MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-SEP-23

**VENEZIANO, CHRISTOPHER,  
 MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA

92637

Effective as of 01-AUG-23

**VENEZIANO, CHRISTOPHER,  
 MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-AUG-23

**VENEZIANO, CHRISTOPHER,  
 MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-DEC-21

**VENEZIANO, CHRISTOPHER,  
 MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-OCT-11

**WONG, JEFFREY, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-DEC-21

**WONG, JEFFREY, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637

Effective as of 01-DEC-21

**WONG, JEFFREY, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA

**CI. List of Network Providers**  
**Specialty Care Physician**

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92637  
 Effective as of 01-DEC-21

**WONG, JEFFREY, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637  
 Effective as of 01-AUG-19

**YOUDERIAN, ARI, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637  
 Effective as of 01-SEP-23

**YOUDERIAN, ARI, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637  
 Effective as of 01-DEC-21

**YOUDERIAN, ARI, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637  
 Effective as of 01-JAN-18

**YOUDERIAN, ARI, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637  
 Effective as of 01-FEB-21

**YOUDERIAN, ARI, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637  
 Effective as of 01-FEB-15

**YOUDERIAN, ARI, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637  
 Effective as of 01-FEB-15

**YOUDERIAN, ARI, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637  
 Effective as of 01-MAR-16

**YOUDERIAN, ARI, MD†**

Provider ID: N/A  
 24331 EL TORO RD STE 200  
 LAGUNA WOODS, CA  
 92637  
 Effective as of 01-MAR-16

**CARDIOVASCULAR  
 DISEASE**

**QASQAS, SHADI, MD†**

Provider ID: N/A  
 31571 CANYON ESTATES DR  
 STE 228  
 LAKE ELSINORE, CA 92532  
 Effective as of 01-JUL-21

**QASQAS, SHADI, MD†**

Provider ID: N/A  
 31571 CANYON ESTATES DR  
 STE 228  
 LAKE ELSINORE, CA 92532  
 Effective as of 01-JAN-17

**QASQAS, SHADI, MD†**

Provider ID: N/A  
 31571 CANYON ESTATES DR  
 STE 228  
 LAKE ELSINORE, CA 92532  
 Effective as of 01-MAY-15

**QASQAS, SHADI, MD†**

Provider ID: N/A  
 31571 CANYON ESTATES DR  
 STE 228  
 LAKE ELSINORE, CA 92532  
 Effective as of 01-MAY-15

**QASQAS, SHADI, MD†**

Provider ID: N/A  
 31571 CANYON ESTATES DR  
 STE 228  
 LAKE ELSINORE, CA 92532  
 Effective as of 01-MAR-21

**QASQAS, SHADI, MD†**

Provider ID: N/A  
 31571 CANYON ESTATES DR  
 STE 228  
 LAKE ELSINORE, CA 92532  
 Effective as of 01-JUN-17

**QASQAS, SHADI, MD†**

Provider ID: N/A  
 31571 CANYON ESTATES DR  
 STE 228  
 LAKE ELSINORE, CA 92532  
 Effective as of 01-JUL-21

**CERTIFIED NURSE  
 PRACTITIONER**

**AGORRILLA, MARIA, NP**

Provider ID: N/A  
 31736 MISSION TRL STE G  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-OCT-23

**CHIROPRACTOR**

**HERNANDEZ, MARCO, DC**

Provider ID: N/A  
 30195 FRASER DR  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-FEB-24

**C1. List of Network Providers**  
**Specialty Care Physician**

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**HERNANDEZ, MARCO, DC**

Provider ID: N/A

30195 FRASER DR  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-FEB-24

**HERNANDEZ, MARCO, DC**

Provider ID: N/A

30195 FRASER DR  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-FEB-24

**HERNANDEZ, MARCO, DC**

Provider ID: N/A

30195 FRASER DR  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-FEB-24

**HERNANDEZ, MARCO, DC**

Provider ID: N/A

30195 FRASER DR  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-FEB-24

**JU, NATHANIEL, DC†**

Provider ID: N/A

30195 FRASER DR  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-JUL-22

***FAMILY PRACTICE***

**VIDAL, MONICA, DO†**

Provider ID: N/A

30195 FRASER DR  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-AUG-22

***FEMALE PELVIC MED AND RECONSTRUCTIVE SURG***

**KAAKI, BILAL, MD†**

Provider ID: N/A

31946 MISSION TRL STE A

LAKE ELSINORE, CA 92530  
 Effective as of 01-AUG-22

***INTERNAL MEDICINE***

**ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-NOV-20

**ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-NOV-20

**ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-OCT-20

**MAHESHWARI, ANOOP, MD†**

Provider ID: N/A

31571 CANYON ESTATES DR  
 STE 219  
 LAKE ELSINORE, CA 92532  
 Effective as of 01-MAY-15

**YU, JERRY, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-AUG-18

**YU, JERRY, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-AUG-18

**YU, JERRY, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102

LAKE ELSINORE, CA 92530  
 Effective as of 01-AUG-18

**YU, JERRY, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
 LAKE ELSINORE, CA 92530  
 Effective as of 01-DEC-23

***INTERVENTIONAL CARDIOLOGY***

**ATTIA, NADER, DO†**

Provider ID: N/A

31581 CANYON ESTATES DR  
 LAKE ELSINORE, CA 92532  
 Effective as of 01-JAN-19

**MESSENGER, BRADLEY, MD†**

Provider ID: N/A

31581 CANYON ESTATES DR  
 LAKE ELSINORE, CA 92532  
 Effective as of 01-JAN-19

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

31581 CANYON ESTATES DR  
 LAKE ELSINORE, CA 92532  
 Effective as of 01-JAN-19

**PATANKAR, KAUSTUBH, MD†**

Provider ID: N/A

31581 CANYON ESTATES DR  
 LAKE ELSINORE, CA 92532  
 Effective as of 01-JAN-19

**SANGODKAR, SANDEEP, DO†**

Provider ID: N/A

31581 CANYON ESTATES DR  
 LAKE ELSINORE, CA 92532

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JAN-19

#### **NEPHROLOGY**

**ALTRIKI, MOHAMAD, MD<sup>†</sup>**

Provider ID: N/A

📍 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-FEB-20

**ALTRIKI, MOHAMAD, MD<sup>†</sup>**

Provider ID: N/A

📍 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-JAN-20

**CHANG, DAVID, MD<sup>†</sup>**

Provider ID: N/A

📍 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

**CHANG, DAVID, MD<sup>†</sup>**

Provider ID: N/A

📍 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

**CHANG, DAVID, MD<sup>†</sup>**

Provider ID: N/A

📍 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

**CHANG, DAVID, MD<sup>†</sup>**

Provider ID: N/A

📍 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-DEC-23

#### **OBSTETRICS / GYNECOLOGY**

**FRANCIS, LARRY, MD<sup>†</sup>**

Provider ID: N/A

📍 30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-DEC-22

**FRANCIS, LARRY, MD<sup>†</sup>**

Provider ID: N/A

📍 30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-DEC-22

**FRANCIS, LARRY, MD<sup>†</sup>**

Provider ID: N/A

📍 30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

**GOMEZ, GUILLERMO, MD<sup>†</sup>**

Provider ID: N/A

📍 141 N MAIN ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-21

**GOMEZ, GUILLERMO, MD<sup>†</sup>**

Provider ID: N/A

📍 141 N MAIN ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-21

**GOMEZ, GUILLERMO, MD<sup>†</sup>**

Provider ID: N/A

📍 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-APR-24

**GOMEZ, GUILLERMO, MD<sup>†</sup>**

Provider ID: N/A

📍 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-APR-24

**GOMEZ, GUILLERMO, MD<sup>†</sup>**

Provider ID: N/A

📍 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-APR-24

**GOMEZ, GUILLERMO, MD<sup>†</sup>**

Provider ID: N/A

📍 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-21

**GOMEZ, GUILLERMO, MD<sup>†</sup>**

Provider ID: N/A

📍 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-21

**QADRI, FARNOOSH, MD<sup>†</sup>**

Provider ID: N/A

📍 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-DEC-22

**REY, RODOLFO, MD<sup>†</sup>**

Provider ID: N/A

📍 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-APR-24

**REY, RODOLFO, MD<sup>†</sup>**

Provider ID: N/A

📍 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-NOV-22

**REY, RODOLFO, MD<sup>†</sup>**

Provider ID: N/A

📍 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-SEP-23

**REY, RODOLFO, MD<sup>†</sup>**

Provider ID: N/A

📍 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-APR-24

**REY, RODOLFO, MD<sup>†</sup>**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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141 N MAIN ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-JAN-21

**VADAPARAMPIL, JANET, MD†**  
Provider ID: N/A

141 N MAIN ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-JAN-21

**VADAPARAMPIL, JANET, MD†**  
Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-APR-24

**VADAPARAMPIL, JANET, MD†**  
Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-APR-24

**VADAPARAMPIL, JANET, MD†**  
Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-APR-24

**VADAPARAMPIL, JANET, MD†**  
Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-JAN-21

#### **OPTOMETRIST**

**GEE, JENNIFER, OD**  
Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

**MORA, WENDY, OD**  
Provider ID: N/A

30195 FRASER DR

LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

#### **RICH, RYAN, OD**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

#### **TAM, EMILY, OD**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

#### **PHYSICIANS ASSISTANT**

##### **FATHI, NAGHMEH, PA**

Provider ID: N/A

31581 CANYON ESTATES  
DR  
LAKE ELSINORE, CA 92532  
Effective as of 01-MAY-19

##### **RUIZ-FLORES, ROSE, PA**

Provider ID: N/A

425 DIAMOND DR STE 105  
LAKE ELSINORE, CA 92530  
Effective as of 01-SEP-23

#### **PULMONARY DISEASES**

##### **MAHESHWARI, ANOOP, MD†**

Provider ID: N/A

31571 CANYON ESTATES DR  
STE 219  
LAKE ELSINORE, CA 92532  
Effective as of 01-MAY-15

##### **MAHESHWARI, ANOOP, MD†**

Provider ID: N/A

31571 CANYON ESTATES DR  
STE 219  
LAKE ELSINORE, CA 92532  
Effective as of 01-AUG-13

##### **MAHESHWARI, ANOOP, MD†**

Provider ID: N/A

31571 CANYON ESTATES DR  
STE 219  
LAKE ELSINORE, CA 92532  
Effective as of 01-AUG-14

#### **REGISTERED PHYSICAL THERAPIST**

##### **CASTELLON, SHAWN, PT**

Provider ID: N/A

425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-23

##### **CASTELLON, SHAWN, PT**

Provider ID: N/A

425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-23

##### **DUPLECHAN, LAWRENCE, PT**

Provider ID: N/A

425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAY-23

##### **DUPLECHAN, LAWRENCE, PT**

Provider ID: N/A

425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAY-23

##### **EDDOW, JIM, PT†**

Provider ID: N/A

425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-20

##### **EDDOW, JIM, PT†**

Provider ID: N/A

425 DIAMOND DR  
LAKE ELSINORE, CA 92530



## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-MAY-17

#### **EDDOW, JIM, PT<sup>†</sup>**

Provider ID: N/A

📍 425 DIAMOND DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAY-17

#### **STEVENS, WHITNEY, PT**

Provider ID: N/A

📍 425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAR-23

#### **STEVENS, WHITNEY, PT**

Provider ID: N/A

📍 425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAR-23

#### **TSAI, CHIAHONG, PT**

Provider ID: N/A

📍 425 DIAMOND DR STE  
101ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-NOV-23

#### **TSAI, CHIAHONG, PT**

Provider ID: N/A

📍 425 DIAMOND DR STE  
101ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-NOV-23

### ***ANESTHESIOLOGY***

#### **BUSTOS, JERROLD, MD<sup>†</sup>**

Provider ID: N/A

📍 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **BUSTOS, JERROLD, MD<sup>†</sup>**

Provider ID: N/A

📍 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

### ***ANESTHESIOLOGY PAIN MANAGEMENT***

#### **BUSTOS, JERROLD, MD<sup>†</sup>**

Provider ID: N/A

📍 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

### ***CERTIFIED***

### ***ACUPUNCTURIST***

#### **KIM, ILWHA, LAC**

Provider ID: N/A

📍 23331 EL TORO RD STE 107  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **WEON, SUK KYENG, LAC**

Provider ID: N/A

📍 23361 EL TORO RD STE 112  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

### ***CERTIFIED NURSE PRACTITIONER***

#### **TRAN, STEPHANIE, NP**

Provider ID: N/A

📍 26501 RANCHO PKWY S  
STE 301  
LAKE FOREST, CA 92630  
Effective as of 01-MAR-24

#### **TRAN, STEPHANIE, NP**

Provider ID: N/A

📍 26501 RANCHO PKWY S  
STE 301

LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

### ***DERMATOLOGY***

#### **BELL, IRA, MD<sup>†</sup>**

Provider ID: N/A

📍 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-18

#### **BELL, IRA, MD<sup>†</sup>**

Provider ID: N/A

📍 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-22

#### **BELL, IRA, MD<sup>†</sup>**

Provider ID: N/A

📍 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-22

#### **BELL, IRA, MD<sup>†</sup>**

Provider ID: N/A

📍 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-22

#### **BELL, IRA, MD<sup>†</sup>**

Provider ID: N/A

📍 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-22

#### **BELL, IRA, MD<sup>†</sup>**

Provider ID: N/A

📍 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JUL-22

#### **BELL, IRA, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-JUL-22

#### **BELL, IRA, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-DEC-18

#### **BELL, IRA, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-APR-23

#### **BELL, IRA, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630

Effective as of 01-DEC-18

#### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630

Effective as of 01-DEC-18

#### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-APR-23

#### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-DEC-18

#### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

#### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-FEB-19

#### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-NOV-18

#### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

#### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

#### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210

LAKE FOREST, CA 92630

Effective as of 01-JUL-21

#### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

#### **MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

#### **MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

#### **MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-NOV-18

#### **MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

#### **MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

## C1. List of Network Providers

### Specialty Care Physician

---

**MESHKINPOUR, AZIN, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**MESHKINPOUR, AZIN, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**MESHKINPOUR, AZIN, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD

STE 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-18

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-SEP-22

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-18

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-19

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

### ***ENDOCRINOLOGY***

### ***METABOLISM DIABETES***

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

☐ 23331 EL TORO RD STE 102  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-21

## CI. List of Network Providers

### Specialty Care Physician

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#### **KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

23331 EL TORO RD STE 102  
LAKE FOREST, CA 92630

Effective as of 01-OCT-23

#### **GASTROENTEROLOGY**

#### **CHOI, DAVID, DO†**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
LAKE FOREST, CA 92610

Effective as of 01-JAN-23

#### **CHOI, DAVID, DO†**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
LAKE FOREST, CA 92610

Effective as of 01-OCT-23

#### **CHOI, DAVID, DO†**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
LAKE FOREST, CA 92610

Effective as of 01-JUL-22

#### **CHOI, DAVID, DO†**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
LAKE FOREST, CA 92610

Effective as of 01-JUL-22

#### **CHOI, DAVID, DO†**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
LAKE FOREST, CA 92610

Effective as of 01-JUL-22

#### **CHOI, DAVID, DO†**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104

LAKE FOREST, CA 92610

Effective as of 01-JUL-22

#### **CHOI, DAVID, DO†**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
LAKE FOREST, CA 92610

Effective as of 01-JUL-22

#### **JAMAL, MOHAMMAD, MD†**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630

Effective as of 01-OCT-22

#### **JAMAL, MOHAMMAD, MD†**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630

Effective as of 01-APR-23

#### **JAMAL, MOHAMMAD, MD†**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630

Effective as of 01-APR-23

#### **JECMENICA, MLADEN, MD†**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630

Effective as of 01-APR-23

#### **JECMENICA, MLADEN, MD†**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630

Effective as of 01-DEC-23

#### **JECMENICA, MLADEN, MD†**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630

Effective as of 01-DEC-23

#### **JECMENICA, MLADEN, MD†**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630

Effective as of 01-DEC-23

#### **JECMENICA, MLADEN, MD†**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630

Effective as of 01-DEC-23

#### **JECMENICA, MLADEN, MD†**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630

Effective as of 01-DEC-23

#### **JECMENICA, MLADEN, MD†**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630

Effective as of 01-DEC-23

#### **JECMENICA, MLADEN, MD†**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630

Effective as of 01-JUN-22

#### **JECMENICA, MLADEN, MD†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-JAN-23

#### **JECMENICA, MLADEN, MD†**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-JAN-23

#### **SZU, ERIC, MD**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-23

#### **SZU, ERIC, MD**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

#### **SZU, ERIC, MD**

Provider ID: N/A

26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

### **GYNECOLOGY**

#### **WALLACE, PATRICIA, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY  
STE 381  
LAKE FOREST, CA 92691  
Effective as of 01-FEB-24

### **INTERNAL MEDICINE**

#### **CHEN, MAY, MD**

Provider ID: N/A

22621 LAKE FOREST DR STE  
D1  
LAKE FOREST, CA 92630  
Effective as of 01-APR-23

#### **CHEN, MAY, MD**

Provider ID: N/A

22621 LAKE FOREST DR STE  
D1  
LAKE FOREST, CA 92630  
Effective as of 01-APR-23

### **OPHTHALMOLOGY**

#### **FAZILAT, GOLAREH, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 150  
LAKE FOREST, CA 92630  
Effective as of 01-APR-21

#### **FAZILAT, GOLAREH, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 150  
LAKE FOREST, CA 92630  
Effective as of 01-APR-21

#### **FAZILAT, GOLAREH, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 150  
LAKE FOREST, CA 92630  
Effective as of 01-JAN-21

#### **FAZILAT, GOLAREH, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 150  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-18

### **OPTOMETRIST**

#### **WELLS, MARY, OD†**

Provider ID: N/A

23591 EL TORO RD STE 145  
LAKE FOREST, CA 92630  
Effective as of 01-JAN-18

#### **WELLS, MARY, OD†**

Provider ID: N/A

23591 EL TORO RD STE 145  
LAKE FOREST, CA 92630  
Effective as of 01-JAN-17

### **PHYSICIANS ASSISTANT**

#### **ANASTASIU, DANIELLE, PA†**

Provider ID: N/A

24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **ANASTASIU, DANIELLE, PA†**

Provider ID: N/A

24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **ANASTASIU, DANIELLE, PA†**

Provider ID: N/A

24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **DE LEON, ROBERT, PA†**

Provider ID: N/A

24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **DE LEON, ROBERT, PA†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **DE LEON, ROBERT, PA<sup>†</sup>**

Provider ID: N/A

24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

### **PSYCHIATRY**

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **JAKKULA, JAGAN, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630

Effective as of 01-MAR-21

#### **JAKKULA, JAGAN, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-SEP-19

#### **JAKKULA, JAGAN, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-SEP-19

#### **JAKKULA, JAGAN, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-MAR-21

#### **JAKKULA, JAGAN, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-SEP-19

#### **JAKKULA, JAGAN, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-SEP-19

#### **KANUKUNTLA, TULASI, MD<sup>†</sup>**

Provider ID: N/A

24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

#### **KANUKUNTLA, TULASI, MD<sup>†</sup>**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-21

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-21

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131

LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

#### **RAJPOOT, DEEPAK, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

#### **RAJPOOT, DEEPAK, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

#### **RAJPOOT, DEEPAK, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

#### **RAJPOOT, DEEPAK, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

### ***PSYCHOLOGIST***

#### **KANG, EILEEN, PhD**

Provider ID: N/A

☐ 13 ORCHARD STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-MAY-15

#### **KANG, EILEEN, PhD**

Provider ID: N/A

☐ 13 ORCHARD STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-MAY-15

### ***REGISTERED PHYSICAL THERAPIST***

#### **BECKER GALUSHA, JANE, PT**

Provider ID: N/A

☐ 22821 LAKE FOREST DR STE  
100  
LAKE FOREST, CA 92630  
Effective as of 01-MAY-20

### ***SPEECH PATHOLOGIST***

#### **MARSDEN, CLAIRE, SP**

Provider ID: N/A

☐ 22672 LAMBERT ST STE 611  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

#### **MARSDEN, CLAIRE, SP**

Provider ID: N/A

☐ 22672 LAMBERT ST STE 612  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

#### **MARSDEN, CLAIRE, SP**

Provider ID: N/A

☐ 22672 LAMBERT ST STE 611  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

#### **MARSDEN, CLAIRE, SP**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

22672 LAMBERT ST STE 612  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

#### **MARSDEN, CLAIRE, SP**

Provider ID: N/A

22672 LAMBERT ST STE 611  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

#### **MARSDEN, CLAIRE, SP**

Provider ID: N/A

22672 LAMBERT ST STE 612  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

#### **MARSDEN, CLAIRE, SP**

Provider ID: N/A

22672 LAMBERT ST STE 611  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

#### **MARSDEN, CLAIRE, SP**

Provider ID: N/A

22672 LAMBERT ST STE 612  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

### **UROLOGY**

#### **CHUANG, KAI-WEN, MD**

Provider ID: N/A

26691 PLAZA  
STE 130  
LAKE FOREST, CA 92691  
Effective as of 01-JAN-24

### **CHIROPRACTOR**

#### **CASTRO, DAVID, DC**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-APR-24

#### **CASTRO, DAVID, DC**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-23

#### **FULKS, ZACKARY, DC**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-MAY-23

#### **MANSOUR, RASHAD, DC**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-MAR-23

#### **MCCOWN, BARRY, DC**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-DEC-23

#### **ZECHA, RONALD, DC**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JUL-22

### **PSYCHIATRY**

#### **LIU BARBARO, DOROTHY, MD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-24

#### **LIU BARBARO, DOROTHY, MD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-NOV-22

#### **LIU BARBARO, DOROTHY, MD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-NOV-22

#### **LIU BARBARO, DOROTHY, MD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-24

### **PSYCHOLOGIST**

#### **BRUNETTO, HEIDI, PSYD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-24

#### **BRUNETTO, HEIDI, PSYD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-24

### **ANESTHESIOLOGY**

#### **GUIANG, RAINIER, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-SEP-19

#### **HYUN, SUZANNE, MD**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAR-24

#### **PANG, GARY, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-SEP-19



## C1. List of Network Providers

### Specialty Care Physician

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#### **PANG, GARY, MD†**

Provider ID: N/A

☐ 27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAR-24

#### ***ANESTHESIOLOGY PAIN MANAGEMENT***

#### **CHEN, HAMILTON, MD†**

Provider ID: N/A

☐ 27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-SEP-19

#### **CHEN, HAMILTON, MD†**

Provider ID: N/A

☐ 27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-SEP-19

#### **CHEN, HAMILTON, MD†**

Provider ID: N/A

☐ 27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAY-21

#### **GUIANG, RAINIER, MD†**

Provider ID: N/A

☐ 27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAY-21

#### **GUIANG, RAINIER, MD†**

Provider ID: N/A

☐ 27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAR-24

#### **PANG, GARY, MD†**

Provider ID: N/A

☐ 27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAY-21

#### ***CARDIOVASCULAR DISEASE***

#### **ALFAY, WISAM, MD**

Provider ID: N/A

☐ 26960 CHERRY HILLS  
BLVD STE C  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

#### **ALFAY, WISAM, MD**

Provider ID: N/A

☐ 26960 CHERRY HILLS  
BLVD STE C  
MENIFEE, CA 92586  
Effective as of 01-MAR-22

#### ***CERTIFIED NURSE PRACTITIONER***

#### **LUCACI, BIANCA, NP**

Provider ID: N/A

☐ 29826 HAUN RD STE 300  
MENIFEE, CA 92586  
Effective as of 01-APR-23

#### **MELOT, KAREN, NP**

Provider ID: N/A

☐ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

#### **MELOT, KAREN, NP**

Provider ID: N/A

☐ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

#### **MELOT, KAREN, NP**

Provider ID: N/A

☐ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

#### **NGUYEN, ANDY, NP**

Provider ID: N/A

☐ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-23

#### **NGUYEN, ANDY, NP**

Provider ID: N/A

☐ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-23

#### **NGUYEN, ANDY, NP**

Provider ID: N/A

☐ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-NOV-23

#### **PAULHUS, PATRICIA, NP†**

Provider ID: N/A

☐ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

#### **PAULHUS, PATRICIA, NP†**

Provider ID: N/A

☐ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

#### **PAULHUS, PATRICIA, NP†**

Provider ID: N/A

☐ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

#### **PAULHUS, PATRICIA, NP†**

Provider ID: N/A

☐ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

#### **PAULHUS, PATRICIA, NP†**

Provider ID: N/A

☐ 27851 BRADLEY RD STE 125

## C1. List of Network Providers


### Specialty Care Physician

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MENIFEE, CA 92586  
Effective as of 01-MAR-21


#### **PAULHUS, PATRICIA, NP†**

Provider ID: N/A

 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-DEC-20


#### **SERAILE, KIRSTEN, NP**

Provider ID: N/A

 29826 HAUN RD STE 204  
MENIFEE, CA 92586  
Effective as of 01-MAY-22


#### **SERAILE, KIRSTEN, NP**

Provider ID: N/A

 29826 HAUN RD STE 204  
MENIFEE, CA 92586  
Effective as of 01-MAY-22


#### **VIERA, LIANA, NP†**

Provider ID: N/A

 29826 HAUN RD STE 300  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

#### **VIERA, LIANA, NP†**


Provider ID: N/A

 29826 HAUN RD STE 300  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

### ***CHIROPRACTOR***

#### **FARSHLER, ANTHONY, DC†**

Provider ID: N/A

 26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-JUL-22

#### **SHERIDAN, SHANE, DC**

Provider ID: N/A


 26926 CHERRY HILLS

BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-JUL-22

### ***DERMATOLOGY***


#### **JACOBS, RANDOLPH, MD**

Provider ID: N/A

 28120 BRADLEY RD  
MENIFEE, CA 92586  
Effective as of 01-DEC-18


#### **JACOBS, RANDOLPH, MD**

Provider ID: N/A

 28120 BRADLEY RD  
MENIFEE, CA 92586  
Effective as of 01-JAN-18


#### **JACOBS, RANDOLPH, MD**

Provider ID: N/A

 28120 BRADLEY RD  
MENIFEE, CA 92586  
Effective as of 01-JAN-18


#### **JACOBS, RANDOLPH, MD**

Provider ID: N/A

 28120 BRADLEY RD  
MENIFEE, CA 92586  
Effective as of 01-JAN-18


#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

 29798 HAUN RD STE 104  
MENIFEE, CA 92586  
Effective as of 01-AUG-18

#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

 29798 HAUN RD STE 104  
MENIFEE, CA 92586  
Effective as of 01-AUG-18

#### **MITCHELL, JESSE, MD†**


Provider ID: N/A

 29798 HAUN RD STE 104

MENIFEE, CA 92586  
Effective as of 01-AUG-18


#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

 29798 HAUN RD STE 104  
MENIFEE, CA 92586  
Effective as of 01-AUG-18


#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

 29798 HAUN RD STE 104  
MENIFEE, CA 92586  
Effective as of 01-JUL-21

#### **MITCHELL, JESSE, MD†**

Provider ID: N/A


 29798 HAUN RD STE 104  
MENIFEE, CA 92586  
Effective as of 01-JUL-21

### ***ENDOCRINOLOGY***

### ***METABOLISM DIABETES***


#### **HAIDER, UZMA, MD†**

Provider ID: N/A

 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-DEC-20


#### **HAIDER, UZMA, MD†**

Provider ID: N/A

 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

#### **HAIDER, UZMA, MD†**

Provider ID: N/A

 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-APR-24

#### **HAIDER, UZMA, MD†**

Provider ID: N/A

 29826 HAUN RD STE 200

## CI. List of Network Providers

### Specialty Care Physician

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MENIFEE, CA 92586  
Effective as of 01-NOV-23

#### **HAIDER, SHANZAY, MD**

Provider ID: N/A  
☒ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-MAR-24

#### **HAIDER, SHANZAY, MD**

Provider ID: N/A  
☒ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-MAR-24

#### **HAIDER, SHANZAY, MD**

Provider ID: N/A  
☒ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-MAR-24

#### **HAIDER, SHANZAY, MD**

Provider ID: N/A  
☒ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-MAR-24

#### **HAIDER, UZMA, MD†**

Provider ID: N/A  
☒ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-JUL-21

### ***FAMILY PRACTICE***

#### **ZURITA, DANIELA, MD†**

Provider ID: N/A  
☒ 26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

### ***GASTROENTEROLOGY***

#### **FLANNERY, CHRISTOPHER,**

#### **MD**

Provider ID: N/A  
☒ 29826 HAUN RD STE 308  
MENIFEE, CA 92586  
Effective as of 01-APR-23

#### **FLANNERY, CHRISTOPHER, MD**

Provider ID: N/A  
☒ 29826 HAUN RD STE 308  
MENIFEE, CA 92586  
Effective as of 01-APR-23

### ***INTERNAL MEDICINE***

#### **JACOBS, NATALIA, MD**

Provider ID: N/A  
☒ 28120 BRADLEY RD  
MENIFEE, CA 92586  
Effective as of 01-MAY-23

#### **LAC, PETER, MD†**

Provider ID: N/A  
☒ 29878 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-SEP-23

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-SEP-23

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
☒ 27851 BRADLEY RD STE 125

MENIFEE, CA 92586  
Teleservice  
Effective as of 01-SEP-23

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-SEP-23

### ***INTERVENTIONAL CARDIOLOGY***

#### **GOKHROO, RAHUL, MD†**

Provider ID: N/A  
☒ 26960 CHERRY HILLS  
BLVD STE A  
MENIFEE, CA 92586  
Effective as of 01-DEC-22

#### **GOKHROO, RAHUL, MD†**

Provider ID: N/A  
☒ 26960 CHERRY HILLS  
BLVD STE A  
MENIFEE, CA 92586  
Effective as of 01-DEC-22

### ***LICENSED CLINICAL SOCIAL WORKER***

#### **TABIL-GALAPON, BERNICE, LCSW**

Provider ID: N/A  
☒ 26926 CHERRY HILLS  
BLVD STE C  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

### ***NEPHROLOGY***

#### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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29878 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-17

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

29878 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-17

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-APR-23

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Effective as of 01-JUN-19

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-OCT-20

**LAC, PETER, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-NOV-19

**LAC, PETER, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-MAR-21

**LAC, PETER, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**LAC, PETER, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**LAC, PETER, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**LAC, PETER, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**LAC, PETER, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-DEC-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice

Effective as of 01-FEB-24

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice

Effective as of 01-OCT-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice

Effective as of 01-OCT-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice

Effective as of 01-NOV-23

**NATH, ASHOK, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**NATH, ASHOK, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-JUN-19

**NATH, ASHOK, MD†**

Provider ID: N/A

29878 HAUN RD STE 200  
 MENIFEE, CA 92586

Effective as of 01-MAR-19

**YAN, ERIC, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
 MENIFEE, CA 92586

Teleservice

Effective as of 01-JUN-19

**YAN, ERIC, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
 MENIFEE, CA 92586

Teleservice

Effective as of 01-JUN-19

**YAN, ERIC, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
 MENIFEE, CA 92586

Teleservice

Effective as of 01-JUN-19

**YAN, ERIC, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
 MENIFEE, CA 92586

Teleservice

Effective as of 01-JUN-19

**YAN, ERIC, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
 MENIFEE, CA 92586

Teleservice

Effective as of 01-JUN-19

**YAN, ERIC, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
 MENIFEE, CA 92586

Teleservice

Effective as of 01-JUL-23

**YAN, ERIC, MD†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
 MENIFEE, CA 92586

Teleservice

Effective as of 01-MAY-20

**YOUSSEF, AMR, DO†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
 MENIFEE, CA 92586

Effective as of 01-SEP-22

**YOUSSEF, AMR, DO†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
 MENIFEE, CA 92586

Effective as of 01-SEP-22

**YOUSSEF, AMR, DO†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
 MENIFEE, CA 92586

Effective as of 01-JUN-22

**NEUROLOGY**

**TALANKI, VARUN, MD**

Provider ID: N/A

29826 HAUN RD STE 209  
 MENIFEE, CA 92586

Effective as of 01-DEC-22

**OBSTETRICS /  
 GYNECOLOGY**

**HOM, KATHERINE, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
 MENIFEE, CA 92586

Effective as of 01-JUL-23

**NIHIRA, MIKIO, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
 MENIFEE, CA 92586

Effective as of 01-JUL-23

**NIHIRA, MIKIO, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
 MENIFEE, CA 92586

Effective as of 01-SEP-20

**NIHIRA, MIKIO, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
 MENIFEE, CA 92586

Effective as of 01-SEP-20

**NIHIRA, MIKIO, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
 MENIFEE, CA 92586

Effective as of 01-SEP-20

**RIZVI, SYED, MD†**

Provider ID: N/A

27174 NEWPORT RD STE 2  
 MENIFEE, CA 92584

Effective as of 01-MAR-22

**URSO, MARY JO, DO†**

Provider ID: N/A

29826 HAUN RD STE 200  
 MENIFEE, CA 92586

Effective as of 01-JUL-23

**URSO, MARY JO, DO†**

Provider ID: N/A

29826 HAUN RD STE 200  
 MENIFEE, CA 92586

Effective as of 01-AUG-21

## C1. List of Network Providers

### Specialty Care Physician

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#### **URSO, MARY JO, DO†**

Provider ID: N/A

☒ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

#### **URSO, MARY JO, DO†**

Provider ID: N/A

☒ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

### ***OCCUPATIONAL THERAPIST***

#### **STOTLER, APRIL, OT**

Provider ID: N/A

☒ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-24

#### **STOTLER, APRIL, OT**

Provider ID: N/A

☒ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-24

#### **ZECHA, RICHARD, OT†**

Provider ID: N/A

☒ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-21

#### **ZECHA, RICHARD, OT†**

Provider ID: N/A

☒ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-21

### ***OPHTHALMOLOGY***

#### **CHANG, TOM, MD†**

Provider ID: N/A

☒ 29950 HAUN RD STE 202

MENIFEE, CA 92586  
Effective as of 01-JUL-23

#### **CHAWLA, ANUJ, MD†**

Provider ID: N/A

☒ 29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

#### **CHAWLA, ANUJ, MD†**

Provider ID: N/A

☒ 29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-JUN-16

#### **CHOW, JASON, MD†**

Provider ID: N/A

☒ 27168 NEWPORT RD STE 4  
MENIFEE, CA 92584  
Effective as of 01-JUL-23

#### **CULOTTA, ANTHONY, MD†**

Provider ID: N/A

☒ 29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-JUL-23

#### **CULOTTA, ANTHONY, MD†**

Provider ID: N/A

☒ 29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-NOV-20

#### **DAVIS, MICHAEL, MD†**

Provider ID: N/A

☒ 29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-JUL-23

#### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

☒ 29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-OCT-17

#### **ISSA, REDA, MD†**

Provider ID: N/A

☒ 29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-DEC-21

#### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

☒ 29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

#### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

☒ 29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

#### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

☒ 29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

#### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

☒ 29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

#### **LEE, JOHN, MD†**

Provider ID: N/A

☒ 29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

#### **LIN, THEODORE, MD†**

Provider ID: N/A

☒ 29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-17

## CI. List of Network Providers

### Specialty Care Physician

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#### **LIN, THEODORE, MD†**

Provider ID: N/A

☒ 29798 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-APR-24

#### **LIN, THEODORE, MD†**

Provider ID: N/A

☒ 29798 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-APR-24

#### **LOBUE, THOMAS, MD**

Provider ID: N/A

☒ 29950 HAUN RD STE 206  
MENIFEE, CA 92586

Effective as of 01-APR-14

#### **SAMUEL, MICHAEL, MD†**

Provider ID: N/A

☒ 29950 HAUN RD STE 202  
MENIFEE, CA 92586

Teleservice

Effective as of 01-JUL-23

#### **SHELTON, RAYMOND, MD**

Provider ID: N/A

☒ 29826 HAUN RD STE 100  
MENIFEE, CA 92586

Effective as of 01-MAY-23

#### **SKINNER, ANTHONY, MD**

Provider ID: N/A

☒ 29826 HAUN RD STE 100  
MENIFEE, CA 92586

Effective as of 01-APR-24

#### **SKINNER, ANTHONY, MD**

Provider ID: N/A

☒ 29826 HAUN RD STE 100  
MENIFEE, CA 92586

Effective as of 01-APR-24

#### **SKINNER, ANTHONY, MD**

Provider ID: N/A

☒ 29826 HAUN RD STE 100  
MENIFEE, CA 92586

Effective as of 01-APR-24

#### **ZHOU, SIWEI, MD†**

Provider ID: N/A

☒ 27168 NEWPORT RD STE 4  
MENIFEE, CA 92584

Effective as of 01-JUL-23

### **OPTOMETRIST**

#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

☒ 27168 NEWPORT RD STE 4  
MENIFEE, CA 92584

Effective as of 01-JUL-23

#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

☒ 27168 NEWPORT RD STE 4  
MENIFEE, CA 92584

Effective as of 01-DEC-23

#### **BARR, AUSTIN, OD**

Provider ID: N/A

☒ 29826 HAUN RD STE 100  
MENIFEE, CA 92586

Effective as of 01-MAR-23

#### **BARR, AUSTIN, OD**

Provider ID: N/A

☒ 29826 HAUN RD STE 100  
MENIFEE, CA 92586

Effective as of 01-NOV-22

#### **BARR, AUSTIN, OD**

Provider ID: N/A

☒ 29826 HAUN RD STE 100  
MENIFEE, CA 92586

Effective as of 01-NOV-22

#### **BARR, AUSTIN, OD**

Provider ID: N/A

☒ 29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

#### **FENNEMA, ERIC, OD†**

Provider ID: N/A

☒ 27168 NEWPORT RD STE 4  
MENIFEE, CA 92584

Effective as of 01-FEB-22

#### **FENNEMA, ERIC, OD†**

Provider ID: N/A

☒ 27168 NEWPORT RD STE 4  
MENIFEE, CA 92584

Effective as of 01-SEP-22

#### **HAMOUIE, JUDY, OD†**

Provider ID: N/A

☒ 29950 HAUN RD STE 202  
MENIFEE, CA 92586

Effective as of 01-NOV-22

#### **HAMOUIE, JUDY, OD†**

Provider ID: N/A

☒ 29950 HAUN RD STE 202  
MENIFEE, CA 92586

Effective as of 01-NOV-22

#### **HAMOUIE, JUDY, OD†**

Provider ID: N/A

☒ 29950 HAUN RD STE 202  
MENIFEE, CA 92586

Effective as of 01-NOV-22

#### **HAMOUIE, JUDY, OD†**

Provider ID: N/A

☒ 29950 HAUN RD STE 202  
MENIFEE, CA 92586

Effective as of 01-NOV-21

#### **HAMOUIE, JUDY, OD†**

Provider ID: N/A

☒ 29950 HAUN RD STE 202  
MENIFEE, CA 92586

Effective as of 01-NOV-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **HAMOUIE, JUDY, OD†**

Provider ID: N/A

☐ 29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

#### **MCINTYRE, DEBRA, OD†**

Provider ID: N/A

☐ 29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-DEC-17

#### **MCINTYRE, DEBRA, OD†**

Provider ID: N/A

☐ 29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-DEC-17

#### **MCINTYRE, DEBRA, OD†**

Provider ID: N/A

☐ 29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-DEC-17

#### **MILLER, RYAN, OD**

Provider ID: N/A

☐ 29950 HAUN RD STE 206  
MENIFEE, CA 92586  
Effective as of 01-APR-14

#### **TO, BRITTANY, OD**

Provider ID: N/A

☐ 29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

#### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

☐ 29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

#### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

☐ 29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

#### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

☐ 29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-AUG-15

#### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

☐ 29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-AUG-15

#### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

☐ 29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-AUG-15

### ***PHYSICAL MEDICINE / REHABILITATION***

#### **CHEN, HAMILTON, MD†**

Provider ID: N/A

☐ 27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAR-24

### ***PHYSICIANS ASSISTANT***

#### **BUSTAMANTE, ANGEL, PA†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

#### **BUSTAMANTE, ANGEL, PA†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-MAR-21

#### **HUNSAKER, NALANI, PA†**

Provider ID: N/A

☐ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

#### **HUNSAKER, NALANI, PA†**

Provider ID: N/A

☐ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

#### **HUNSAKER, NALANI, PA†**

Provider ID: N/A

☐ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-NOV-23

#### **LOPEZ, MARIA, PA†**

Provider ID: N/A

☐ 26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-AUG-21

### ***PSYCHIATRY***

#### **ANDERSEN, CLAIRE, MD**

Provider ID: N/A

☐ 26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

#### **ANDERSEN, CLAIRE, MD**

Provider ID: N/A

☐ 26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

#### **PERSAUD, PRIA, MD**

Provider ID: N/A

☐ 26926 CHERRY HILLS  
BLVD STE B



## CI. List of Network Providers

### Specialty Care Physician

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MENIFEE, CA 92586  
Effective as of 01-AUG-20

#### **PERSAUD, PRIA, MD**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

#### **PERSAUD, PRIA, MD**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

#### **PERSAUD, PRIA, MD**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

### ***PSYCHIATRY CHILD***

#### **ANDERSEN, CLAIRE, MD**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

#### **ANDERSEN, CLAIRE, MD**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

### ***REGISTERED PHYSICAL THERAPIST***

#### **ALEXANDER, AUSTIN, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-DEC-20

#### **ALEXANDER, AUSTIN, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-DEC-20

#### **ALEXANDER, AUSTIN, PT**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

#### **ALEXANDER, AUSTIN, PT**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

#### **ATKINS, AARON, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JUL-23

#### **ATKINS, AARON, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JUL-23

#### **BARI, MONICA, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-DEC-23

#### **BARI, MONICA, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-DEC-23

#### **COBURN, PIERRE, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-24

#### **COBURN, PIERRE, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-24

#### **FOX, DELANIE, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-OCT-23

#### **FOX, DELANIE, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-OCT-23

#### **GARCIA, JASON, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-23

#### **GARCIA, JASON, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-23

#### **HARMAN, JACY, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

#### **HARMAN, JACY, PT†**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

**HARMAN, JACY, PT†**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-22

**HARMAN, JACY, PT†**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-22

**HIGGINS, DAWN, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JUL-22

**HIGGINS, DAWN, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JUL-22

**KARODY, ATULA, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-FEB-24

**KARODY, ATULA, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-FEB-24

**KARODY, ATULA, PT**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

**KARODY, ATULA, PT**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

**KESEL, KELSEY, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-MAR-24

**KESEL, KELSEY, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-MAR-24

**KESEL, KELSEY, PT**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-MAR-24

**KESEL, KELSEY, PT**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-MAR-24

**PATEL, BINOY, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-SEP-17

**PATEL, BINOY, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-SEP-17

**REED, SAVONNA, PT†**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-21

**REED, SAVONNA, PT†**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-21

**REED, SAVONNA, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-21

**REED, SAVONNA, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-21

**SABIN, SCOTT, PT†**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-FEB-19

**SABIN, SCOTT, PT†**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-FEB-19

**SABIN, SCOTT, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-FEB-19

**SABIN, SCOTT, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-FEB-19

## C1. List of Network Providers

### Specialty Care Physician

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#### **SANCHEZ, EMILY, PT**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586

Effective as of 01-JUN-23

#### **SANCHEZ, EMILY, PT**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586

Effective as of 01-JUN-23

#### **SANCHEZ, EMILY, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584

Effective as of 01-JUN-23

#### **SANCHEZ, EMILY, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584

Effective as of 01-JUN-23

### ***RHEUMATOLOGY***

#### **BRAVO, ARLENE, MD†**

Provider ID: N/A

29798 HAUN RD  
MENIFEE, CA 92586

Effective as of 01-APR-21

#### **COLBURN, KEITH, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586

Effective as of 01-MAR-21

#### **MEHTA, CHANDRAKANT, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586

Effective as of 01-OCT-09

#### **MEHTA, AMAL, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586

Effective as of 01-MAR-21

#### **MEHTA, AMAL, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586

Effective as of 01-JUL-23

#### **MEHTA, CHANDRAKANT, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586

Effective as of 01-MAR-21

#### **MEHTA, CHANDRAKANT, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586

Effective as of 01-SEP-18

#### **MEHTA, AMAL, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586

Effective as of 01-SEP-18

#### **RAMASWAMY,**

#### **DHARMARAJAN, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586

Effective as of 01-MAR-21

#### **RAMASWAMY,**

#### **DHARMARAJAN, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586

Effective as of 01-MAY-21

#### **TRIVEDI, JANKI, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586

Effective as of 01-MAR-21

#### **TRIVEDI, JANKI, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586

Effective as of 01-SEP-18

#### **TRIVEDI, JANKI, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586

Effective as of 01-AUG-20

### ***SURGERY GENERAL***

#### **IGWE, DANIEL, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-NOV-18

#### **IGWE, DANIEL, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-NOV-18

#### **IGWE, DANIEL, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-NOV-18

### ***SURGERY ORTHOPEDIC***

#### **CHAUDHURI, KALI, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-AUG-21

## CI. List of Network Providers

### Specialty Care Physician

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#### **CHAUDHURI, KALI, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-21

#### **CHAUDHURI, KALI, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-21

#### **DAVENPORT, STEPHEN, MD**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

#### **GANDE, ABHIRAM, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

#### **GANDE, ABHIRAM, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-22

#### **GANDE, ABHIRAM, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-22

#### **GANDE, ABHIRAM, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-22

#### **PANSE, MILIND, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200

MENIFEE, CA 92586

Effective as of 01-NOV-18

#### **PANSE, MILIND, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-NOV-18

#### **PANSE, MILIND, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-NOV-18

### ***UROLOGY***

#### **CRISELL, MONISHA, MD<sup>†</sup>**

Provider ID: N/A

☞ 29798 HAUN RD STE 104  
MENIFEE, CA 92586\*  
Effective as of 01-JUL-23

#### **LARSON, BENJAMIN, MD<sup>†</sup>**

Provider ID: N/A

☞ 29798 HAUN RD STE 104  
MENIFEE, CA 92586  
Effective as of 01-JUN-17

#### **LARSON, BENJAMIN, MD<sup>†</sup>**

Provider ID: N/A

☞ 29798 HAUN RD STE 104  
MENIFEE, CA 92586  
Effective as of 01-JUN-17

#### **LUTTGE, SCOTT, MD**

Provider ID: N/A

☞ 29826 HAUN RD STE 209  
MENIFEE, CA 92586  
Effective as of 01-MAY-23

#### **NIHIRA, MIKIO, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-OCT-21

#### **NIHIRA, MIKIO, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-OCT-21

### ***ALLERGY IMMUNOLOGY***

#### **BASEN, TYLER, MD<sup>†</sup>**

Provider ID: N/A

☞ 26691 PLAZA STE 170  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-DEC-20

#### **BASEN, TYLER, MD<sup>†</sup>**

Provider ID: N/A

☞ 26691 PLAZA STE 170  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-DEC-20

#### **BASEN, TYLER, MD<sup>†</sup>**

Provider ID: N/A

☞ 26691 PLAZA STE 170  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-SEP-22

#### **BASEN, TYLER, MD<sup>†</sup>**

Provider ID: N/A

☞ 26691 PLAZA STE 170  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-SEP-22

#### **CARR, WARNER, MD**

Provider ID: N/A

☞ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

## C1. List of Network Providers

### Specialty Care Physician

---

#### **CARR, WARNER, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-13

#### **CARR, WARNER, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-13

#### **CARR, WARNER, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-21

#### **CARR, WARNER, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-21

#### **CARR, WARNER, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-08

#### **CARR, WARNER, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

#### **LEE-KIM, CHRISTINE, DO†**

Provider ID: N/A

27800 MEDICAL CENTER

RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **LEE-KIM, CHRISTINE, DO†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

#### **LEE-KIM, CHRISTINE, DO†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **LEE-KIM, CHRISTINE, DO†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

#### **LEE-KIM, CHRISTINE, DO†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

#### **LEE-KIM, CHRISTINE, DO†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

#### **LEE-KIM, CHRISTINE, DO†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

#### **LEE-KIM, CHRISTINE, DO†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

#### **MEHTA, VINAY, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

#### **MEHTA, VINAY, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

#### **MEHTA, VINAY, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

#### **MEHTA, VINAY, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

#### **MEHTA, VINAY, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23


#### **MEHTA, VINAY, MD**

Provider ID: N/A

## CI. List of Network Providers


### Specialty Care Physician

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 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23


#### **MEHTA, VINAY, MD**

Provider ID: N/A

 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23


#### **VENKAT, GEETA, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-17

#### **VENKAT, GEETA, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-17

### ***ANESTHESIOLOGY***

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Teleservice

Effective as of 01-AUG-22

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A


 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Teleservice

Effective as of 01-AUG-22

### ***ANESTHESIOLOGY PAIN MANAGEMENT***


#### **BESHAI, ALFRED, MD**

Provider ID: N/A

 26691 PLAZA STE 170  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-16

#### **GERAYLI, AFSHIN, MD†**


Provider ID: N/A

 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Teleservice

Effective as of 01-JAN-16

#### **GERAYLI, AFSHIN, MD†**


Provider ID: N/A

 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Teleservice

Effective as of 01-OCT-08

#### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20


#### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-16


#### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-16


#### **SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **SHAHBAZIAN, MICHAEL, MD†**


Provider ID: N/A

 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

### ***AUDIOLOGIST***


#### **NIAVARANY, PIRAYEH, AuD**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22


#### **NIAVARANY, PIRAYEH, AuD**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22


#### **PANEK, KRISTI, AuD**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

#### **PANEK, KRISTI, AuD**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

### ***CARDIAC***

### ***ELECTROPHYSIOLOGY***

#### **DESAI, ASEEM, MD†**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

#### **HUNG, LYNNE, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

#### **TIONGSON, JAY, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 103  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-13

#### **TIONGSON, JAY, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 103  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-13

### ***CARDIOVASCULAR DISEASE***

#### **ALOMARI, IHAB, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

#### **ALOMARI, IHAB, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

#### **CUA, BENNETT, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-18

#### **CUA, BENNETT, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-18

#### **DESAI, ASEEM, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-05

#### **EUBANY, JACQUELINE, MD<sup>†</sup>**

Provider ID: N/A

27525 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

#### **EUBANY, JACQUELINE, MD<sup>†</sup>**

Provider ID: N/A

27525 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

#### **HEPNER, ABSALOM, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

#### **HEPNER, ABSALOM, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250

MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

#### **KULICK, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15

#### **KULICK, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-99

#### **KULICK, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

#### **KULICK, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

#### **LOUSSARARIAN, ARTHUR, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

#### **LOUSSARARIAN, ARTHUR, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-OCT-99

**LOUSSARARIAN, ARTHUR, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-12

**REDIKER, DONALD, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-12

**REDIKER, DONALD, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-12

**REDIKER, DONALD, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-99

**REDIKER, DONALD, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-10

**CERTIFIED NURSE  
PRACTITIONER**

**CARR, CHERYL, NP**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244

MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**CARR, CHERYL, NP**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**CARR, CHERYL, NP**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**CARR, CHERYL, NP**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

**CARR, CHERYL, NP**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

**CHAN, JUDY, NPF**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694

Effective as of 01-APR-23

**CHAN, JUDY, NPF**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694

Effective as of 01-APR-23

**CHAN, JUDY, NPF**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694

Effective as of 01-APR-23

**CHAN, JUDY, NPF**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694

Effective as of 01-JAN-24

**CHAN, JUDY, NPF**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694

Effective as of 01-JAN-24

**CHAN, JUDY, NPF**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694

Effective as of 01-JAN-24

**DAVID, MARY LOU, NP†**

Provider ID: N/A

23512 MADERO  
MISSION VIEJO, CA 92691

Effective as of 01-AUG-21

**PARK, SE, NP**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-23

**PARK, SE, NP**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-23



## CI. List of Network Providers

### Specialty Care Physician

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#### **PARK, SE, NP**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-23

#### **PARK, SE, NP**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-23

#### **PARK, SE, NP**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-23

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

26012 MARGUERITE PKWY  
STE H  
MISSION VIEJO, CA 92692  
Effective as of 01-DEC-22

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

26012 MARGUERITE PKWY  
STE H  
MISSION VIEJO, CA 92692  
Effective as of 01-DEC-22

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

26012 MARGUERITE PKWY  
STE H  
MISSION VIEJO, CA 92692  
Effective as of 01-DEC-22

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

30897 GATEWAY PL STE F  
MISSION VIEJO, CA 92694  
Effective as of 01-DEC-22

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

30897 GATEWAY PL STE F  
MISSION VIEJO, CA 92694  
Effective as of 01-DEC-22

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

30897 GATEWAY PL STE F  
MISSION VIEJO, CA 92694  
Effective as of 01-DEC-22

#### **TORIOLA, ABIODUN, NP**

Provider ID: N/A

30240 RANCHO VIEJO  
SUITE E  
MISSION VIEJO, CA 92675  
Effective as of 01-JUL-23

### **DERMATOLOGY**

#### **BISUNA, BLANCA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 170  
MISSION VIEJO, CA 92691\*  
Effective as of 01-MAR-16

#### **DICESARE, DANIEL, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-19

#### **DICESARE, DANIEL, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-19

#### **LEVIN, JACQUELINE, DO†**

Provider ID: N/A

26726 CROWN VALLEY

PKWY STE 220  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-15

#### **LONGBERG, AUSTIN, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 435  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-20

#### **LONGBERG, AUSTIN, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 435  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-20

#### **NGUYEN, TUYET, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 435  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-23

#### **NGUYEN, TUYET, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 435  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-23

#### **ZHAN, FRANK, MD†**

Provider ID: N/A

26691 PLAZA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

#### **ZHAN, FRANK, MD†**

Provider ID: N/A

26691 PLAZA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **ZHAN, FRANK, MD†**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

26691 PLAZA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **EMERGENCY MEDICINE**

##### **ELPEDES, BERNARD, DO†**

Provider ID: N/A

23962 ALICIA PKWY STE 11  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-24

#### **ENDOCRINOLOGY**

#### **METABOLISM DIABETES**

##### **BARRERA, JOSEPH, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691\*  
Effective as of 01-NOV-12

##### **BARRERA, JOSEPH, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-02

##### **BUI, AMY-VAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

##### **BUI, AMY-VAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-15

##### **CHAN, JESSICA, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22

##### **CHAN, JESSICA, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

##### **DAO, LISA, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

##### **FRANKWICH, KAREN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-14

##### **FRANKWICH, KAREN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-14

##### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A

25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-22

##### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A

25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-22

##### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A

25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-22

##### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A

25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-22

##### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A

25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

##### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A

25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

##### **HOSSEINI, ALIREZA, MD†**

Provider ID: N/A

25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

##### **MULFORD, MIM, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

##### **MULFORD, MIM, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

## C1. List of Network Providers

### Specialty Care Physician

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#### **MULFORD, MIM, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-99

#### **TRAN, NEIL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

#### **TRAN, NEIL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-07

#### **TRAN, NEIL, MD<sup>†</sup>**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

#### **TRUONG, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

#### **TRUONG, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-99

#### ***FAMILY PRACTICE***

#### ***SPORTS MEDICINE***

#### **CUENCA, ARNOLD, DO<sup>†</sup>**

Provider ID: N/A

23512 MADERO  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

#### **CUENCA, ARNOLD, DO<sup>†</sup>**

Provider ID: N/A

23512 MADERO  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

#### **CUENCA, ARNOLD, DO<sup>†</sup>**

Provider ID: N/A

23512 MADERO  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

#### **MARANDOLA, MICHAEL, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-12

#### **MARANDOLA, MICHAEL, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-12

#### ***GASTROENTEROLOGY***

#### **BAE, WANJUN, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **BAE, WANJUN, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER

RD

STE 310

MISSION VIEJO, CA 92691

Effective as of 01-APR-21

#### **BLOCK, EDWARD, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **BLOCK, EDWARD, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **CHANG, ELMER, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **CHANG, ELMER, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

#### **CHAURASIA, OM, MD**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17

#### **CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-14

#### **CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

#### **CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-99

#### **CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

#### **CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

#### **CHU, ERIC, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 240

MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

#### **CHU, ERIC, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 240  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

#### **CHU, ERIC, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **CHU, ERIC, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **KIM, DANIEL, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

#### **KIM, DANIEL, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

#### **NGUYEN, DOUGLAS, MD†**

Provider ID: N/A

27799 MEDICAL CENTER

RD

STE 310

MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

#### **NGUYEN, DOUGLAS, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

#### **RAHMAN, HABIB, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 475  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

#### **RAHMAN, HABIB, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 475  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

#### **RAHMAN, HABIB, MD**

Provider ID: N/A

26691 PLAZA STE 150  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

#### **RODRIGUES, DANIALD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **RODRIGUES, DANIALD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD

## C1. List of Network Providers

### Specialty Care Physician

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STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **ZABIHI, RAMIN, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 308  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-12

#### **ZABIHI, RAMIN, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 308  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

#### **ZABIHI, RAMIN, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 308  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

#### **ZABIHI, RAMIN, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 308  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

#### **ZABIHI, RAMIN, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 308  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

### ***GYNECOLOGY***

#### **KANALY, KIM, MD**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 327

MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

#### **KANALY, KIM, MD**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 327  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

#### **WALLACE, PATRICIA, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 327  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-08

#### **WALLACE, PATRICIA, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 327  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

#### **WALLACE, PATRICIA, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 327  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

### ***HEMATOLOGY / ONCOLOGY***

#### **BENDER, RICHARD, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **BENDER, RICHARD, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271

MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **HU, JOHN, MD†**

Provider ID: N/A  
27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-20

#### **HU, JOHN, MD†**

Provider ID: N/A  
27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-20

#### **HUANG, DANIEL, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-21

#### **HUANG, DANIEL, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

#### **HUANG, DANIEL, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

#### **LAZO, NELLY, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JUL-21

#### **LAZO, NELLY, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-23

#### **LAZO, NELLY, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-23

#### **LAZO, NELLY, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-18

#### **LAZO, NELLY, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-18

#### **LI, MING, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691

Effective as of 01-APR-20

#### **LI, MING, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691

Effective as of 01-APR-20

### ***INFECTIOUS DISEASE***

#### **REDDY, JAGADEESH, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

#### **REDDY, JAGADEESH, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-16

#### **REDDY, JAGADEESH, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-16

#### **WAYNE, EDGAR, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 275  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-21

#### **WAYNE, EDGAR, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 275  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-21

### ***INTERNAL MEDICINE***

#### **AZAD, HABIB, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 220  
MISSION VIEJO, CA 92691

Effective as of 01-APR-20

Effective as of 01-NOV-12

#### **CASTRO RUEDA, HERNAN, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691

Effective as of 01-AUG-17

#### **CHEN, MAY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

#### **CHEN, MAY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

#### **GEE, JOEY, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-16

#### **GOLDBERG, ROBERT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-12

#### **JIANG, FEN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **JIANG, FEN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

#### **KOVACS, DAVID, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-16

#### **MIEL, RUFINA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-19

#### **MIEL, RUFINA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-19

#### **QURESHI, TAUSEEF, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-15

#### **SCHIFFMAN, GEORGE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-17

#### **INTERNAL MEDICINE**

#### **CRITICAL CARE MEDICINE**

#### **SCHIFFMAN, GEORGE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-17

#### **INTERNAL MEDICINE**

#### **SPORTS MEDICINE**

#### **DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

#### **INTERVENTIONAL**

#### **CARDIOLOGY**

#### **DANON, SAAR, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-MAY-21

#### **DANON, SAAR, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-MAY-21

#### **DANON, SAAR, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-MAY-21

#### **DANON, SAAR, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-AUG-20

#### **HUNG, LYNNE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

#### **KOPLIK, SHERI, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-16

#### **KOPLIK, SHERI, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-16

#### **LOUSSARARIAN, ARTHUR, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15

#### **LOUSSARARIAN, ARTHUR, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11


#### **LOUSSARARIAN, ARTHUR, MD†**

Provider ID: N/A

## CI. List of Network Providers


### Specialty Care Physician

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 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12


#### **SUK, DAVID, MD**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

#### **SUK, DAVID, MD**


Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

### ***MARRIAGE FAMILY THERAPIST***


#### **ORTIZ, TINA, MFT†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 325  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

#### **ORTIZ, TINA, MFT†**


Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 325  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

### ***MEDICAL ONCOLOGY***


#### **BENDER, RICHARD, MD†**

Provider ID: N/A

 26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **BENDER, RICHARD, MD†**


Provider ID: N/A

 26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

### ***NEPHROLOGY***


#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

 25982 PALA  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-16

#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

 25982 PALA STE 170  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22

#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

 25982 PALA STE 170  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22


#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

 25982 PALA STE 170  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22


#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

 25982 PALA STE 170  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22


#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

 25982 PALA STE 170  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22


#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

 25982 PALA  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-16


#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

 25982 PALA STE 170  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18


#### **AZAD, HABIB, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14


#### **AZAD, HABIB, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15


#### **AZAD, HABIB, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15


#### **CHEN, MAY, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15

#### **CHEN, MAY, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691



## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JAN-15

#### **NAWAR, MAGDY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 485  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

#### **NAWAR, MAGDY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 485  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-99

#### **NAWAR, MAGDY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 485  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

#### **RAVIKUMAR, ASHA, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-14

#### **TEACHER, THEODORE, MD†**

Provider ID: N/A

26691 PLAZA STE 235  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

#### **TEACHER, THEODORE, MD†**

Provider ID: N/A

26691 PLAZA STE 235  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

#### **TRAN, STEVE, MD†**

Provider ID: N/A

26800 CROWN VALLEY

PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

#### **TRAN, STEVE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

#### **TRAN, STEVE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-15

#### **TRAN, STEVE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-15

### **NEUROLOGY**

#### **DORRIZ, PARSHAW, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-18

#### **DORRIZ, PARSHAW, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-18

#### **FAHIMI, GOLSHAN, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY

MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

#### **FAHIMI, GOLSHAN, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-22

#### **GEE, JOEY, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-16

#### **GEE, JOEY, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-16

#### **GEE, JOEY, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-16

#### **KESARI, SANTOSH, MD**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 110  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-24

#### **LOPEZ VIZCARRA, MARCO, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-23

## C1. List of Network Providers

### Specialty Care Physician

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**NIK, ANDREW, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-16

**NIK, ANDREW, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-16

**RAHIM, BASIT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-AUG-19

**RAHIM, BASIT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-AUG-19

**SALEHI, HAMID, MD†**

Provider ID: N/A

26691 PLAZA STE 235  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

**SALEHI, HAMID, MD†**

Provider ID: N/A

26691 PLAZA STE 235  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

**SALEHI, HAMID, MD†**

Provider ID: N/A

26691 PLAZA STE 235  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-14

**SALEHI, HAMID, MD†**

Provider ID: N/A

26691 PLAZA STE 235  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-20

**SALEHI, HAMID, MD†**

Provider ID: N/A

26691 PLAZA STE 235  
MISSION VIEJO, CA 92691

Effective as of 01-AUG-11

**SPOKOYNY, ELEONORA, MD†**

Provider ID: N/A

25982 PALA STE 150  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-10

**SPOKOYNY, ELEONORA, MD†**

Provider ID: N/A

25982 PALA STE 150  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-18

**SPOKOYNY, ELEONORA, MD†**

Provider ID: N/A

25982 PALA STE 150  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-18

**SPOKOYNY, ELEONORA, MD†**

Provider ID: N/A

25982 PALA STE 150  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-14

**SPOKOYNY, ELEONORA, MD†**

Provider ID: N/A

25982 PALA STE 150  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-08

**TEACHER, THEODORE, MD†**

Provider ID: N/A

26691 PLAZA STE 235  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-15

**TEACHER, THEODORE, MD†**

Provider ID: N/A

26691 PLAZA STE 235  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-15

**VORA, RONAK, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**VORA, RONAK, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-18

**NEUROLOGY CHILD****ELBALALESY, NASER, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 510  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-20

**ELBALALESY, NASER, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 460  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-16

**ELBALALESY, NASER, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 460

## C1. List of Network Providers

### Specialty Care Physician

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MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

#### **ELBALALESY, NASER, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 460

MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

#### **ELBALALESY, NASER, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 460

MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

#### **ELBALALESY, NASER, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 460

MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

#### **ELBALALESY, NASER, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 510

MISSION VIEJO, CA 92691  
Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 460

MISSION VIEJO, CA 92691  
Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 510

MISSION VIEJO, CA 92691  
Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 460  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 510  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 510  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 460  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD†**


Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 510  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 510  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-19

#### **ELBALALESY, NASER, MD†**

Provider ID: N/A

 26800 CROWN VALLEY

PKWY STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

### ***OBSTETRICS / GYNECOLOGY***

#### **ABRAVESH, SOODABEH, MD†**


Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 310  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

#### **BAGINSKI, LEON, MD†**


Provider ID: N/A

 27800 MEDICAL CENTER  
RD STE 310  
MISSION VIEJO, CA 92691

Effective as of 01-AUG-20

#### **BAGINSKI, LEON, MD†**


Provider ID: N/A

 27800 MEDICAL CENTER  
RD STE 310  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-20

#### **BAGINSKI, LEON, MD†**


Provider ID: N/A

 27800 MEDICAL CENTER  
RD STE 310  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-20

#### **BAILEY, THOMAS, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-99

#### **BAILEY, THOMAS, MD†**

Provider ID: N/A

 26800 CROWN VALLEY

## CI. List of Network Providers

### Specialty Care Physician

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PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-14

#### **BENZL, JERRY, MD†**

Provider ID: N/A

📍 26902 OSO PKWY STE 180  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

#### **BENZL, JERRY, MD†**

Provider ID: N/A

📍 26902 OSO PKWY STE 180  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-03

#### **BENZL, JERRY, MD†**

Provider ID: N/A

📍 26902 OSO PKWY STE 180  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

#### **BENZL, JERRY, MD†**

Provider ID: N/A

📍 26902 OSO PKWY STE 180  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-11

#### **CVAR, KATHRYN, MD†**

Provider ID: N/A

📍 26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

#### **CVAR, KATHRYN, MD†**

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 443  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

#### **CVAR, KATHRYN, MD†**

Provider ID: N/A

📍 26800 CROWN VALLEY

PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-99

#### **EDMUNDSON, MORIAH, DO†**

Provider ID: N/A

📍 26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

#### **EDMUNDSON, MORIAH, DO†**

Provider ID: N/A

📍 26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

#### **FARAZ ESLAMI, PARASTOO, MD**

Provider ID: N/A

📍 30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-24

#### **FARAZ ESLAMI, PARASTOO, MD†**

Provider ID: N/A

📍 30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-JUL-20

#### **FARAZ ESLAMI, PARASTOO, MD**

Provider ID: N/A

📍 30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-24

#### **FARAZ ESLAMI, PARASTOO, MD†**

Provider ID: N/A

📍 30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-JUL-20

#### **FARAZ ESLAMI, PARASTOO, MD**

Provider ID: N/A

📍 30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-FEB-24

#### **FARAZ ESLAMI, PARASTOO, MD**

Provider ID: N/A

📍 30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-FEB-24

#### **GRANESE, MARSHA, MD†**

Provider ID: N/A

📍 26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-18

#### **GRANESE, MARSHA, MD†**

Provider ID: N/A

📍 26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-18

#### **KANALY, KIM, MD**

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 381  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

#### **KANALY, KIM, MD**

Provider ID: N/A

📍 26732 CROWN VALLEY

## C1. List of Network Providers


### Specialty Care Physician

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PKWY STE 381  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24


#### **LEAVITT, JAMIE, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18


#### **LEAVITT, JAMIE, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18


#### **MELKONIAN, VIKEN, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19


#### **MELKONIAN, VIKEN, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19


#### **MELKONIAN, VIKEN, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19


#### **MILLER, KURT, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-99


#### **MILLER, KURT, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18


#### **POLLOCK, KATHLEEN, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-05


#### **POLLOCK, KATHLEEN, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10


#### **RAMIREZ, SARA, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18


#### **RAMIREZ, SARA, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18


#### **SALCIDO, CRAIG, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-07


#### **SALCIDO, CRAIG, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14


#### **STADLER, EDWARD, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-99


#### **STADLER, EDWARD, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18


#### **TRAN, TIFFANY, MD**

Provider ID: N/A

 27800 MEDICAL CENTER  
RD STE 144  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23


#### **TRAN, TIFFANY, MD**

Provider ID: N/A

 27800 MEDICAL CENTER  
RD STE 144  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

#### **TRAN, BRYAN, MD**

Provider ID: N/A

 27800 MEDICAL CENTER  
RD STE 144  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

### ***OPHTHALMOLOGY***

#### **AHMED, SARAH, MD†**

Provider ID: N/A

 26701 CROWN VALLEY

## CI. List of Network Providers

### Specialty Care Physician

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PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

#### **AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

#### **AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-21

#### **AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

#### **AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

#### **AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-21

#### **AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-21

#### **AMRA, NOOR, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

#### **AMRA, NOOR, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

#### **AMRA, NOOR, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **AMRA, NOOR, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-22

#### **AMRA, NOOR, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-22

#### **BANUELOS, LYDIA, MD†**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-22

#### **BANUELOS, LYDIA, MD†**

Provider ID: N/A

26691 PLAZA STE 250

MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **CUNNINGHAM-AHUMADA, ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

#### **CUNNINGHAM-AHUMADA, ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-19

#### **CUNNINGHAM-AHUMADA, ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

#### **CUNNINGHAM-AHUMADA, ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-11

#### **CUNNINGHAM-AHUMADA, ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

#### **CUNNINGHAM-AHUMADA,**

**CI. List of Network Providers**  
**Specialty Care Physician**

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**ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120  
 MISSION VIEJO, CA 92691

Effective as of 01-MAY-22

**CUNNINGHAM-AHUMADA,  
 ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120  
 MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

**CUNNINGHAM-AHUMADA,  
 ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120  
 MISSION VIEJO, CA 92691

Effective as of 01-JUN-16

**GHOSHEH, FARIS, MD**

Provider ID: N/A

26701 CROWN VALLEY  
 PKWY  
 MISSION VIEJO, CA 92691

Effective as of 01-MAY-12

**GHOSHEH, FARIS, MD**

Provider ID: N/A

26701 CROWN VALLEY  
 PKWY  
 MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

**GHOSHEH, FARIS, MD**

Provider ID: N/A

26701 CROWN VALLEY  
 PKWY  
 MISSION VIEJO, CA 92691

Effective as of 01-FEB-08

**GHOSHEH, FARIS, MD**

Provider ID: N/A

26701 CROWN VALLEY  
 PKWY  
 MISSION VIEJO, CA 92691

Effective as of 01-OCT-22

**GHOSHEH, FARIS, MD**

Provider ID: N/A

26701 CROWN VALLEY  
 PKWY  
 MISSION VIEJO, CA 92691

Effective as of 01-APR-11

**JOSON, PETER, MD**

Provider ID: N/A

26726 CROWN VALLEY  
 PKWY STE 220  
 MISSION VIEJO, CA 92691

Effective as of 01-OCT-17

**JOSON, PETER, MD**

Provider ID: N/A

26691 PLAZA STE 250  
 MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

**JOSON, PETER, MD**

Provider ID: N/A

26691 PLAZA STE 250  
 MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

**JOSON, PETER, MD**

Provider ID: N/A

26691 PLAZA STE 250  
 MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

**JOSON, PETER, MD**

Provider ID: N/A

26691 PLAZA STE 250  
 MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120  
 MISSION VIEJO, CA 92691

Effective as of 01-JUN-23

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120  
 MISSION VIEJO, CA 92691

Effective as of 01-MAR-12

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120  
 MISSION VIEJO, CA 92691

Effective as of 01-MAY-22

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120  
 MISSION VIEJO, CA 92691

Effective as of 01-MAY-22

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120  
 MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120  
 MISSION VIEJO, CA 92691

Effective as of 01-DEC-14

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120

**C1. List of Network Providers**  
**Specialty Care Physician**

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MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-18

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120

MISSION VIEJO, CA 92691  
 Effective as of 01-AUG-19

**SALEHI-HAD, HANI, MD**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120

MISSION VIEJO, CA 92691  
 Effective as of 01-DEC-23

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
 PKWY STE 220

MISSION VIEJO, CA 92691  
 Effective as of 01-JUN-21

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
 PKWY STE 220

MISSION VIEJO, CA 92691  
 Effective as of 01-JUN-21

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
 PKWY STE 220

MISSION VIEJO, CA 92691  
 Effective as of 01-JUN-21

**TAI, AUDREY, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
 PKWY STE 340

MISSION VIEJO, CA 92691  
 Effective as of 01-SEP-22

**TAI, AUDREY, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
 PKWY STE 340  
 MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

**TAYANI, RAMIN, MD**

Provider ID: N/A

26691 PLAZA STE 250  
 MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

**TAYANI, RAMIN, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
 PKWY STE 250  
 MISSION VIEJO, CA 92691

Effective as of 01-SEP-12

**TAYANI, RAMIN, MD**

Provider ID: N/A

26691 PLAZA STE 250  
 MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

**TAYANI, RAMIN, MD**

Provider ID: N/A

26691 PLAZA STE 250  
 MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

**TAYANI, RAMIN, MD**

Provider ID: N/A

26691 PLAZA STE 250  
 MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**OPTOMETRIST**

**ANSARI, SHORA, OD**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120  
 MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**HWANG, DONNA, OD**

Provider ID: N/A

26701 CROWN VALLEY  
 PKWY  
 MISSION VIEJO, CA 92691

Effective as of 01-APR-11

**KHAN, CEMONE, OD**

Provider ID: N/A

27871 MEDICAL CENTER RD  
 STE 120

MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-23

**NG, REBECCA, OD**

Provider ID: N/A

26691 PLAZA STE 250  
 MISSION VIEJO, CA 92691

Effective as of 01-SEP-23

**NG, REBECCA, OD**

Provider ID: N/A

26691 PLAZA STE 250  
 MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

**SAKO, AARON, OD**

Provider ID: N/A

27724 SANTA MARGARITA  
 PKWY

MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-18

**WONG, RANDALL, OD**

Provider ID: N/A

26701 CROWN VALLEY  
 PKWY

MISSION VIEJO, CA 92691  
 Effective as of 01-FEB-04

**WONG, RANDALL, OD**

Provider ID: N/A

26701 CROWN VALLEY



## C1. List of Network Providers

### Specialty Care Physician

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PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

#### **OTOLARYNGOLOGY**

##### **BREDENKAMP, JAMES, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

##### **BREDENKAMP, JAMES, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-16

##### **BREDENKAMP, JAMES, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-14

##### **BREDENKAMP, JAMES, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

##### **BREDENKAMP, JAMES, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-99

##### **CHO, MICHAEL, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200

MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

##### **CHO, MICHAEL, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

##### **CHO, MICHAEL, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-08

##### **CHO, MICHAEL, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

##### **CROCKETT, DENNIS, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

##### **CROCKETT, DENNIS, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-08

##### **CROCKETT, DENNIS, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

##### **CROCKETT, DENNIS, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

##### **CROCKETT, DENNIS, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

##### **CROCKETT, DENNIS, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

##### **FEINBERG, STEVEN, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

##### **HEINRICH, JAMES, MD**

Provider ID: N/A  
26730 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-99

##### **HEINRICH, JAMES, MD**

Provider ID: N/A  
26730 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

##### **HEINRICH, JAMES, MD**

Provider ID: N/A  
26730 CROWN VALLEY

## CI. List of Network Providers


### Specialty Care Physician

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PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10


#### **HEINRICH, JAMES, MD**

Provider ID: N/A

 26730 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12


#### **HEINRICH, JAMES, MD**

Provider ID: N/A

 26730 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-24


#### **HEINRICH, JAMES, MD**

Provider ID: N/A

 26730 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11


#### **JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22


#### **JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-04


#### **JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12


#### **JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10


#### **JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11


#### **JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22


#### **LUU, QUANG, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-18


#### **LUU, QUANG, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18


#### **LUU, QUANG, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18


#### **LUU, QUANG, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22


#### **MUNDI, JAGMEET, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22


#### **MUNDI, JAGMEET, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-14


#### **MUNDI, JAGMEET, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-14


#### **MUNDI, JAGMEET, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-13

#### **MUNDI, JAGMEET, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-13

#### **MUNDI, JAGMEET, MD†**

Provider ID: N/A

 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JAN-18

#### **THOMPSON, CHRISTOPHER, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

#### **THOMPSON, CHRISTOPHER, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-16

#### **THOMPSON, CHRISTOPHER, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-16

#### **THOMPSON, CHRISTOPHER, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-16

#### **THOMPSON, CHRISTOPHER, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-22

### ***PEDIATRIC CARDIOLOGY***

#### **CHUN, DAVID, MD†**

Provider ID: N/A

26691 PLAZA STE 210  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-15

#### **CHUN, DAVID, MD†**

Provider ID: N/A

26691 PLAZA STE 210  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-15

#### **ELLINI, AHMAD, MD†**

Provider ID: N/A

26691 PLAZA STE 120A  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-18

#### **GANDY, JODIE, MD†**

Provider ID: N/A

26691 PLAZA STE 210  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

#### **GANDY, JODIE, MD†**

Provider ID: N/A

26691 PLAZA STE 210  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-15

#### **GANDY, JODIE, MD†**

Provider ID: N/A

26691 PLAZA STE 210  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-21

#### **GANDY, JODIE, MD**

Provider ID: N/A

26691 PLAZA STE 160  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

#### **GANDY, JODIE, MD†**

Provider ID: N/A

26691 PLAZA STE 210  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

#### **GANDY, JODIE, MD†**

Provider ID: N/A

26691 PLAZA STE 210  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-21

#### **GANDY, JODIE, MD†**

Provider ID: N/A

26691 PLAZA STE 210  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

#### **GANDY, JODIE, MD†**

Provider ID: N/A

26691 PLAZA STE 210  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

#### **GANDY, JODIE, MD**

Provider ID: N/A

26691 PLAZA STE 160  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

#### **GANDY, JODIE, MD**

Provider ID: N/A

26691 PLAZA STE 160  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

#### **GANDY, JODIE, MD**

Provider ID: N/A

26691 PLAZA STE 160  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

#### **MUHONEN, LINDA, MD**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-23

#### **RAHIMI, MOHAMMAD, MD†**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-21

#### **RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-21

#### **RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-21

#### **RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-DEC-20

#### **RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-DEC-20

#### **RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-DEC-20

#### **RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110

MISSION VIEJO, CA 92694  
Effective as of 01-JAN-21

#### **WEINER, KEITH, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 264  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

#### **WEINER, KEITH, MD†**

Provider ID: N/A

26691 PLAZA STE 210  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

#### **WEINER, KEITH, MD**

Provider ID: N/A

26691 PLAZA STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **WEINER, KEITH, MD**

Provider ID: N/A

26691 PLAZA STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **WEINER, KEITH, MD†**

Provider ID: N/A

26691 PLAZA STE 210  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

#### **WEINER, KEITH, MD**

Provider ID: N/A

26691 PLAZA STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **WEINER, KEITH, MD**

Provider ID: N/A

26691 PLAZA STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

### ***PEDIATRIC INFECTIOUS DISEASES***

#### **ARRIETA, ANTONIO, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 138 BLDG 2  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-17

#### **ARRIETA, ANTONIO, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 138 BLDG 2  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-17

#### **ARRIETA, ANTONIO, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 138 BLDG 2  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

### ***PEDIATRIC NEPHROLOGY***

#### **ZAMAN, RUMINA, MD**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

### ***PEDIATRIC SPORTS MEDICINE***

#### **DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-18

#### **DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230

## CI. List of Network Providers


### Specialty Care Physician

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MISSION VIEJO, CA 92691  
Effective as of 01-APR-18


#### **DAVIS, KELLY, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-20


#### **DAVIS, KELLY, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18


#### **DAVIS, KELLY, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

#### **DAVIS, KELLY, MD†**


Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

### ***PEDIATRIC SURGERY ORTHOPEDIC***


#### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-12

#### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-05

#### **AMINIAN, AFSHIN, MD†**


Provider ID: N/A

 25982 PALA STE 230

MISSION VIEJO, CA 92691  
Effective as of 01-JAN-14


#### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-16


#### **CAO, LISA, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-23


#### **CAO, LISA, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22


#### **CAO, LISA, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22


#### **DAVIS, KELLY, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18


#### **DOBYNS, JEFFREY, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-15


#### **DOBYNS, JEFFREY, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

#### **DOBYNS, JEFFREY, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-15


#### **LALONDE, FRANCOIS, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-10


#### **MCMICHAEL, JESSICA, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20


#### **MISAGHI, AMIRHOSSEIN, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-20


#### **ROSENFELD, SAMUEL, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-05


#### **SCHLECHTER, JOHN, DO†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-09

#### **WEINERT, CARL, MD†**

Provider ID: N/A

 25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-05

### ***PEDIATRICS***

#### **CHAMBERLIN, JOSHUA, MD†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 110  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-21

#### ***PHYS MED/ REHAB PAIN MEDICINE***

#### **DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### ***PHYSICAL MEDICINE / REHABILITATION***

#### **CUSHING, JAMES, MD**

Provider ID: N/A

27700 MEDICAL CENTER  
RD  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

#### **CUSHING, JAMES, MD**

Provider ID: N/A

27700 MEDICAL CENTER  
RD  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

#### **CUSHING, JAMES, MD**

Provider ID: N/A

27700 MEDICAL CENTER  
RD  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-99

#### **FADAVI, HAMID, DO**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

#### **FADAVI, HAMID, DO**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-21

#### **FADAVI, HAMID, DO**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-21

#### **FADAVI, HAMID, DO**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

#### **FADAVI, HAMID, DO**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-21

#### **FADAVI, HAMID, DO**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-21

#### **HANJAN, TIVA, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-18

#### **KIM, BONNIE, MD†**

Provider ID: N/A

26302 LA PAZ RD STE 106  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

#### **KIM, BONNIE, MD†**

Provider ID: N/A

26302 LA PAZ RD STE 106  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

#### **KIM, BONNIE, MD†**

Provider ID: N/A

26302 LA PAZ RD STE 106  
MISSION VIEJO, CA 92691

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-SEP-21

#### **KING, FRANK, MD**

Provider ID: N/A

📄 26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-16

#### **KING, FRANK, MD**

Provider ID: N/A

📄 26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

#### **RANJBARAN, ZIBA, MD†**

Provider ID: N/A

📄 23512 MADERO  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-12

#### **RANJBARAN, ZIBA, MD†**

Provider ID: N/A

📄 23512 MADERO  
MISSION VIEJO, CA 92691

Effective as of 01-APR-11

#### **WASHBURN, NEAL, DO**

Provider ID: N/A

📄 26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-24

#### **WASHBURN, NEAL, DO**

Provider ID: N/A

📄 26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-24

### ***PHYSICIANS ASSISTANT***

#### **CARR, OLIVIA, PA**

Provider ID: N/A

📄 26691 PLAZA STE 120

MISSION VIEJO, CA 92691

Effective as of 01-APR-24

#### **CARR, OLIVIA, PA**

Provider ID: N/A

📄 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-APR-24

#### **CARR, OLIVIA, PA**

Provider ID: N/A

📄 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-APR-24

#### **KENNEDY, KATHRYN, PA**

Provider ID: N/A

📄 26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-22

#### **KISCADEN, LAUREN, PA**

Provider ID: N/A

📄 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-23

#### **KISCADEN, LAUREN, PA**

Provider ID: N/A

📄 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-23

#### **KISCADEN, LAUREN, PA**

Provider ID: N/A

📄 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-23

#### **KISCADEN, LAUREN, PA**

Provider ID: N/A

📄 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-23

#### **KISCADEN, LAUREN, PA**

Provider ID: N/A

📄 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-23

#### **KISCADEN, LAUREN, PA**

Provider ID: N/A

📄 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

#### **KISCADEN, LAUREN, PA**

Provider ID: N/A

📄 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

#### **KISCADEN, LAUREN, PA†**

Provider ID: N/A

📄 26051 ACERO STE 100  
MISSION VIEJO, CA 92691\*

Effective as of 01-FEB-22

#### **KISCADEN, LAUREN, PA†**

Provider ID: N/A

📄 26051 ACERO STE 100  
MISSION VIEJO, CA 92691\*

Effective as of 01-FEB-22

#### **NOJAN, JOSEPH, PA**

Provider ID: N/A

📄 26024 ACERO  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

#### **NOJAN, JOSEPH, PA**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **NOJAN, JOSEPH, PA**

Provider ID: N/A

26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **PARK, SUNG, PA**

Provider ID: N/A

26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **PARK, SUNG, PA**

Provider ID: N/A

26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

#### **SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

#### **SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-24

#### **TERRERI, NATALIE, PA**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-23

#### **PODIATRIST**

#### **DAL PORTO-KUJANPAA, STEPHANIE, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **DAL PORTO-KUJANPAA, STEPHANIE, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **DAL PORTO-KUJANPAA, STEPHANIE, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 420  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-20

#### **GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 420  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-20

#### **GOLSHAHI, BAHAR, DPM**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

#### **GOLSHAHI, BAHAR, DPM**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

#### **HAIDER, SANDRA, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

#### **HAIDER, SANDRA, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

#### **HAIDER, SANDRA, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

#### **HEHE, KYLE, DPM**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-23

#### **HEHE, KYLE, DPM**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-23



## C1. List of Network Providers

### Specialty Care Physician

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**MCCANN, JAN, DPM**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 485  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-19

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY

PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**NGUYEN, HAN, DPM†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-20

**NGUYEN, HAN, DPM†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-20

**NGUYEN, HAN, DPM†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-20

**NOSRATI, SAM, DPM†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 420  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-19

**NOSRATI, SAM, DPM†**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

**NOSRATI, SAM, DPM†**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

**PENERA, KEITH, DPM†**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

**RAMBACHER, THOMAS, DPM†**

Provider ID: N/A

26302 LA PAZ RD STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**RAMBACHER, THOMAS, DPM†**

Provider ID: N/A

26302 LA PAZ RD STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-19

**RAMBACHER, THOMAS, DPM†**

Provider ID: N/A

26302 LA PAZ RD STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**RAMBACHER, THOMAS, DPM†**

Provider ID: N/A

26302 LA PAZ RD STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-19

**SCHMALHAUS, MONTE, DPM**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

#### **SCHMALHAUS, MONTE, DPM**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

#### **SPENCER, ROBERT, DPM†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 110  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-16

### ***PSYCHIATRY***

#### **ANOSHIVANI, ARDE, MD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **ANOSHIVANI, ARDE, MD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **BENESCH, ERIN, DO†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **BENESCH, ERIN, DO†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **DENNIS, TSHEKEDI, MD†**

Provider ID: N/A

26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22

#### **DENNIS, TSHEKEDI, MD†**

Provider ID: N/A

26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22

#### **SHREIBA, MOHAMMED, MD†**

Provider ID: N/A

26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

#### **SHREIBA, MOHAMMED, MD†**

Provider ID: N/A

26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

#### **SHREIBA, MOHAMMED, MD†**

Provider ID: N/A

26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

#### **SHREIBA, MOHAMMED, MD†**

Provider ID: N/A

26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

### ***PSYCHOLOGIST***

#### **FRANCIS, CATHERINE, PSYD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **FRANCIS, CATHERINE, PSYD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **FRANCIS, CATHERINE, PSYD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

#### **FRANCIS, CATHERINE, PSYD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **FRANCIS, CATHERINE, PSYD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **FRANCIS, CATHERINE, PSYD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

#### **HAMILTON, JOANNE, PhD**

Provider ID: N/A

29122 RANCHO VIEJO RD  
STE 102G  
MISSION VIEJO, CA 92675  
Effective as of 01-MAR-24

#### **HAMILTON, JOANNE, PhD**

Provider ID: N/A

29122 RANCHO VIEJO RD  
STE 102G  
MISSION VIEJO, CA 92675  
Effective as of 01-MAR-24

#### **HAMILTON, JOANNE, PhD**

Provider ID: N/A

29122 RANCHO VIEJO RD

## CI. List of Network Providers

### Specialty Care Physician

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STE 102G  
MISSION VIEJO, CA 92675  
Effective as of 01-MAR-24

#### **HAMILTON, JOANNE, PhD**

Provider ID: N/A

29122 RANCHO VIEJO RD  
STE 102G  
MISSION VIEJO, CA 92675  
Effective as of 01-MAR-24

#### **HANDLEY, KAREN, PhD**

Provider ID: N/A

26441 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-19

#### **HANDLEY, KAREN, PhD**

Provider ID: N/A

26441 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-19

#### **HANDLEY, KAREN, PhD**

Provider ID: N/A

26441 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-19

#### **HANDLEY, KAREN, PhD**

Provider ID: N/A

26441 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-19

#### **KIENZLE, HELEN, PhD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

#### **KIENZLE, HELEN, PhD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

#### **KUECHLE, RALPH, PhD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

#### **KUECHLE, RALPH, PhD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

#### **KUECHLE, RALPH, PhD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

#### **KUECHLE, RALPH, PhD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

#### **MARCUS, DEKE, PhD**

Provider ID: N/A

27201 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **MARCUS, DEKE, PhD**

Provider ID: N/A

27201 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **MELE, ANTHONY, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

#### **MELE, ANTHONY, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **MELE, ANTHONY, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **MELE, ANTHONY, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

#### **MELE, ANTHONY, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **MELE, ANTHONY, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **MONTEL, SEBASTIEN, PhD†**

Provider ID: N/A

27201 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **MONTEL, SEBASTIEN, PhD†**

Provider ID: N/A

27201 PUERTA REAL STE

## CI. List of Network Providers

### Specialty Care Physician

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300  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **MONTEL, SEBASTIEN, PhD†**

Provider ID: N/A

27201 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **MONTEL, SEBASTIEN, PhD†**

Provider ID: N/A

27201 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **REZNICK, HARRELL, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **REZNICK, HARRELL, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **REZNICK, HARRELL, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **REZNICK, HARRELL, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **ZAYAT, DINA, PSYD**

Provider ID: N/A

26051 ACERO STE 100

MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **ZAYAT, DINA, PSYD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **ZAYAT, DINA, PSYD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **ZAYAT, DINA, PSYD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

### ***PULMONARY DISEASES***

#### **GOLDBERG, ROBERT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

#### **GOMEZ, GABRIEL, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

#### **GOMEZ, GABRIEL, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

#### **QURESHI, TAUSEEF, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-15

#### **SCHIFFMAN, GEORGE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

#### **SCHIFFMAN, GEORGE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-99

#### **SCHIFFMAN, GEORGE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

#### **TAMMELIN, BRUCE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-08

#### **TAMMELIN, BRUCE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

#### **TAMMELIN, BRUCE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161

## C1. List of Network Providers

### Specialty Care Physician


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MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

#### ***RADIATION ONCOLOGY***


#### **CHOU, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19


#### **CHOU, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19


#### **CHOU, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19


#### **CHOU, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

 27800 MEDICAL CENTER  
RD STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19


#### **CHOU, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23


#### **CHOU, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-20


#### **DOGGETT, STEPHEN, MD<sup>†</sup>**

Provider ID: N/A

 27700 MEDICAL CENTER  
RD  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21


#### **FENG, CHU-PEI, MD<sup>†</sup>**

Provider ID: N/A

 27700 MEDICAL CENTER  
RD STE 2  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17


#### **FENG, CHU-PEI, MD<sup>†</sup>**

Provider ID: N/A

 27700 MEDICAL CENTER  
RD STE 2  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17


#### **FENG, CHU-PEI, MD<sup>†</sup>**

Provider ID: N/A

 27700 MEDICAL CENTER  
RD STE 2  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17

#### **FENG, CHU-PEI, MD<sup>†</sup>**

Provider ID: N/A

 27700 MEDICAL CENTER  
RD STE 2  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

#### **LEE, SHARON, MD<sup>†</sup>**


Provider ID: N/A

 27700 MEDICAL CENTER

RD  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19


#### **LIU, GENE FU, MD<sup>†</sup>**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21


#### **LIU, GENE FU, MD<sup>†</sup>**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-21


#### **LIU, GENE FU, MD<sup>†</sup>**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21


#### **LIU, GENE FU, MD<sup>†</sup>**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

#### **YOUNG, CAROLYN, MD<sup>†</sup>**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **YOUNG, CAROLYN, MD<sup>†</sup>**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 160  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

#### **RHEUMATOLOGY**

#### **CASTRO RUEDA, HERNAN, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691

Effective as of 01-AUG-17

#### **DRIVER, CATHERINE, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

#### **DRIVER, CATHERINE, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

#### **FARSHAMI, FATEMEH, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-23

#### **KOVACS, DAVID, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691

Effective as of 01-APR-16

#### **PHILIPOSE, JAYA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691

Effective as of 01-APR-16

#### **PHILIPOSE, JAYA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691

Effective as of 01-APR-16

#### **SINGH, SIMRANJIT, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

#### **SINGH, SIMRANJIT, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

#### **SURGERY COLON SURGERY**

#### **BRADY, MATTHEW, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-21

#### **BRADY, MATTHEW, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-21

#### **BRADY, MATTHEW, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-21

#### **BRADY, MATTHEW, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-23

#### **BRADY, MATTHEW, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-23

#### **BRADY, MATTHEW, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-21

#### **BRADY, MATTHEW, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-21

#### **BRADY, MATTHEW, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-21

## CI. List of Network Providers

### Specialty Care Physician

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#### **BRADY, MATTHEW, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

#### ***SURGERY CRITICAL CARE***

#### **YU, PETER, MD**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

#### ***SURGERY GENERAL***

#### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

#### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

#### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440

MISSION VIEJO, CA 92691  
Effective as of 01-JAN-22

#### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

#### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

#### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

#### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

#### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

#### **ANDERSON, MARLA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-19

#### **ANDERSON, MARLA, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

#### **ANDERSON, MARLA, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

#### **ANDERSON, MARLA, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

#### **ANDERSON, MARLA, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

#### **ANDERSON, MARLA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

#### **ANDERSON, MARLA, MD†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-23

#### **ANDERSON, MARLA, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-23

#### **BACON, LOUISE, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-23

#### **BACON, LOUISE, MD<sup>†</sup>**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

#### **BACON, LOUISE, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-21

#### **BACON, LOUISE, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-23

#### **BACON, LOUISE, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-21

#### **BACON, LOUISE, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-21

#### **BACON, LOUISE, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-AUG-21

#### **BRADY, MATTHEW, MD<sup>†</sup>**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-21

#### **BRADY, MATTHEW, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-21

#### **BRADY, MATTHEW, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

#### **KUSHNER, KENNETH, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-23

#### **KUSHNER, KENNETH, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-21

#### **KUSHNER, KENNETH, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-21

#### **KUSHNER, KENNETH, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-21

#### **KUSHNER, KENNETH, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-21

#### **KUSHNER, KENNETH, MD<sup>†</sup>**

Provider ID: N/A

26732 CROWN VALLEY



## CI. List of Network Providers


### Specialty Care Physician

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PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18


#### **KUSHNER, KENNETH, MD†**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23


#### **LAM, VINH, MD†**

Provider ID: N/A

 26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-18


#### **ROBERTSON, ELSIE, MD**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23


#### **ROBERTSON, ELSIE, MD**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **SHAVER, JOHN, MD†**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

#### **SHAVER, JOHN, MD†**


Provider ID: N/A

 27799 MEDICAL CENTER

RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21


#### **SHAVER, JOHN, MD†**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21


#### **SHAVER, JOHN, MD†**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21


#### **SHAVER, JOHN, MD†**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21


#### **SHAVER, JOHN, MD†**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22


#### **SHAVER, JOHN, MD†**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21


#### **SHAVER, JOHN, MD†**

Provider ID: N/A

 27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **SHAVER, JOHN, MD†**

Provider ID: N/A


 26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

## ***SURGERY***

### ***NEUROLOGICAL***


#### **KIM, KEUN YOUNG, MD**

Provider ID: N/A

 26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-15


#### **KIM, KEUN YOUNG, MD**

Provider ID: N/A

 26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-15


#### **KIM, KEUN YOUNG, MD**

Provider ID: N/A

 26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-15

#### **KIM, KEUN YOUNG, MD**

Provider ID: N/A

 26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-15

## C1. List of Network Providers

### Specialty Care Physician

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#### **LIAUW, JASON, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 561  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-16

#### **MAGGE, SURESH, MD**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **MEHTA, VIVEK, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

#### **MEHTA, VIVEK, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

#### **MEHTA, VIVEK, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

#### **MEHTA, VIVEK, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

#### **MEHTA, VIVEK, MD†**

Provider ID: N/A

26732 CROWN VALLEY

PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

#### **MUHONEN, MICHAEL, MD**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

#### **NWAGWU, CHIEDOZIE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-23

#### **NWAGWU, CHIEDOZIE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-23

#### **NWAGWU, CHIEDOZIE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-23

#### **RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

#### **RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-22

#### **RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

#### **RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

#### **RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

#### **TAGHVA, ALEXANDER, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-15

#### **TAGHVA, ALEXANDER, MD**

Provider ID: N/A

26732 CROWN VALLEY

## CI. List of Network Providers

### Specialty Care Physician

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PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-15

#### **TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

#### **TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

#### **TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

#### **TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

#### **TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

#### **TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

#### **TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

#### **TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

#### **TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

#### **TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

### ***SURGERY ORTHOPEDIC***

#### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17

#### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

#### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-16

#### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-16

#### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-16

#### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-16

#### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-16

#### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-07

#### **BURDI, MICHAEL, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

#### **BURDI, MICHAEL, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101

## CI. List of Network Providers

### Specialty Care Physician

---

MISSION VIEJO, CA 92691  
Effective as of 01-APR-12

#### **CHEN, JAMES, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

#### **CHEN, JAMES, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

#### **CLAVERIA, RICHARD, MD**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-20

#### **CLAVERIA, RICHARD, MD**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-20

#### **DOBYNS, JEFFREY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-15

#### **DUGGAN, DANIEL, DO†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **DUGGAN, DANIEL, DO†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

#### **DUGGAN, DANIEL, DO†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-20

#### **DUGGAN, DANIEL, DO†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

#### **DUGGAN, DANIEL, DO†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

#### **ELZIK, MARK, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-23

#### **ELZIK, MARK, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

#### **ELZIK, MARK, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200

MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

#### **FITZPATRICK, MICHAEL, MD†**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-23

#### **FITZPATRICK, MICHAEL, MD†**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

#### **FITZPATRICK, MICHAEL, MD†**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-23

#### **FITZPATRICK, MICHAEL, MD†**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-07

#### **GARDNER, STEPHEN, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

#### **GARDNER, STEPHEN, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

## C1. List of Network Providers

### Specialty Care Physician

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#### **GUERRERO, EVAN, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-21

#### **GUERRERO, EVAN, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-21

#### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **HANJAN, TIVA, MD†**

Provider ID: N/A

26401 CROWN VALLEY

PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-18

#### **HUO, KEUN-HENG, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **HUO, KEUN-HENG, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **HUO, KEUN-HENG, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **HUO, KEUN-HENG, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

#### **KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

#### **KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **LALONDE, FRANCOIS, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-12

#### **LALONDE, FRANCOIS, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

#### **LALONDE, FRANCOIS, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-08

#### **LALONDE, FRANCOIS, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-23

#### **LALONDE, FRANCOIS, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-23

#### **LALONDE, FRANCOIS, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17

#### **MAJUMDAR, ADITI, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

#### **MAJUMDAR, ADITI, MD†**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

---

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**MARANGI, KENT, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-12

**MARANGI, KENT, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-12

**MISAGHI, AMIRHOSSEIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

**MISAGHI, AMIRHOSSEIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

**MISAGHI, AMIRHOSSEIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

**MORRIS, JOHN, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-12

**MORRIS, JOHN, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-12

**PARK, SAMUEL, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-23

**PARK, SAMUEL, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

**PARK, SAMUEL, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

**PARK, SAMUEL, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-23

**PODOLSKY, ANATOL, MD†**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-20

**PODOLSKY, ANATOL, MD†**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-20

**PODOLSKY, ANATOL, MD†**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-20

**PODOLSKY, ANATOL, MD†**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-20

**PODOLSKY, ANATOL, MD†**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-20

**PORAT, SHAROUN, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-21

**PORAT, SHAROUN, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**PORAT, SHAROUN, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**PORAT, SHAROUN, MD†**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-20

#### **PORAT, SHAROUN, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-20

#### **PORAT, SHAROUN, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **PORAT, SHAROUN, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

#### **ROSENFELD, SAMUEL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-20

#### **ROSENFELD, SAMUEL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-12

#### **ROSENFELD, SAMUEL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-08

#### **ROSENFELD, SAMUEL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

#### **SCHLECHTER, JOHN, DO†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-20

#### **TOCCI, STEPHEN, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

#### **TOCCI, STEPHEN, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

#### **WANG, WILLIAM, MD†**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-18

#### **WANG, WILLIAM, MD†**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-18

#### **WEINERT, CARL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17

#### **WEINERT, CARL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-08

#### **WEINERT, CARL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-12

### ***SURGERY PEDIATRIC***

#### **GERMAN, JOHN, MD†**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-18

#### **LAM, VINH, MD†**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-17

#### **LAM, VINH, MD†**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-23

#### **LAM, VINH, MD†**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-17

#### **LAM, VINH, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 138  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-14

## CI. List of Network Providers

### Specialty Care Physician

---

#### LAM, VINH, MD<sup>†</sup>

Provider ID: N/A

📍 26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-17

#### ***SURGERY PLASTIC***

#### LEE, MICHAEL, MD

Provider ID: N/A

📍 26800 CROWN VALLEY  
PKWY STE 410  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### LEE, MICHAEL, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 585  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-19

#### ***SURGERY THORACIC***

#### FOWLER, AARON, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

#### FOWLER, AARON, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

#### FOWLER, AARON, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

#### FOWLER, AARON, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

#### FOWLER, AARON, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

#### FOWLER, AARON, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

#### SAFFARZADEH, AREO, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

#### SAFFARZADEH, AREO, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

#### SAFFARZADEH, AREO, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### SAFFARZADEH, AREO, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY

PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### TANG, TAYLOR, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 461  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

#### TANG, TAYLOR, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 461  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

#### TANG, TAYLOR, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

#### TANG, TAYLOR, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

#### TANG, TAYLOR, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

#### TANG, TAYLOR, MD<sup>†</sup>

Provider ID: N/A

📍 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16



## C1. List of Network Providers

### Specialty Care Physician

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**THIBAUT, WILLIAM, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-19

**THIBAUT, WILLIAM, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-19

**THIBAUT, WILLIAM, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-19

**THIBAUT, WILLIAM, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-19

**THIBAUT, WILLIAM, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-21

**THIBAUT, WILLIAM, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-21

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-22

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-22

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

### **UROLOGY**

**BUI, DON, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**BUI, DON, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**BUI, DON, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23


**BUI, DON, MD†**

Provider ID: N/A

## CI. List of Network Providers


### Specialty Care Physician

---

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23


**BUI, DON, MD†**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23


**CHAMBERLIN, DAVID, MD**

Provider ID: N/A

 27871 MEDICAL CENTER RD  
STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**CHAMBERLIN, DAVID, MD**

Provider ID: N/A

 27871 MEDICAL CENTER RD  
STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23


**ELKHOURY, FUAD, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23


**ELKHOURY, FUAD, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**ELKHOURY, FUAD, MD**


Provider ID: N/A

 26691 PLAZA STE 120

MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23


**ELKHOURY, FUAD, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23


**ELKHOURY, FUAD, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23


**GRUENENFELDER, JENNIFER, MD**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21


**HO, TAMMY, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19


**HO, TAMMY, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19


**HO, TAMMY, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23


**HO, TAMMY, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22


**HO, TAMMY, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

**HO, TAMMY, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23


**HO, TAMMY, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23


**HO, TAMMY, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**HO, TAMMY, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**KIM, MOSES, MD**

Provider ID: N/A

 26691 PLAZA STE 120

## CI. List of Network Providers

### Specialty Care Physician

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MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **KIM, MOSES, MD**

Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **KIM, MOSES, MD**

Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **KIM, MOSES, MD**

Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **KIM, MOSES, MD**

Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **KIM, MOSES, MD**

Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **KIM, MOSES, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

#### **KIM, MOSES, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-19

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A  
26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **MEAGLIA, JAMES, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

#### **NAKAMURA, LEAH, MD**

Provider ID: N/A  
26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **NAKAMURA, LEAH, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 340

## CI. List of Network Providers

### Specialty Care Physician

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MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **NAKAMURA, LEAH, MD†**

Provider ID: N/A

📍 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

#### **NAKAMURA, LEAH, MD†**

Provider ID: N/A

📍 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

#### **NAKAMURA, LEAH, MD**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **NAKAMURA, LEAH, MD**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **NAKAMURA, LEAH, MD**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **NAKAMURA, LEAH, MD**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **NAKAMURA, LEAH, MD**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

#### **NAKAMURA, LEAH, MD**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **NAKAMURA, LEAH, MD†**

Provider ID: N/A

📍 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

#### **PASIN, ERIK, MD**

Provider ID: N/A

📍 26800 CROWN VALLEY  
PKWY STE 445  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

#### **RANDALL, JOSH, MD**

Provider ID: N/A

📍 26991 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **RANDALL, JOSH, MD†**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

#### **RANDALL, JOSH, MD†**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

#### **RANDALL, JOSH, MD†**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

#### **RANDALL, JOSH, MD†**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **RANDALL, JOSH, MD†**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **RANDALL, JOSH, MD†**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **SHOURESHI, POONE, MD**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-24

#### **SINGH, KARAN, MD†**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

#### **SINGH, KARAN, MD†**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

#### **SINGH, KARAN, MD†**

Provider ID: N/A

📍 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

#### **SINGH, KARAN, MD†**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **SINGH, KARAN, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

#### **SINGH, KARAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

#### **SINGH, KARAN, MD†**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **SINGH, KARAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

#### **SINGH, KARAN, MD†**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **SINGH, KARAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

#### **SINGH, KARAN, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

#### **SINGH, KARAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

#### **SINGH, KARAN, MD†**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **SINGH, KARAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **SPITZ, AARON, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **SPITZ, AARON, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

#### **SPITZ, AARON, MD†**

Provider ID: N/A

26800 CROWN VALLEY

PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

#### **SPITZ, AARON, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

#### **SPITZ, AARON, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **SPITZ, AARON, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

#### **SPITZ, AARON, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

#### **SPITZ, AARON, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

#### **SPITZ, AARON, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **STEPHANY, HEIDI, MD**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-24

#### **SU, DANIEL, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **SU, DANIEL, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **SU, DANIEL, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **SU, DANIEL, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **SU, DANIEL, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **SU, DANIEL, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **SU, DANIEL, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **SU, DANIEL, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

#### **SU, DANIEL, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

#### **TEBYANI, NEYSSAN, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **TEBYANI, NEYSSAN, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **TEBYANI, NEYSSAN, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **TEBYANI, NEYSSAN, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **TEBYANI, NEYSSAN, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **TEBYANI, NEYSSAN, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

#### **TEBYANI, NEYSSAN, MD†**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-23

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-23

#### **ALLERGY IMMUNOLOGY**

##### **IMAM, ASIF, MD**

Provider ID: N/A

40680 CALIFORNIA OAKS  
RD STE 1A  
MURRIETA, CA 92562

Effective as of 01-MAR-23

##### **IMAM, ASIF, MD**

Provider ID: N/A

40680 CALIFORNIA OAKS  
RD STE 1A  
MURRIETA, CA 92562

Effective as of 01-MAR-23

##### **IMAM, ASIF, MD**

Provider ID: N/A

40680 CALIFORNIA OAKS  
RD STE 1A  
MURRIETA, CA 92562

Effective as of 01-MAR-23

#### **ANESTHESIOLOGY**

##### **BAKER, BRUCE, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562

Effective as of 01-AUG-22

##### **DRUET, JACK, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 102  
MURRIETA, CA 92562

Effective as of 01-JUL-23

##### **KRAUSE, MARTIN, MD†**

Provider ID: N/A

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Effective as of 01-FEB-22

#### **ANESTHESIOLOGY PAIN MANAGEMENT**

##### **AUSTIN, MARK, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 102  
MURRIETA, CA 92562

Effective as of 01-JUL-23

##### **BETTS, ANDRES, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-NOV-23

##### **BETTS, ANDRES, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-NOV-23

##### **KELLING, JONATHAN, MD†**

Provider ID: N/A

38860 SKY CANYON DR  
BLDG A  
MURRIETA, CA 92563

Effective as of 01-DEC-18

##### **KELLING, JONATHAN, MD†**

Provider ID: N/A

38860 SKY CANYON DR  
BLDG A

MURRIETA, CA 92563

Effective as of 01-JUL-23

##### **KHATIBI, NIKAN, DO†**

Provider ID: N/A

24910 LAS BRISAS RD STE  
121  
MURRIETA, CA 92562

Effective as of 01-SEP-22

#### **CARDIAC**

#### **ELECTROPHYSIOLOGY**

##### **MESSENGER, BRADLEY, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-MAY-20

##### **OSHODI, GANIYU, MD†**

Provider ID: N/A

40700 CALIFORNIA OAKS  
RD STE 208  
MURRIETA, CA 92562\*

Effective as of 01-JUL-23

##### **OSHODI, GANIYU, MD†**

Provider ID: N/A

40700 CALIFORNIA OAKS  
RD STE 208  
MURRIETA, CA 92562

Effective as of 01-FEB-19

#### **CARDIOVASCULAR**

#### **DISEASE**

##### **ALTURJUMAN, AHMAD, MD†**

Provider ID: N/A

40700 CALIFORNIA OAKS  
RD STE 208

## C1. List of Network Providers

### Specialty Care Physician

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MURRIETA, CA 92562  
Effective as of 01-NOV-22

#### **ALTURJUMAN, AHMAD, MD†**

Provider ID: N/A

39755 TECHNOLOGY DR  
STE 302

MURRIETA, CA 92563  
Effective as of 01-JUL-22

#### **ALTURJUMAN, AHMAD, MD†**

Provider ID: N/A

39755 TECHNOLOGY DR  
STE 302

MURRIETA, CA 92563  
Effective as of 01-MAR-22

#### **ALTURJUMAN, AHMAD, MD†**

Provider ID: N/A

39755 TECHNOLOGY DR  
STE 302

MURRIETA, CA 92563  
Effective as of 01-MAR-22

#### **AMIN, JATIN, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-AUG-20

#### **ATTIA, NADER, DO†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-MAY-21

#### **ATTIA, NADER, DO†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-MAY-20

#### **ATTIA, NADER, DO†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-SEP-18

#### **ATTIA, NADER, DO†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-JUL-22

#### **ATTIA, NADER, DO†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-MAR-20

#### **BISWAS, MIMI, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-FEB-17

#### **BISWAS, MIMI, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-FEB-17

#### **BISWAS, MIMI, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-FEB-17

#### **BISWAS, MIMI, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-FEB-17

#### **BISWAS, MIMI, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-FEB-17

#### **COLLINS, BRIAN, MD†**

Provider ID: N/A

40700 CALIFORNIA OAKS  
RD STE 208  
MURRIETA, CA 92562

Effective as of 01-NOV-22

#### **MESSENGER, BRADLEY, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-AUG-20

#### **MUKHERJEE, ASHIS, MD†**

Provider ID: N/A

28078 BAXTER RD STE 110  
MURRIETA, CA 92563\*

Effective as of 01-JUL-23

#### **OSHODI, GANIYU, MD†**



## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

40700 CALIFORNIA OAKS  
RD STE 208  
MURRIETA, CA 92562  
Effective as of 01-JAN-21

#### **OSHODI, GANIYU, MD**

Provider ID: N/A

40770 CALIFORNIA OAKS  
RD STE A  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

#### **PAREKH, NIRAJ, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-MAR-20

#### **PAREKH, NIRAJ, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-AUG-18

#### **PAREKH, NIRAJ, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-MAR-20

#### **PAREKH, NIRAJ, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-MAY-21

#### **PAREKH, NIRAJ, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-MAY-20

#### **PATANKAR, KAUSTUBH, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Effective as of 01-FEB-22

#### **PATANKAR, KAUSTUBH, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Effective as of 01-SEP-18

#### **PATANKAR, KAUSTUBH, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Effective as of 01-MAY-20

#### **SCHWARZ, ERNST, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-SEP-21

#### **SCHWARZ, ERNST, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-FEB-21

#### **SCHWARZ, ERNST, MD†**

Provider ID: N/A

39755 DATE ST STE 205  
MURRIETA, CA 92563  
Effective as of 01-AUG-22

#### **SCHWARZ, ERNST, MD†**

Provider ID: N/A

39755 DATE ST STE 205  
MURRIETA, CA 92563  
Effective as of 01-AUG-22

#### **SEAMAN, CHRISTOPHER, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-MAY-20

### ***CERTIFIED NURSE PRACTITIONER***

#### **ANDERSON, TRACEY, NP†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

#### **ANDERSON, TRACEY, NP†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

#### **ANDERSON, TRACEY, NP†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

#### **ANDERSON, TRACEY, NP†**

Provider ID: N/A

25150 HANCOCK AVE STE

## CI. List of Network Providers

### Specialty Care Physician

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210  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

#### **ANDERSON, TRACEY, NP†**

Provider ID: N/A  
25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-DEC-20

#### **BARBOZA, GEORGE, NP**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD  
MURRIETA, CA 92563  
Effective as of 01-SEP-22

#### **BARBOZA, GEORGE, NP**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD  
MURRIETA, CA 92563  
Effective as of 01-SEP-22

#### **BEDFORD, RONALD, NP†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

#### **BEDFORD, RONALD, NP†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

#### **BEDFORD, RONALD, NP†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

#### **BEDFORD, RONALD, NP†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

#### **BEDFORD, RONALD, NP†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

#### **CAMPBELL, AMBER, NP**

Provider ID: N/A  
25470 MEDICAL CENTER  
DR STE 102  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

#### **CORCORAN, KIMBERLY, NP**

Provider ID: N/A  
24910 LAS BRISAS RD STE  
105  
MURRIETA, CA 92562  
Effective as of 01-OCT-19

#### **DAO, NU, NP†**

Provider ID: N/A  
28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-MAR-21

#### **DONLON, RYAN, NPF**

Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

#### **DONLON, RYAN, NPF**

Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-MAR-24

#### **DONLON, RYAN, NPF**

Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

#### **DONLON, RYAN, NPF**

Provider ID: N/A  
24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

#### **FAIQ, JAMILA, NP†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
206  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-NOV-22

#### **GUTIERREZ, CRYSTAL, NP†**

Provider ID: N/A  
25109 JEFFERSON AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

#### **HARTMAN, JULIE, NPF**

Provider ID: N/A  
25470 MEDICAL CENTER  
DR STE 102  
MURRIETA, CA 92562  
Effective as of 01-SEP-23

#### **HASAN, BUSHRA, NP**

Provider ID: N/A  
25470 MEDICAL CENTER  
DR STE 102  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

#### **KLEWEIN, CRYSTAL, NPF**

Provider ID: N/A

40770 CALIFORNIA OAKS  
RD STE A  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

#### **KULJIAN, NANCY, NP**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD STE E  
MURRIETA, CA 92563  
Effective as of 01-AUG-21

#### **MOONEY, PATRICIA, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
206  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-MAY-21

#### **MWAURA, WAIRIMU, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
206

MURRIETA, CA 92562  
Teleservice  
Effective as of 01-JUN-21

#### **PIZZIFRED, TIFFINY, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562  
Effective as of 01-JAN-18

#### **PIZZIFRED, TIFFINY, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562  
Effective as of 01-JAN-18

#### **SHEIKH, SARAH, NP**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

#### **SHEIKH, SARAH, NP**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

#### **SHEIKH, SARAH, NP**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-OCT-16

#### **SICKELS, JENNIFER, NP**

Provider ID: N/A

24910 LAS BRISAS RD STE  
105  
MURRIETA, CA 92562  
Effective as of 01-NOV-19

#### **VIERA, LIANA, NP†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD  
MURRIETA, CA 92563  
Effective as of 01-JAN-22

#### **VIERA, LIANA, NP†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD  
MURRIETA, CA 92563  
Effective as of 01-JAN-22

#### **WILLEY, MARTI, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
206  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-JUN-21

### **DERMATOLOGY**

#### **CABRAL, ERIK, MD†**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3  
MURRIETA, CA 92562  
Effective as of 01-JUN-22

#### **FOWLER, VINCENT, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-FEB-24

#### **FOWLER, VINCENT, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-FEB-24

#### **KHERADMAND, SHIVA, DO†**

Provider ID: N/A

**C1. List of Network Providers**  
**Specialty Care Physician**

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25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**KHERADMAND, SHIVA, DO†**  
Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**  
Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**  
Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**  
Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

**KHERADMAND, SHIVA, DO†**  
Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**KOUPAIE, JAFAR, MD**  
Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**KOUPAIE, JAFAR, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**KOUPAIE, JAFAR, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**KOUPAIE, JAFAR, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**LEE, HELEN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562

Teleservice

Effective as of 01-NOV-22

**LEE, HELEN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562

Teleservice

Effective as of 01-NOV-22

**MITCHELL, JESSE, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**MITCHELL, JESSE, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

**MITCHELL, JESSE, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**MITCHELL, JESSE, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**MUNYON, THOMAS, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562

Teleservice

Effective as of 01-JAN-23

**MUNYON, THOMAS, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAR-24

**MUNYON, THOMAS, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAY-23

**MUNYON, THOMAS, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562

Teleservice

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-NOV-21

#### **ROSHDIEH, BABAK, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562

Effective as of 01-JUL-23

#### **ROSHDIEH, BABAK, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562

Effective as of 01-MAY-23

#### **SAIED, NAGI, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562

Teleservice

Effective as of 01-NOV-21

#### **SAIED, NAGI, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562

Teleservice

Effective as of 01-NOV-18

#### **SAIED, NAGI, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAY-23

#### **SAIED, NAGI, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562

Teleservice

Effective as of 01-DEC-19

#### **SHAPIRO, STEVEN, MD**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3  
MURRIETA, CA 92562

Effective as of 01-MAR-24

#### **SHAPIRO, STEVEN, MD**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3  
MURRIETA, CA 92562

Effective as of 01-MAR-24

#### **SIRICHOTIRATANA, MELISSA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562

Effective as of 01-JUL-22

#### **TAHERI, DANIEL, MD†**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3  
MURRIETA, CA 92562

Teleservice

Effective as of 01-DEC-21

#### **TAHERI, DANIEL, MD†**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3  
MURRIETA, CA 92562

Teleservice

Effective as of 01-APR-21

#### **TAHERI, DANIEL, MD†**

Provider ID: N/A

40663 MURRIETA HOT

SPRINGS RD STE C3

MURRIETA, CA 92562

Teleservice

Effective as of 01-APR-21

#### **THIELE, JENS, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562

Effective as of 01-JUL-22

#### **VENKAT, ARUN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562

Effective as of 01-FEB-21

### ***ENDOCRINOLOGY***

### ***METABOLISM DIABETES***

#### **BUI, AMY-VAN, MD†**

Provider ID: N/A

39765 DATE ST STE 102  
MURRIETA, CA 92563

Effective as of 01-NOV-13

### ***FAMILY PRACTICE***

#### **FARZIN, ABDUL, MD**

Provider ID: N/A

40690 CALIFORNIA OAKS  
RD STE A  
MURRIETA, CA 92562

Effective as of 01-MAR-24

#### **MEMON, TALHA, MD†**

Provider ID: N/A

39755 DATE ST STE 101  
MURRIETA, CA 92563

Effective as of 01-OCT-18


#### **MEMON, TALHA, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician


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 39755 DATE ST STE 101  
MURRIETA, CA 92563  
Effective as of 01-OCT-18

#### **GASTROENTEROLOGY**


##### **ANYADIKE, CYRIL, MD†**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-SEP-15


##### **ANYADIKE, CYRIL, MD†**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-FEB-18


##### **ANYADIKE, CYRIL, MD†**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-APR-20


##### **ANYADIKE, CYRIL, MD†**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 101  
MURRIETA, CA 92562  
Effective as of 01-AUG-20


##### **ANYADIKE, CYRIL, MD†**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-APR-17

##### **ANYADIKE, CYRIL, MD†**


Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 302

MURRIETA, CA 92562  
Effective as of 01-MAR-21


##### **ANYADIKE, CYRIL, MD†**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-JUL-23


##### **ARDIGO, GREGORY, MD†**

Provider ID: N/A

 40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562  
Effective as of 01-DEC-08

##### **ARDIGO, GREGORY, MD†**

Provider ID: N/A

 40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562  
Effective as of 01-JUL-23


##### **DINH, JACK, MD†**

Provider ID: N/A

 40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562  
Effective as of 01-OCT-07


##### **DINH, JACK, MD†**

Provider ID: N/A

 40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562  
Effective as of 01-DEC-08

##### **FAN, ROBERT, MD†**


Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Teleservice

Effective as of 01-JUL-15


##### **FAN, ROBERT, MD†**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-MAR-21


##### **FAN, ROBERT, MD†**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-JUL-23


##### **FAN, ROBERT, MD†**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-APR-20


##### **FAN, ROBERT, MD†**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-APR-17

##### **FAN, ROBERT, MD†**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-AUG-15

##### **FLANNERY, CHRISTOPHER, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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40663 MURRIETA HOT  
SPRINGS RD STE C1  
MURRIETA, CA 92562  
Effective as of 01-APR-23

**FLANNERY, CHRISTOPHER,  
MD**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C1  
MURRIETA, CA 92562  
Effective as of 01-APR-23

**FLANNERY, CHRISTOPHER,  
MD**

Provider ID: N/A

28078 BAXTER RD STE 530  
MURRIETA, CA 92563  
Effective as of 01-APR-23

**FLANNERY, CHRISTOPHER,  
MD**

Provider ID: N/A

28078 BAXTER RD STE 530  
MURRIETA, CA 92563  
Effective as of 01-APR-23

**NAKKA, SREENIVASA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562  
Effective as of 01-OCT-16

**NAKKA, SREENIVASA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562  
Effective as of 01-OCT-16

**NAKKA, SREENIVASA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306

MURRIETA, CA 92562  
Effective as of 01-OCT-16

**OJURI, ADEBAMBO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Teleservice

Effective as of 01-APR-17

**OJURI, ADEBAMBO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Teleservice

Effective as of 01-MAY-21

**OJURI, ADEBAMBO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Teleservice

Effective as of 01-MAY-15

**OJURI, ADEBAMBO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Teleservice

Effective as of 01-MAY-15

**OJURI, ADEBAMBO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Teleservice

Effective as of 01-MAR-21

**OJURI, ADEBAMBO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-JUL-23

**RAGHUWANSHI, NAISHADH,  
MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562  
Effective as of 01-MAY-18

**RAGHUWANSHI, NAISHADH,  
MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562  
Effective as of 01-OCT-16

**RAGHUWANSHI, NAISHADH,  
MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562  
Effective as of 01-OCT-16

**TEYMOORIAN, ARIAN, MD†**

Provider ID: N/A

40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

**TEYMOORIAN, ARIAN, MD†**

Provider ID: N/A

40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562  
Effective as of 01-SEP-19

**C1. List of Network Providers**  
**Specialty Care Physician**

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**GENETICS CLINICAL**

**BRAR, HARBINDER, MD†**

Provider ID: N/A

25109 JEFFERSON AVE STE 210  
 MURRIETA, CA 92562  
 Effective as of 01-JUL-19

**HEMATOLOGY /  
 ONCOLOGY**

**AGAJANIAN, RICHY, MD**

Provider ID: N/A

25405 HANCOCK AVE STE 101  
 MURRIETA, CA 92562  
 Effective as of 01-JUL-23

**ANDREY, JEFFREY, MD**

Provider ID: N/A

25405 HANCOCK AVE STE 101  
 MURRIETA, CA 92562  
 Effective as of 01-JUL-23

**BASERI, BABAK, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE 203  
 MURRIETA, CA 92562  
 Effective as of 01-JUL-21

**BASERI, BABAK, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE 203  
 MURRIETA, CA 92562  
 Effective as of 01-JUL-21

**BASERI, BABAK, MD**

Provider ID: N/A

25405 HANCOCK AVE STE 101  
 MURRIETA, CA 92562

Effective as of 01-APR-24

**BASERI, BABAK, MD**

Provider ID: N/A

25405 HANCOCK AVE STE 101  
 MURRIETA, CA 92562  
 Effective as of 01-FEB-24

**BASERI, BABAK, MD**

Provider ID: N/A

25405 HANCOCK AVE STE 101  
 MURRIETA, CA 92562  
 Effective as of 01-JAN-24

**BASERI, BABAK, MD**

Provider ID: N/A

25405 HANCOCK AVE STE 101  
 MURRIETA, CA 92562  
 Effective as of 01-APR-23

**BASERI, BABAK, MD**

Provider ID: N/A

25405 HANCOCK AVE STE 101  
 MURRIETA, CA 92562  
 Effective as of 01-APR-24

**BELLO, OSAGIE, MD**

Provider ID: N/A

25405 HANCOCK AVE STE 211  
 MURRIETA, CA 92562  
 Effective as of 01-OCT-23

**BELLO, OSAGIE, MD**

Provider ID: N/A

25405 HANCOCK AVE STE 211  
 MURRIETA, CA 92562  
 Effective as of 01-OCT-23

**BELLO, OSAGIE, MD**

Provider ID: N/A

25405 HANCOCK AVE STE 211  
 MURRIETA, CA 92562  
 Effective as of 01-OCT-23

**BESSUDO, ALBERTO, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE 206  
 MURRIETA, CA 92562  
 Teleservice  
 Effective as of 01-NOV-21

**LEE, BYUNG, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE 211  
 MURRIETA, CA 92562  
 Effective as of 01-JUL-21

**LEE, BYUNG, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE 211  
 MURRIETA, CA 92562  
 Effective as of 01-JUL-21

**LEE, BYUNG, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE 211  
 MURRIETA, CA 92562  
 Effective as of 01-JUL-21

**MARJON, PHILIP, MD**

Provider ID: N/A

25405 HANCOCK AVE STE 101  
 MURRIETA, CA 92562  
 Effective as of 01-APR-23

**MASIELLO, DAVID, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE



## C1. List of Network Providers

### Specialty Care Physician

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211  
MURRIETA, CA 92562  
Effective as of 01-MAR-21

#### **MOST, CAROLE, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-MAR-21

#### **MOST, CAROLE, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-SEP-18

#### **MOST, CAROLE, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-SEP-18

#### **MOST, CAROLE, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-SEP-18

#### **NAIK, RAHUL, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-MAR-21

#### **RAVINDRANATHAN, MEERA, MD**

Provider ID: N/A

25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAY-23

#### **RAVINDRANATHAN, MEERA, MD**

Provider ID: N/A

25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAY-23

#### **SARWARI, NAWID, MD**

Provider ID: N/A

25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562\*  
Effective as of 01-APR-23

#### **SAUNDERS, PHILLIP, DO**

Provider ID: N/A

25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-APR-23

#### **SAUNDERS, PHILLIP, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562  
Effective as of 01-DEC-20

#### **SCHWERKOSKE, JOHN, MD**

Provider ID: N/A

25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **SHUM, MERRILL, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562

Effective as of 01-JUL-23

#### **TSANG, WALTER, MD†**

Provider ID: N/A

25404 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

#### **TSANG, WALTER, MD†**

Provider ID: N/A

25404 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

#### **TSANG, WALTER, MD†**

Provider ID: N/A

25404 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

#### **WANG, AMY, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUN-21

#### **WANG, AMY, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUN-21

#### **WANG, AMY, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUN-21

#### **WANG, AMY, MD†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUN-21

#### ***INFECTIOUS DISEASE***

#### **HARFOUCH, CHAWKI, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAY-13

#### **HARFOUCH, CHAWKI, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-JUL-23

#### **KIM, EMILY, MD**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAR-24

#### **KIM, EMILY, MD**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAR-24

#### **KIM, EMILY, MD**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAR-24

#### **LE, THUAN, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAY-13

#### **LE, THUAN, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAY-09

#### **LE, THUAN, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-SEP-09

#### **LE, THUAN, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-SEP-09

#### **LE, THUAN, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-JAN-11

#### ***INTERNAL MEDICINE***

#### **BASERI, BABAK, MD<sup>†</sup>**

Provider ID: N/A

25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562  
Effective as of 01-APR-24

#### **HADDADIN, HASSAN, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-SEP-22

#### **HADDADIN, HASSAN, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-SEP-22

#### **HADDADIN, HASSAN, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-SEP-22

#### **HARFOUCH, CHAWKI, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-JUN-17

#### **MONTANA, WILBUR, DO<sup>†</sup>**

Provider ID: N/A

25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

#### ***INTERNAL MEDICINE***

#### ***CRITICAL CARE MEDICINE***

#### **PATEL, SAGAR, MD<sup>†</sup>**

Provider ID: N/A

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
Effective as of 01-AUG-21

#### ***INTERVENTIONAL CARDIOLOGY***

#### **AL KHIAMI, BELAL, MD<sup>†</sup>**

Provider ID: N/A

28062 BAXTER RD  
MURRIETA, CA 92563  
Effective as of 01-JAN-21

#### **AMIN, JATIN, MD<sup>†</sup>**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-JAN-19

**C1. List of Network Providers**  
**Specialty Care Physician**

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**ATTIA, NADER, DO<sup>†</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-APR-17

**ATTIA, NADER, DO<sup>†</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-JAN-19

**GAGLANI, RAHUL, MD<sup>†</sup>**

Provider ID: N/A

25395 HANCOCK AVE STE 230 MURRIETA, CA 92562

Effective as of 01-AUG-21

**MESSENGER, BRADLEY, MD<sup>†</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-FEB-22

**MESSENGER, BRADLEY, MD<sup>†</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-JAN-19

**PAREKH, NIRAJ, MD<sup>†</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-JAN-19

**PATANKAR, KAUSTUBH, MD<sup>†</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Effective as of 01-JAN-19

**SCHWARZ, ERNST, MD<sup>†</sup>**

Provider ID: N/A

39755 DATE ST STE 205 MURRIETA, CA 92563

Effective as of 01-SEP-22

**SCHWARZ, ERNST, MD<sup>†</sup>**

Provider ID: N/A

39755 DATE ST STE 205 MURRIETA, CA 92563

Effective as of 01-SEP-22

**MATERNAL AND FETAL MEDICINE**

**BRAR, HARBINDER, MD<sup>†</sup>**

Provider ID: N/A

25109 JEFFERSON AVE STE 210 MURRIETA, CA 92562

Effective as of 01-DEC-10

**BRAR, HARBINDER, MD<sup>†</sup>**

Provider ID: N/A

25109 JEFFERSON AVE STE 210 MURRIETA, CA 92562\*

Effective as of 01-MAY-24

**MEDICAL ONCOLOGY**

**PARSI, HOOMAN, MD**

Provider ID: N/A

25405 HANCOCK AVE STE 101

MURRIETA, CA 92562

Effective as of 01-MAY-23

**SHAIKH, ANWER, MD**

Provider ID: N/A

25405 HANCOCK AVE STE 101 MURRIETA, CA 92562

Effective as of 01-JUL-23

**NEPHROLOGY**

**UDDIN, MOHAMMAD, MD<sup>†</sup>**

Provider ID: N/A

24910 LAS BRISAS RD STE 108 MURRIETA, CA 92562

Effective as of 01-JUL-20

**NEUROLOGY**

**ALVAREZ, PAMELA, MD<sup>†</sup>**

Provider ID: N/A

24910 LAS BRISAS RD STE 115 MURRIETA, CA 92562

Effective as of 01-MAY-14

**ALVAREZ, PAMELA, MD<sup>†</sup>**

Provider ID: N/A

24910 LAS BRISAS RD STE 115 MURRIETA, CA 92562

Effective as of 01-MAR-15

**NUNE, SUNITHA, MD<sup>†</sup>**

Provider ID: N/A

39755 DATE ST STE 101 MURRIETA, CA 92563

Effective as of 01-FEB-22

**TALANKI, VARUN, MD**

Provider ID: N/A

25495 MEDICAL CENTER DR STE 204

## C1. List of Network Providers

### Specialty Care Physician

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MURRIETA, CA 92562  
Effective as of 01-DEC-22

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

📍 24910 LAS BRISAS RD STE  
108

MURRIETA, CA 92562  
Effective as of 01-AUG-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

📍 24910 LAS BRISAS RD STE  
108

MURRIETA, CA 92562  
Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

📍 24910 LAS BRISAS RD STE  
108

MURRIETA, CA 92562  
Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

📍 24910 LAS BRISAS RD STE  
108

MURRIETA, CA 92562  
Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

📍 24910 LAS BRISAS RD STE  
108

MURRIETA, CA 92562  
Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

📍 24910 LAS BRISAS RD STE  
108

MURRIETA, CA 92562  
Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

📍 24910 LAS BRISAS RD STE  
108

MURRIETA, CA 92562

Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

📍 24910 LAS BRISAS RD STE  
108

MURRIETA, CA 92562

Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

📍 24910 LAS BRISAS RD STE  
108

MURRIETA, CA 92562

Effective as of 01-JUL-20

### ***NEUROLOGY CHILD***

#### **NUNE, SUNITHA, MD†**

Provider ID: N/A

📍 39755 DATE ST STE 101  
MURRIETA, CA 92563

Effective as of 01-APR-21

### ***OBSTETRICS / GYNECOLOGY***

#### **ANDERSEN, MICHAEL, MD†**

Provider ID: N/A

📍 24619 WASHINGTON AVE  
STE 104

MURRIETA, CA 92562

Effective as of 01-JAN-21

#### **BINDER, PRATIBHA, MD†**

Provider ID: N/A

📍 25405 HANCOCK AVE STE  
217

MURRIETA, CA 92562

Effective as of 01-JUL-21

#### **BRAR, HARBINDER, MD†**

Provider ID: N/A

📍 25109 JEFFERSON AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-SEP-23

#### **BRAR, HARBINDER, MD†**

Provider ID: N/A

📍 25109 JEFFERSON AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-SEP-23

#### **BRAR, HARBINDER, MD†**

Provider ID: N/A

📍 25109 JEFFERSON AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-SEP-23

#### **BRAR, HARBINDER, MD†**

Provider ID: N/A

📍 25109 JEFFERSON AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-NOV-08

#### **BRAR, HARBINDER, MD†**

Provider ID: N/A

📍 25109 JEFFERSON AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-JUL-11

#### **CHIODI, MARTINA, MD†**

Provider ID: N/A

📍 24910 LAS BRISAS RD STE  
113

MURRIETA, CA 92562

Effective as of 01-MAR-20

#### **DIMMETTE, PATTIE, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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25405 HANCOCK AVE STE 203  
MURRIETA, CA 92562  
Effective as of 01-SEP-23

#### **ELFELT, TIMOTHY, MD†**

Provider ID: N/A

25460 MEDICAL CENTER DR STE 100  
MURRIETA, CA 92562  
Effective as of 01-AUG-10

#### **HAYTON, TAMMY, MD†**

Provider ID: N/A

25460 MEDICAL CENTER DR STE 100  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-AUG-10

#### **HAYTON, TAMMY, MD†**

Provider ID: N/A

25460 MEDICAL CENTER DR STE 100  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-22

#### **JONES, KENDRA, MD†**

Provider ID: N/A

25460 MEDICAL CENTER DR STE 100  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-22

#### **JONES, KENDRA, MD†**

Provider ID: N/A

25460 MEDICAL CENTER DR STE 100  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-22

#### **LEBO, DEBRA, DO†**

Provider ID: N/A

25460 MEDICAL CENTER DR STE 100  
MURRIETA, CA 92562  
Effective as of 01-AUG-10

#### **LEBO, DEBRA, DO†**

Provider ID: N/A

25460 MEDICAL CENTER DR STE 100  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

#### **LOCASCIO, ELIZABETH, DO†**

Provider ID: N/A

25460 MEDICAL CENTER DR STE 100  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-22

#### **LOCASCIO, ELIZABETH, DO†**

Provider ID: N/A

25460 MEDICAL CENTER DR STE 100  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-FEB-18

#### **NEAL, JAMES, MD†**

Provider ID: N/A

25495 MEDICAL CENTER DR STE 300  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **QUINATA, FLORENCE, MD†**

Provider ID: N/A

25495 MEDICAL CENTER DR STE 300  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **SHAH, NEMI, MD**

Provider ID: N/A

25495 MEDICAL CENTER DR STE 204  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-FEB-24

#### **SHEHATA, HANNAH LOUISE, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE 210  
MURRIETA, CA 92562  
Effective as of 01-OCT-21

#### **THOMSON, EMILY, DO**

Provider ID: N/A

25460 MEDICAL CENTER DR  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-22

#### **THOMSON, EMILY, DO**

Provider ID: N/A

25460 MEDICAL CENTER DR  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-22

#### **TODD, CHRISTINE, MD†**

Provider ID: N/A

25495 MEDICAL CENTER DR STE 300  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **TRAN, THERESA, DO**

Provider ID: N/A

24910 LAS BRISAS RD STE 113  
MURRIETA, CA 92562  
Effective as of 01-MAR-20

#### **YANG, CHARLES, MD†**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562

Teleservice

Effective as of 01-SEP-22

#### **YANG, CHARLES, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562

Teleservice

Effective as of 01-AUG-10

### ***OCCUPATIONAL THERAPIST***

#### **BAST, SIDNEY, OT†**

Provider ID: N/A

24671 MONROE AVE STE  
101  
MURRIETA, CA 92562

Effective as of 01-OCT-19

#### **BAST, SIDNEY, OT†**

Provider ID: N/A

24671 MONROE AVE STE  
101  
MURRIETA, CA 92562

Effective as of 01-OCT-19

#### **CATIPON, GABRIELLE, OT**

Provider ID: N/A

24671 MONROE AVE STE  
C101  
MURRIETA, CA 92562

Effective as of 01-MAY-23

#### **CATIPON, GABRIELLE, OT**

Provider ID: N/A

24671 MONROE AVE STE  
C101  
MURRIETA, CA 92562

Effective as of 01-MAY-23

#### **DIMEGLIO, PAUL, OT†**

Provider ID: N/A

24671 MONROE AVE STE  
101  
MURRIETA, CA 92562

Effective as of 01-FEB-21

#### **DIMEGLIO, PAUL, OT†**

Provider ID: N/A

24671 MONROE AVE STE  
101  
MURRIETA, CA 92562

Effective as of 01-FEB-21

#### **STOTLER, APRIL, OT**

Provider ID: N/A

24671 MONROE AVE STE  
C201  
MURRIETA, CA 92562

Effective as of 01-JAN-24

#### **STOTLER, APRIL, OT**

Provider ID: N/A

24671 MONROE AVE STE  
C201  
MURRIETA, CA 92562

Effective as of 01-JAN-24

#### **ZECHA, RICHARD, OT†**

Provider ID: N/A

24671 MONROE AVE STE  
101 BLDG C  
MURRIETA, CA 92562

Effective as of 01-JAN-21

#### **ZECHA, RICHARD, OT†**

Provider ID: N/A

24671 MONROE AVE STE  
101 BLDG C  
MURRIETA, CA 92562

Effective as of 01-JAN-21

### ***OPHTHALMOLOGY***

#### **ABBOUD, JEAN-PAUL, MD†**

Provider ID: N/A

40700 CALIFORNIA OAKS  
RD STE 106  
MURRIETA, CA 92562

Effective as of 01-MAR-18

#### **CARLSON, JOHN, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562

Effective as of 01-FEB-21

#### **CARLSON, JOHN, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562

Effective as of 01-FEB-21

#### **CHAWLA, ANUJ, MD†**

Provider ID: N/A

40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562

Effective as of 01-JUL-23

#### **CHIN, ERIC, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562

Effective as of 01-JUN-23

#### **CHIN, ERIC, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562

Effective as of 01-JUL-19

#### **CHIN, ERIC, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE

**C1. List of Network Providers**  
**Specialty Care Physician**

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100  
MURRIETA, CA 92562  
Effective as of 01-FEB-21

**CHIN, ERIC, MD†**  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-FEB-21

**CHIN, ERIC, MD†**  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

**CHOW, JASON, MD†**  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-FEB-24

**CHOW, JASON, MD†**  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**CHOW, JASON, MD†**  
Provider ID: N/A  
25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**CHOW, JASON, MD†**  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

**CHOW, JASON, MD†**  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

**CULOTTA, ANTHONY, MD†**  
Provider ID: N/A  
40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-18

**CULOTTA, ANTHONY, MD†**  
Provider ID: N/A  
40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-18

**CULOTTA, ANTHONY, MD†**  
Provider ID: N/A  
40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-18

**CULOTTA, ANTHONY, MD†**  
Provider ID: N/A  
40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-18

**CULOTTA, ANTHONY, MD†**  
Provider ID: N/A  
40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562

Teleservice  
Effective as of 01-MAY-21

**CULOTTA, ANTHONY, MD†**  
Provider ID: N/A  
40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-NOV-20

**DONALDSON, JARED, MD†**  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-MAY-21

**DONALDSON, JARED, MD†**  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**DONALDSON, JARED, MD†**  
Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**DONALDSON, JARED, MD†**  
Provider ID: N/A  
25395 HANCOCK AVE  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

**DONALDSON, JARED, MD†**  
Provider ID: N/A  
25395 HANCOCK AVE  
MURRIETA, CA 92562  
Effective as of 01-JAN-23

**DONALDSON, JARED, MD†**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

#### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Effective as of 01-OCT-17

#### **JOHNSON, ROGER, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-FEB-22

#### **JOHNSON, ROGER, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-FEB-22

#### **JOHNSON, ROGER, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

#### **JOHNSON, ROGER, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

#### **JOHNSON, ROGER, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100

MURRIETA, CA 92562  
Effective as of 01-JAN-17

#### **JOHNSON, ROGER, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-18

#### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-19

#### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-AUG-19

#### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

#### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

#### **LOBUE, THOMAS, MD**

Provider ID: N/A

40700 CALIFORNIA OAKS  
RD STE 106  
MURRIETA, CA 92562  
Effective as of 01-OCT-09

#### **NAWAZISH, SABA, MD†**

Provider ID: N/A

40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **PHILLIPS, BARRATT, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-MAY-17

#### **PHILLIPS, BARRATT, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

#### **PHILLIPS, BARRATT, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

#### **PHILLIPS, BARRATT, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE



## C1. List of Network Providers

### Specialty Care Physician

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100  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

#### **PHILLIPS, BARRATT, MD†**

Provider ID: N/A  
25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

#### **PHILLIPS, BARRATT, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-18

#### **SORENSEN, ROBERT, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

#### **SORENSEN, ROBERT, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

#### **VIDOR, IRA, MD†**

Provider ID: N/A  
40700 CALIFORNIA OAKS  
RD  
MURRIETA, CA 92562  
Effective as of 01-JUL-19

### ***OPTOMETRIST***

#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100

MURRIETA, CA 92562  
Effective as of 01-DEC-23

#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A  
25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-DEC-23

#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A  
25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **COLEMAN, BROOKE, OD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

#### **COOPER, MICHAEL, OD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

#### **COOPER, MICHAEL, OD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-FEB-22

#### **EVANS, RYAN, OD**

Provider ID: N/A  
40700 CALIFORNIA OAKS  
RD STE 106  
MURRIETA, CA 92562  
Effective as of 01-APR-14

#### **LARSON, BRETT, OD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-FEB-22

#### **LARSON, BRETT, OD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

#### **LARSON, BRETT, OD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-18

#### **LARSON, BRETT, OD†**

Provider ID: N/A  
25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

#### **MC DIARMID, JOHN, OD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-11

#### **MC DIARMID, JOHN, OD†**

Provider ID: N/A  
25395 HANCOCK AVE STE

## CI. List of Network Providers

### Specialty Care Physician

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100  
MURRIETA, CA 92562  
Effective as of 01-FEB-22

#### **SCOTT, JEFFREY, OD†**

Provider ID: N/A

40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

#### **SCOTT, JEFFREY, OD†**

Provider ID: N/A

40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-23

### **OTOLARYNGOLOGY**

#### **ABDOU, RAMI, MD†**

Provider ID: N/A

39755 DATE ST STE 105  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

#### **ABDOU, RAMI, MD†**

Provider ID: N/A

39755 DATE ST STE 106  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

#### **BANTHIA, VISHAL, MD†**

Provider ID: N/A

39755 DATE ST STE 105  
MURRIETA, CA 92563\*  
Teleservice  
Effective as of 01-JUL-23

#### **DATE, AMIT, MD**

Provider ID: N/A

39755 DATE ST STE 105-106  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-JUL-23

#### **FORRESTER, MICHAEL, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-JUN-05

#### **FORRESTER, MICHAEL, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **ROBERTS, BENJAMIN, DO**

Provider ID: N/A

25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **ROBERTS, TODD, DO**

Provider ID: N/A

25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **ROBERTS, TODD, DO**

Provider ID: N/A

25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-DEC-15

#### **ROBERTS, BENJAMIN, DO**

Provider ID: N/A

25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-FEB-23

#### **TIAN, QING, MD†**

Provider ID: N/A

39755 DATE ST STE 105-106  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

### **PEDIATRIC CARDIOLOGY**

#### **CHU, JAMES, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

#### **CHU, JAMES, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

#### **CHU, JAMES, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

#### **CHU, JAMES, MD**

Provider ID: N/A

39755 DATE ST STE 205  
MURRIETA, CA 92563  
Effective as of 01-JAN-23

#### **CHU, JAMES, MD**

Provider ID: N/A

39755 DATE ST STE 205  
MURRIETA, CA 92563  
Effective as of 01-JAN-23

#### **CHU, JAMES, MD**

Provider ID: N/A

39755 DATE ST STE 205  
MURRIETA, CA 92563  
Effective as of 01-JAN-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **ELLINI, AHMAD, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

#### **ELLINI, AHMAD, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

#### **ELLINI, AHMAD, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

#### **ELLINI, AHMAD, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

#### **PHYSICIANS ASSISTANT**

#### **ARROYO, ARIANNA, PA**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

#### **ARROYO, ARIANNA, PA**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

#### **ARROYO, ARIANNA, PA**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

#### **ARROYO, ARIANNA, PA**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

#### **BASIN, NATALIE, PA**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-AUG-23

#### **FRYER, KEVIN, PA**

Provider ID: N/A

28078 BAXTER RD STE  
330-340  
MURRIETA, CA 92563  
Effective as of 01-AUG-23

#### **GAUSEPOHL, MARY, PA†**

Provider ID: N/A

24910 LAS BRISAS RD STE  
116  
MURRIETA, CA 92562\*  
Effective as of 01-SEP-21

#### **GAUSEPOHL, MARY, PA†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 102  
MURRIETA, CA 92562\*  
Effective as of 01-SEP-21

#### **HILLER, ASHLEY, PA**

Provider ID: N/A

28078 BAXTER RD STE

300-340

MURRIETA, CA 92563  
Effective as of 01-AUG-23

#### **KAUFMAN, TIFFANY, PA†**

Provider ID: N/A

24910 LAS BRISAS RD STE  
105  
MURRIETA, CA 92562  
Effective as of 01-NOV-16

#### **KAUFMAN, BRITNEY, PA†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

#### **LANCASTER, MICHELLE, PA†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

#### **LANCASTER, MICHELLE, PA†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

#### **LANCASTER, MICHELLE, PA†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

#### **LANCASTER, MICHELLE, PA†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **LANCASTER, MICHELLE, PA†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-SEP-22

#### **LEE, WILLIAM, PA†**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3

MURRIETA, CA 92562

Effective as of 01-APR-21

#### **LEE, WILLIAM, PA†**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3

MURRIETA, CA 92562

Effective as of 01-APR-21

#### **LIN, RAY, PA†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217

MURRIETA, CA 92562

Effective as of 01-AUG-17

#### **LIN, RAY, PA†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217

MURRIETA, CA 92562

Effective as of 01-AUG-17

#### **LUCATERO, JENNIFER, PA†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217

MURRIETA, CA 92562

Effective as of 01-JAN-18

#### **LUCATERO, JENNIFER, PA†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217

MURRIETA, CA 92562

Effective as of 01-JAN-18

#### **LUCATERO, JENNIFER, PA†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217

MURRIETA, CA 92562

Effective as of 01-NOV-18

#### **NEALEIGH, NATALIE, PA†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204

MURRIETA, CA 92562

Effective as of 01-JAN-17

#### **QUEROL, CYRUS, PA**

Provider ID: N/A

28078 BAXTER RD STE 312  
MURRIETA, CA 92563

Effective as of 01-APR-24

#### **QUISMORIO, DEMETRIO, PA†**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563

Effective as of 01-NOV-20

#### **QUISMORIO, DEMETRIO, PA†**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563

Effective as of 01-DEC-16

#### **RUIZ-FLORES, ROSE, PA**

Provider ID: N/A

24703 MONROE AVE  
MURRIETA, CA 92562

Effective as of 01-SEP-23

#### **ST JULES, JESSICA, PA†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217

MURRIETA, CA 92562

Effective as of 01-NOV-18

#### **ST JULES, JESSICA, PA†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217

MURRIETA, CA 92562

Effective as of 01-AUG-17

#### **TAYLOR, ISHA, PA**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

#### **TAYLOR, ISHA, PA**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

#### **TAYLOR, ISHA, PA**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

#### **TAYLOR, ISHA, PA**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

#### **VALENTA, CAYLIE, PA†**

Provider ID: N/A

40700 CALIFORNIA OAKS  
RD STE 208

MURRIETA, CA 92562

Effective as of 01-JAN-21

#### **WOOLEY, LAURA, PA†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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25405 HANCOCK AVE STE 217  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

#### ***PODIATRIST***

#### **EVANS, RICHARD, DPM**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD STE D130  
MURRIETA, CA 92563  
Effective as of 01-APR-06

#### **EVANS, RICHARD, DPM**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD STE D130  
MURRIETA, CA 92563  
Effective as of 01-MAR-15

#### **EVANS, RICHARD, DPM**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD STE D130  
MURRIETA, CA 92563  
Effective as of 01-APR-24

#### **NGUYEN, THO, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE STE 109  
MURRIETA, CA 92562  
Effective as of 01-NOV-16

#### **NGUYEN, THO, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE STE 109  
MURRIETA, CA 92562  
Effective as of 01-AUG-16

#### **SCOTT, SUSAN, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE

STE 109  
MURRIETA, CA 92562  
Effective as of 01-DEC-16

#### **SCOTT, SUSAN, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE STE 109  
MURRIETA, CA 92562  
Effective as of 01-DEC-17

#### **SCOTT, SUSAN, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE STE 109  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **SHIN, CHRISTOPHER, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE STE 109  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

#### **SHIN, CHRISTOPHER, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE STE 109  
MURRIETA, CA 92562  
Effective as of 01-JAN-23

#### **SHIN, CHRISTOPHER, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE STE 109  
MURRIETA, CA 92562  
Effective as of 01-MAY-21

#### **TRANSFIGURACION SHIN, CHRISTIANNE, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE STE 109  
MURRIETA, CA 92562

Effective as of 01-JUL-23

#### **TRANSFIGURACION SHIN, CHRISTIANNE, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE STE 109  
MURRIETA, CA 92562  
Effective as of 01-DEC-17

#### **TRANSFIGURACION SHIN, CHRISTIANNE, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE STE 109  
MURRIETA, CA 92562  
Effective as of 01-DEC-16

#### **WELLS, JOSEPH, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE STE 109  
MURRIETA, CA 92562  
Effective as of 01-NOV-16

#### **WELLS, JOSEPH, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE STE 109  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **WELLS, JOSEPH, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE STE 109  
MURRIETA, CA 92562  
Effective as of 01-SEP-16

#### ***PULMONARY DISEASES***

#### **HADDADIN, HASSAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563

**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-JUL-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563

Effective as of 01-APR-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563

Effective as of 01-APR-22

**HENNINGER, DELMER, MD**

Provider ID: N/A

39755 DATE ST STE 101  
MURRIETA, CA 92563

Effective as of 01-SEP-09

**HENNINGER, DELMER, MD**

Provider ID: N/A

39755 DATE ST STE 101  
MURRIETA, CA 92563

Effective as of 01-SEP-09

**HENNINGER, DELMER, MD**

Provider ID: N/A

39755 DATE ST STE 101  
MURRIETA, CA 92563\*

Effective as of 01-JUL-23

**KUMAR, AVNEE, MD**

Provider ID: N/A

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Effective as of 01-JUL-23

**SIEN, STEFAN, DO†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563

Effective as of 01-NOV-12

**SIEN, STEFAN, DO†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563

Effective as of 01-FEB-15

**SURI, RAJAT, MD†**

Provider ID: N/A

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Effective as of 01-AUG-21

**VEGA, RICARDO, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563

Effective as of 01-AUG-22

**VEGA, RICARDO, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563

Effective as of 01-AUG-22

**VEGA, RICARDO, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563

Effective as of 01-AUG-22

***RADIATION ONCOLOGY***

**QUANG, TONY, MD**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3  
MURRIETA, CA 92562

Effective as of 01-OCT-23

***RADIOLOGY DIAGNOSTIC***

**PATEL, NIKHIL, MD†**

Provider ID: N/A

25485 MEDICAL CENTER

DR STE 106

MURRIETA, CA 92562

Effective as of 01-JAN-24

**PATEL, NIKHIL, MD†**

Provider ID: N/A

25485 MEDICAL CENTER  
DR STE 106  
MURRIETA, CA 92562

Effective as of 01-AUG-22

**PATEL, NIKHIL, MD†**

Provider ID: N/A

25485 MEDICAL CENTER  
DR STE 106  
MURRIETA, CA 92562

Effective as of 01-DEC-22

**PATEL, NIKHIL, MD†**

Provider ID: N/A

25485 MEDICAL CENTER  
DR STE 106  
MURRIETA, CA 92562

Effective as of 01-AUG-22

***REGISTERED DIETITIAN /  
NUTRITIONIST***

**BLUCHER, CHERI, RD**

Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563

Effective as of 01-JUN-21

**BRENDECKE, LORIE, RDN**

Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563

Effective as of 01-FEB-22

**BRENDECKE, LORIE, RDN**

Provider ID: N/A

29970 TECHNOLOGY DR

## C1. List of Network Providers

### Specialty Care Physician

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STE 105D  
MURRIETA, CA 92563  
Effective as of 01-JUL-22

**BRENDECKE, LORIE, RDN**  
Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563  
Effective as of 01-JUL-22

**JACKSON, ALLYSON, RD**  
Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563  
Effective as of 01-JUL-21

**JACKSON, ALLYSON, RD**  
Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563  
Effective as of 01-JUN-21

**ROBERTS, LISA, RD**  
Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563  
Effective as of 01-JUN-21

**WAYNE, DIANE, RD**  
Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-DEC-23

**WAYNE, DIANE, RD**  
Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563

Teleservice  
Effective as of 01-DEC-23

### **REGISTERED PHYSICAL THERAPIST**

**AGENA, CYAN, PT†**  
Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**AGENA, CYAN, PT†**  
Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**ALEXANDER, AUSTIN, PT**  
Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 304  
MURRIETA, CA 92562  
Effective as of 01-DEC-20

**ALEXANDER, AUSTIN, PT**  
Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 304  
MURRIETA, CA 92562  
Effective as of 01-DEC-20

**ALY, DILYANA, PT†**  
Provider ID: N/A

27722 CLINTON KEITH RD  
STE B-C  
MURRIETA, CA 92562  
Effective as of 01-JUL-19

**ALY, DILYANA, PT†**  
Provider ID: N/A

27722 CLINTON KEITH RD  
STE B-C  
MURRIETA, CA 92562  
Effective as of 01-JUL-19

**ATKINS, AARON, PT†**  
Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 304  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

**ATKINS, CHEYENNE, PT†**  
Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 304  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

**ATKINS, AARON, PT**  
Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ATKINS, WILLIAM, PT**  
Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

**ATKINS, WILLIAM, PT**  
Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

**ATKINS, AARON, PT**  
Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ATKINS, AARON, PT**  
Provider ID: N/A

24671 MONROE AVE STE  
C-201  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **ATKINS, AARON, PT**

Provider ID: N/A

24671 MONROE AVE STE  
C-201  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **ATKINS, AARON, PT†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 304  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

#### **ATKINS, CHEYENNE, PT†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 304  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

#### **ATKINS, AARON, PT**

Provider ID: N/A

24630 WASHINGTON AVE  
STE 201  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **ATKINS, AARON, PT**

Provider ID: N/A

24630 WASHINGTON AVE  
STE 201  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **BARI, MONICA, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C201  
MURRIETA, CA 92562  
Effective as of 01-DEC-23

#### **BARI, MONICA, PT**

Provider ID: N/A

24671 MONROE AVE BLDG

C201

MURRIETA, CA 92562  
Effective as of 01-DEC-23

#### **COBURN, PIERRE, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C201  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

#### **COBURN, PIERRE, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C201  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

#### **COBURN, PIERRE, PT**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

#### **COBURN, PIERRE, PT**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

#### **FOX, DELANIE, PT**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

#### **FOX, DELANIE, PT**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

#### **FOX, DELANIE, PT**

Provider ID: N/A

24671 MONROE AVE BLDG

C101

MURRIETA, CA 92562  
Effective as of 01-OCT-23

#### **FOX, DELANIE, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C101  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

#### **KARODY, ATULA, PT**

Provider ID: N/A

25136 HANCOCK AVE  
MURRIETA, CA 92562  
Effective as of 01-FEB-24

#### **KARODY, ATULA, PT**

Provider ID: N/A

25136 HANCOCK AVE  
MURRIETA, CA 92562  
Effective as of 01-FEB-24

#### **KESEL, KELSEY, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C101  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

#### **KESEL, KELSEY, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C101  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

#### **SABIN, SCOTT, PT†**

Provider ID: N/A

24671 MONROE AVE BLDG  
C-101  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

#### **SABIN, SCOTT, PT†**



## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

24671 MONROE AVE BLDG  
C-101  
MURRIETA, CA 92562

Effective as of 01-MAY-22

#### **RHEUMATOLOGY**

##### **FREYNE, BRIGID, MD†**

Provider ID: N/A

39755 MURRIETA HT SP  
F110  
MURRIETA, CA 92563

Effective as of 01-MAY-14

#### **SPEECH PATHOLOGIST**

##### **PEDERSEN, ERICA, SP**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD  
MURRIETA, CA 92563

Effective as of 01-MAY-23

##### **PEDERSEN, ERICA, SP**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD  
MURRIETA, CA 92563

Effective as of 01-MAY-23

#### **SURGERY COLON**

#### **SURGERY**

##### **MOORE, PATRICK, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562

Effective as of 01-JUL-23

##### **MOORE, PATRICK, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217

MURRIETA, CA 92562

Effective as of 01-JUN-20

#### **SURGERY GENERAL**

##### **BATRA, MUNISH, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562

Effective as of 01-SEP-17

##### **BATRA, MUNISH, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562

Effective as of 01-SEP-17

##### **BATRA, MUNISH, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562

Effective as of 01-SEP-17

##### **BATRA, MUNISH, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562

Effective as of 01-SEP-17

##### **BERNSTEIN, DAVID, MD**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-JUL-23

##### **BIANCHI, CHRISTIAN, MD**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-JUL-23

##### **BIANCHI, CHRISTIAN, MD**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-FEB-23

##### **CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-NOV-23

##### **CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-NOV-23

##### **CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

##### **CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

##### **CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

##### **CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

## CI. List of Network Providers

### Specialty Care Physician

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#### **CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

#### **CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

#### **CROSS, MICHAEL, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

#### **DADA, FESTUS, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

#### **DADA, STEPHEN, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-JUL-18

#### **DADA, FESTUS, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

#### **DADA, STEPHEN, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-MAY-14

#### **DADA, FESTUS, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-JUN-17

#### **DADA, FESTUS, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **IGWE, DANIEL, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

#### **KRAHN, DOUGLAS, MD**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

#### **LIEN, CHRISTINA, DO**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

#### **LIEN, CHRISTINA, DO**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

#### **MARTIN, DAVID, MD**

Provider ID: N/A

25470 MEDICAL CENTER

DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

#### **MARTIN, DAVID, MD**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **MEHTA, PRATIK, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

#### **POLLACK, JAMES, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-22

#### **POLLACK, JAMES, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-23

#### **POLLACK, JAMES, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-FEB-23

#### **POLLACK, JAMES, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

#### **SAMIMI, KIAN, MD**

Provider ID: N/A

25405 HANCOCK AVE STE

## CI. List of Network Providers

### Specialty Care Physician

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217  
MURRIETA, CA 92562  
Effective as of 01-APR-23

#### **SUH, DAVID, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562  
Effective as of 01-DEC-12

#### **SUH, DAVID, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562  
Effective as of 01-DEC-12

#### **TRAN, MICHAEL, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

#### **TRAN, MICHAEL, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

#### **VEGA, FRANCISCO, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

#### **WANG, SHIN-CHERN, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

#### **WANG, SHIN-CHERN, MD**

Provider ID: N/A

41670 IVY ST STE B

MURRIETA, CA 92562  
Effective as of 01-FEB-23

### ***SURGERY GENERAL VASCULAR***

#### **CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-APR-20

#### **CHIRIANO, JASON, DO**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

#### **VEGA, FRANCISCO, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-23

#### **VEGA, FRANCISCO, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-23

### ***SURGERY HAND PLASTIC***

#### **KUPFER, DAVID, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562  
Effective as of 01-SEP-09

### ***SURGERY NEUROLOGICAL***

#### **ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-MAR-17

#### **ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-SEP-17

#### **ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-SEP-17

#### **ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-SEP-17

#### **ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-SEP-17

#### **ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-FEB-18

#### **ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-FEB-20

#### **ABSHIRE, BRET, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-FEB-20

#### **ABSHIRE, BRET, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-OCT-15

#### **FRIEDLICH, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-MAY-15

#### **FRIEDLICH, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-MAY-15

#### **FRIEDLICH, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-MAR-14

#### **OH, GERALD, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-AUG-17

#### **OH, GERALD, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-AUG-17

#### **OH, GERALD, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-FEB-19

#### **OH, GERALD, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-AUG-17

#### **OH, GERALD, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-AUG-17

#### **OH, GERALD, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-OCT-17

### ***SURGERY ORTHOPEDIC***

#### **AGYEMAN, KOFI, MD<sup>†</sup>**

Provider ID: N/A

25395 HANCOCK AVE STE  
240  
MURRIETA, CA 92562

Effective as of 01-MAR-22

#### **AGYEMAN, KOFI, MD<sup>†</sup>**

Provider ID: N/A

25395 HANCOCK AVE STE  
250  
MURRIETA, CA 92562

Effective as of 01-MAR-22

#### **CHENG, WAYNE, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 340  
MURRIETA, CA 92563

Effective as of 01-JAN-24

#### **CHENG, WAYNE, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 340  
MURRIETA, CA 92563

Effective as of 01-JUL-21

#### **CHENG, WAYNE, MD<sup>†</sup>**

Provider ID: N/A

28078 BAXTER RD STE 340  
MURRIETA, CA 92563

Effective as of 01-JUL-21

#### **DRINHAUS, ROLF, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
200  
MURRIETA, CA 92562

Effective as of 01-APR-08

#### **ERWTEMAN, ANDREW, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
200  
MURRIETA, CA 92562

Effective as of 01-AUG-20

#### **ERWTEMAN, ANDREW, MD<sup>†</sup>**

Provider ID: N/A

25150 HANCOCK AVE STE  
200  
MURRIETA, CA 92562

Effective as of 01-NOV-16

#### **ERWTEMAN, ANDREW, MD<sup>†</sup>**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

521 E ELDER STREET  
SUITE 202  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

#### **GARGULINSKI, MATTHEW, DO†**

Provider ID: N/A

25150 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-AUG-23

#### **GARGULINSKI, MATTHEW, DO†**

Provider ID: N/A

25150 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-AUG-22

#### **GARGULINSKI, MATTHEW, DO†**

Provider ID: N/A

25150 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-AUG-22

#### **GARGULINSKI, MATTHEW, DO†**

Provider ID: N/A

25150 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-SEP-23

#### **GHAYOUMI, POURIYA, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
250  
MURRIETA, CA 92562  
Effective as of 01-NOV-21

#### **GHAYOUMI, POURIYA, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
240

MURRIETA, CA 92562

Effective as of 01-NOV-21

#### **GHAYOUMI, POURIYA, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
240  
MURRIETA, CA 92562  
Effective as of 01-AUG-22

#### **GHAYOUMI, POURIYA, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
250  
MURRIETA, CA 92562  
Effective as of 01-AUG-22

#### **GHAYOUMI, POURIYA, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
240  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

#### **GHAYOUMI, POURIYA, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
250  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

#### **JERCINOVICH, IGOR, MD**

Provider ID: N/A

25150 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-OCT-20

#### **JERCINOVICH, IGOR, MD**

Provider ID: N/A

25150 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-APR-07

#### **KIMBALL, JEFF, MD**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-NOV-23

#### **KIMBALL, JEFF, MD**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-DEC-23

#### **LOCKE, JOHN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-AUG-22

#### **LOCKE, JOHN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 340  
MURRIETA, CA 92563  
Effective as of 01-AUG-22

#### **LUNA, MARIO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 101  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

#### **LUNA, MARIO, MD**

Provider ID: N/A

39755 DATE ST STE 104  
MURRIETA, CA 92563  
Effective as of 01-MAR-23

#### **ODA, NINOS, MD**

Provider ID: N/A

25395 HANCOCK AVE STE  
240  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

#### **ODA, NINOS, MD**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

25395 HANCOCK AVE STE 250  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

#### **SAADAT, ARDAVAN, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE 240  
MURRIETA, CA 92562  
Effective as of 01-NOV-21

#### **SAADAT, ARDAVAN, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE 250  
MURRIETA, CA 92562  
Effective as of 01-NOV-21

#### **SAYEGH, ELI, MD**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-AUG-22

#### **SAYEGH, ELI, MD**

Provider ID: N/A

28078 BAXTER RD STE 340  
MURRIETA, CA 92563  
Effective as of 01-AUG-22

#### **SAYEGH, ELI, MD**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-DEC-22

#### **SAYEGH, ELI, MD**

Provider ID: N/A

28078 BAXTER RD STE 340  
MURRIETA, CA 92563  
Effective as of 01-DEC-22

#### **SAYEGH, ELI, MD**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-JAN-22

#### **SAYEGH, ELI, MD**

Provider ID: N/A

28078 BAXTER RD STE 340  
MURRIETA, CA 92563  
Effective as of 01-JAN-22

#### **TOOMA, GHASSAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-APR-03

#### **TOOMA, GHASSAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 340  
MURRIETA, CA 92563  
Effective as of 01-DEC-22

#### **TOOMA, GHASSAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-DEC-23

### ***SURGERY PLASTIC***

#### **BATRA, MUNISH, MD**

Provider ID: N/A

25495 MEDICAL CENTER DR STE 303  
MURRIETA, CA 92562\*  
Effective as of 01-JUL-23

#### **KUPFER, DAVID, MD†**

Provider ID: N/A

25495 MEDICAL CENTER DR STE 303  
MURRIETA, CA 92562  
Effective as of 01-SEP-09

#### **NEWMAN, DAVID, MD**

Provider ID: N/A

25150 HANCOCK AVE STE 110  
MURRIETA, CA 92562  
Effective as of 01-JAN-06

#### **NEWMAN, DAVID, MD**

Provider ID: N/A

25150 HANCOCK AVE STE 110  
MURRIETA, CA 92562  
Effective as of 01-SEP-13

### ***SURGERY THORACIC***

#### **KOUMJIAN, MICHAEL, MD†**

Provider ID: N/A

28078 BAXTER RD STE 510  
MURRIETA, CA 92563  
Effective as of 01-JUN-21

#### **VO, QUANG, MD†**

Provider ID: N/A

25470 MEDICAL CENTER DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

#### **VO, QUANG, MD†**

Provider ID: N/A

25470 MEDICAL CENTER DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

### ***UROLOGY***

#### **CONNER, RICHARD, MD†**

Provider ID: N/A

25495 MEDICAL CENTER DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-SEP-14

## CI. List of Network Providers

### Specialty Care Physician

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#### **CONNER, RICHARD, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-20

#### **CRISELL, MONISHA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-15

#### **CRISELL, MONISHA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-20

#### **CRISELL, MONISHA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-SEP-14

#### **CRISELL, MONISHA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-JUN-15

#### **CRISELL, MONISHA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-JAN-04

#### **CRISELL, MONISHA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER

DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-FEB-15

#### **KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-APR-21

#### **KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-DEC-20

#### **KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-DEC-20

#### **KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-DEC-20

#### **KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-DEC-20

#### **KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-DEC-20

#### **KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-DEC-20

#### **KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-DEC-20

#### **KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-JAN-24

#### **KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-NOV-20

#### **KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-NOV-20

#### **KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-NOV-20

#### **LARSON, BENJAMIN, MD**

Provider ID: N/A

28078 BAXTER RD STE 430  
MURRIETA, CA 92563  
Effective as of 01-MAY-23

#### **LARSON, BENJAMIN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-AUG-15

#### **LARSON, BENJAMIN, MD†**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-AUG-15

#### **LARSON, BENJAMIN, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-AUG-15

#### **LARSON, BENJAMIN, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

#### **LARSON, BENJAMIN, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-OCT-15

#### **LARSON, BENJAMIN, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-20

#### **LOUIE, BRANDON, MD**

Provider ID: N/A

☒ 28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-JAN-24

#### **LOUIE, BRANDON, MD**

Provider ID: N/A

☒ 28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-JAN-24

#### **LUTTGE, SCOTT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

#### **LUTTGE, SCOTT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

#### **LUTTGE, SCOTT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

#### **LUTTGE, SCOTT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

#### **REDDY, MADHUMITHA, DO†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-MAR-21

#### **REDDY, MADHUMITHA, DO†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-MAY-21

#### **REDDY, MADHUMITHA, DO†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 450  
MURRIETA, CA 92563

Effective as of 01-FEB-22

#### **REDDY, MADHUMITHA, DO†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-AUG-19

#### **SHAH, NEMI, MD**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562

Teleservice

Effective as of 01-FEB-24

#### **SHAH, NEMI, MD**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562

Teleservice

Effective as of 01-FEB-24

#### **TAKESITA, KEN, MD†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-NOV-15

#### **TAKESITA, KEN, MD†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-NOV-15

#### **TALANKI, VARUN, MD**

Provider ID: N/A

☒ 28078 BAXTER RD STE 430  
MURRIETA, CA 92563  
Effective as of 01-MAY-23

#### **TALANKI, VARUN, MD**

Provider ID: N/A

☒ 28078 BAXTER RD STE 430



## C1. List of Network Providers

### Specialty Care Physician

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MURRIETA, CA 92563  
Effective as of 01-MAY-23

#### **TALANKI, VARUN, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

#### **TALANKI, VARUN, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

#### **TALANKI, VARUN, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

#### **TSI, SY, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

#### **TSI, SY, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-APR-22

#### **TSI, SY, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-AUG-16

#### **VEMULAPALLI, SREENIVAS, MD**

Provider ID: N/A

28078 BAXTER RD STE 430  
MURRIETA, CA 92563  
Effective as of 01-MAY-23

#### **VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-20

#### **VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-15

#### **VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-JUL-13

#### **VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-OCT-14

#### **VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-DEC-23

#### **VEMULAPALLI, SREENIVAS,**

#### **MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-JUN-15

#### **YUN, EDWARD, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563\*  
Effective as of 01-NOV-15

#### **YUN, EDWARD, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

#### **YUN, EDWARD, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-JAN-23

#### **YUN, EDWARD, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-JAN-23

#### **YUN, EDWARD, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563\*  
Effective as of 01-APR-16

#### **YUN, EDWARD, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563\*  
Effective as of 01-AUG-16

### **CARDIOVASCULAR**

## C1. List of Network Providers

### Specialty Care Physician

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#### ***DISEASE***

##### **DAMANI, SAMIR, MD**

Provider ID: N/A

1415 E 8TH ST STE 401  
NATIONAL CITY, CA 91950

Effective as of 01-NOV-23

##### **KIM, JAMES, MD**

Provider ID: N/A

1415 E 8TH ST  
NATIONAL CITY, CA 91950

Effective as of 01-JUN-23

##### **KIM, JAMES, MD**

Provider ID: N/A

1415 E 8TH ST STE 3  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-AUG-23

##### **LY, NANCY, MD**

Provider ID: N/A

1415 E 8TH ST  
NATIONAL CITY, CA 91950

Effective as of 01-JUN-23

##### **LY, NANCY, MD**

Provider ID: N/A

1415 E 8TH ST STE 4  
NATIONAL CITY, CA 91950

Effective as of 01-NOV-23

##### **LY, NANCY, MD**

Provider ID: N/A

1415 E 8TH ST  
NATIONAL CITY, CA 91950

Effective as of 01-JUN-23

##### **NANAVATI, VIMAL, MD**

Provider ID: N/A

2345 E 8TH ST  
NATIONAL CITY, CA 91950

Effective as of 01-FEB-23

##### **OVIEDO-LINARES, RAUL, MD**

Provider ID: N/A

1415 E 8TH ST STE 5  
NATIONAL CITY, CA 91950

Effective as of 01-JUN-23

##### **OVIEDO-LINARES, RAUL, MD**

Provider ID: N/A

1415 E 8TH ST STE 5  
NATIONAL CITY, CA 91950

Effective as of 01-AUG-23

##### **OVIEDO-LINARES, RAUL, MD**

Provider ID: N/A

1415 E 8TH ST STE 5  
NATIONAL CITY, CA 91950

Effective as of 01-AUG-23

##### **PANDHI, JAY, MD†**

Provider ID: N/A

655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950

Effective as of 01-MAR-18

##### **PANDHI, JAY, MD†**

Provider ID: N/A

655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-21

##### **ROUGH, STEVEN, MD**

Provider ID: N/A

1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-AUG-23

##### **SHEREV, DIMITRI, MD**

Provider ID: N/A

655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-23

##### **WYSOCZANSKI, MARIUSZ, MD**

Provider ID: N/A

1415 E 8TH ST STE 8  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-23

##### **WYSOCZANSKI, MARIUSZ, MD**

Provider ID: N/A

1415 E 8TH ST STE 8  
NATIONAL CITY, CA 91950

Effective as of 01-AUG-23

#### ***CERTIFIED NURSE***

#### ***PRACTITIONER***

##### **AQUINO, FELINO, NP**

Provider ID: N/A

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-21

##### **CARDENAS, MIRIAM, NPF**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-OCT-23

##### **DHARKAR SURBER, SAPNA, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-OCT-23

##### **DRISCOLL, SUSAN, NP**

Provider ID: N/A

330 E 8TH ST  
NATIONAL CITY, CA 91950

Effective as of 01-OCT-23

##### **DRISCOLL, SUSAN, NP**

Provider ID: N/A

340 E 8TH ST  
NATIONAL CITY, CA 91950

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-OCT-23

#### **KYI, MYA, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-MAR-24

#### **LIM, IMELDA, NP**

Provider ID: N/A

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Effective as of 01-OCT-22

#### **OLESCO, JENNIFER, NP**

Provider ID: N/A

655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950

Effective as of 01-AUG-23

#### **REAL, MARIA, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-OCT-23

#### **REDDY, PRIYA, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Effective as of 01-NOV-22

#### **RENZAS, JENNIFER, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JUL-21

#### **SWEENEY, ZSA ZSA, NP**

Provider ID: N/A

217 HIGHLAND AVE

NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JUL-21

#### **VILLANUEVA DE GUTIE, BERENICE, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-MAY-21

#### **WILLIAMS, BREAUNA, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Effective as of 01-DEC-21

### ***CERTIFIED REGISTERED NURSE MIDWIFE***

#### **MAST, ASHLEY, CRNM**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-OCT-23

### ***CHIROPRACTOR***

#### **DORADO, SUE, DC**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-OCT-23

#### **GILIBERTO, JOSEPH, DC†**

Provider ID: N/A

2835 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Effective as of 01-AUG-22

#### **HALEY, STEVEN, DC**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-OCT-23

### ***DERMATOLOGY***

#### **BARRIO, VICTORIA, MD**

Provider ID: N/A

655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-APR-24

#### **BARRIO, VICTORIA, MD**

Provider ID: N/A

655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-MAR-24

#### **BROGAN, JACQUELINE, MD†**

Provider ID: N/A

655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JAN-21

#### **BROGAN, JACQUELINE, MD†**

Provider ID: N/A

655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950

Effective as of 01-JUL-22

#### **BROGAN, JACQUELINE, MD†**

Provider ID: N/A

655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-OCT-21


#### **CELANO, NICHOLAS, MD†**

Provider ID: N/A

## CI. List of Network Providers


### Specialty Care Physician

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 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-SEP-22


#### **CELANO, NICHOLAS, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-22


#### **CELANO, NICHOLAS, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21


#### **CELANO, NICHOLAS, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-18


#### **CHIANG, JENNIFER, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-18


#### **CHIANG, JENNIFER, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-24


#### **CHIANG, JENNIFER, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21


#### **CHIANG, JENNIFER, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-22


#### **CHIANG, JENNIFER, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-SEP-22

#### **GONZALEZ, JOSE, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22


#### **GONZALEZ, JOSE, MD**

Provider ID: N/A

 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-MAY-23


#### **GORDON, JUSTIN, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22


#### **GORDON, JUSTIN, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-22


#### **LIN, SHINKO, MD**

Provider ID: N/A

 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-24


#### **LIN, SHINKO, MD**

Provider ID: N/A

 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-MAR-24


#### **NELSON, AISLYN, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22


#### **NELSON, AISLYN, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-22


#### **NELSON, AISLYN, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-19


#### **SATEESH, BROOKE, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-22

#### **SATEESH, BROOKE, MD†**

Provider ID: N/A

 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22

#### **SATEESH, BROOKE, MD†**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-18

#### **TYAGI, ABHILASHA, MD†**

Provider ID: N/A

655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-22

#### **TYAGI, ABHILASHA, MD†**

Provider ID: N/A

655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice

Effective as of 01-AUG-22

#### **TYAGI, ABHILASHA, MD†**

Provider ID: N/A

655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **UEBELHOER, NATHAN, DO†**

Provider ID: N/A

655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **UEBELHOER, NATHAN, DO†**

Provider ID: N/A

655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-18

#### **UEBELHOER, NATHAN, DO†**

Provider ID: N/A

655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-22

#### **UEBELHOER, NATHAN, DO†**

Provider ID: N/A

655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-FEB-23

### ***EMERGENCY MEDICINE***

#### **TABILA, BRIAN, MD†**

Provider ID: N/A

610 EUCLID AVE STE 202  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

### ***ENDOCRINOLOGY***

### ***METABOLISM DIABETES***

#### **VALDEZ, KRYSTAL, MD**

Provider ID: N/A

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

### ***FAMILY PRACTICE***

#### **DILLON, MAYRA, MD†**

Provider ID: N/A

1136 D AVE  
NATIONAL CITY, CA 91950\*  
Effective as of 01-AUG-23

### ***GASTROENTEROLOGY***

#### **GISH, ROBERT, MD†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice

Effective as of 01-JUN-21

### ***INTERNAL MEDICINE***

#### **LIM, ROSEMARIE, MD†**

Provider ID: N/A

610 EUCLID AVE STE 202  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### **LIU, ANDREW, MD**

Provider ID: N/A

655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-23

#### **MAA CHIP, FHARAK, MD†**

Provider ID: N/A

655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-23

#### **MAA CHIP, FHARAK, MD†**

Provider ID: N/A

655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-15

#### **PANDHI, JAY, MD†**

Provider ID: N/A

655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

### ***INTERNAL MEDICINE***

### ***CRITICAL CARE MEDICINE***

#### **LIM, ROSEMARIE, MD†**

Provider ID: N/A

655 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-MAY-21

#### **TABILA, BRIAN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-21

### ***INTERVENTIONAL***

### ***CARDIOLOGY***

#### **CAMACHO, BENJAMIN, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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1615 SWEETWATER RD  
NATIONAL CITY, CA 91950\*  
Effective as of 01-AUG-21

**CAMACHO, BENJAMIN, MD†**  
Provider ID: N/A

1615 SWEETWATER RD STE  
D  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

**CAMACHO, BENJAMIN, MD†**  
Provider ID: N/A

1615 SWEETWATER RD  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**DAMANI, SAMIR, MD**  
Provider ID: N/A

655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-24

**FERNANDEZ, GENARO, MD†**  
Provider ID: N/A

610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-24

**FERNANDEZ, GENARO, MD†**  
Provider ID: N/A

610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**FERNANDEZ, GENARO, MD†**  
Provider ID: N/A

610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**LY, NANCY, MD**  
Provider ID: N/A

1415 E 8TH ST  
NATIONAL CITY, CA 91950

Effective as of 01-JUN-23

**LY, NANCY, MD**

Provider ID: N/A

1415 E 8TH ST STE 4  
NATIONAL CITY, CA 91950  
Effective as of 01-AUG-23

**OVIEDO-LINARES, RAUL, MD**  
Provider ID: N/A

1415 E 8TH ST STE 5  
NATIONAL CITY, CA 91950  
Effective as of 01-AUG-23

**OVIEDO-LINARES, RAUL, MD**  
Provider ID: N/A

1415 E 8TH ST STE 5  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

**PANDHI, JAY, MD†**  
Provider ID: N/A

655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**PANDHI, JAY, MD†**  
Provider ID: N/A

655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

**PANDHI, JAY, MD†**  
Provider ID: N/A

655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-20

**PANDHI, JAY, MD†**  
Provider ID: N/A

655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**ROUGH, STEVEN, MD**

Provider ID: N/A

1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**ROUGH, STEVEN, MD**  
Provider ID: N/A

1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**ROUGH, STEVEN, MD**  
Provider ID: N/A

1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**ROUGH, STEVEN, MD**  
Provider ID: N/A

1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**SHARF, ALBERT, MD**  
Provider ID: N/A

655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

**SHETABI, KAMBIZ, MD**  
Provider ID: N/A

1415 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

**SHETABI, KAMBIZ, MD**  
Provider ID: N/A

1415 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

## C1. List of Network Providers

### Specialty Care Physician

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#### **WYSOCZANSKI, MARIUSZ, MD**

Provider ID: N/A

☐ 1415 E 8TH ST STE 8  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-24

#### **WYSOCZANSKI, MARIUSZ, MD†**

Provider ID: N/A

☐ 502 EUCLID AVE STE 104  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-21

#### **WYSOCZANSKI, MARIUSZ, MD†**

Provider ID: N/A

☐ 502 EUCLID AVE STE 104  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

#### **LICENSED CLINICAL**

#### **SOCIAL WORKER**

#### **ALVAREZ, DIANA, LCSW**

Provider ID: N/A

☐ 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-APR-21

#### **JASSO-RAMIREZ, MARTHA, LCSW**

Provider ID: N/A

☐ 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-SEP-21

#### **SACHS, MELISSA, LCSW†**

Provider ID: N/A

☐ 2400 E 8TH ST  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-MAR-21

#### **WRIGHT, STEPHANIE, LCSW**

Provider ID: N/A

☐ 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-24

#### **MARRIAGE FAMILY THERAPIST**

#### **KUEK, JOHN, MFT**

Provider ID: N/A

☐ 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-APR-21

#### **NEPHROLOGY**

#### **CALDERON MOLINA, JUAN, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950

Effective as of 01-JUL-22

#### **CALDERON MOLINA, JUAN, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950

Effective as of 01-NOV-23

#### **COMUNALE, RODERICK, MD†**

Provider ID: N/A

☐ 502 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JAN-21

#### **COMUNALE, RODERICK, MD†**

Provider ID: N/A

☐ 502 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-FEB-19

#### **COMUNALE, RODERICK, MD†**

Provider ID: N/A

☐ 502 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JUL-22

#### **MAA CHIP, FHARAK, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-21

#### **MAA CHIP, FHARAK, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950

Effective as of 01-JUL-22

#### **MAA CHIP, FHARAK, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-20

#### **SACAMAY, TAGUMPAY, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-20

#### **SACAMAY, TAGUMPAY, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950

Effective as of 01-JUL-22

#### **SACAMAY, TAGUMPAY, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-21

#### **SACAMAY, TAGUMPAY, MD†**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### **SACAMAY, TAGUMPAY, MD†**

Provider ID: N/A

655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

### **NEUROLOGY**

#### **BOBO, JERRY, MD†**

Provider ID: N/A

502 EUCLID AVE STE 204  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

### **OBSTETRICS / GYNECOLOGY**

#### **AL-MSHHDANI, AYSER, MD**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

#### **ASLIAN, AZITA, MD†**

Provider ID: N/A

2400 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **ASLIAN, AZITA, MD†**

Provider ID: N/A

2400 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### **ASLIAN, AZITA, MD**

Provider ID: N/A

1136 D AVE

NATIONAL CITY, CA 91950\*  
Effective as of 01-SEP-23

#### **DAVIS, TRACIE, MD**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-OCT-23

#### **DEL ROSARIO, GELEN, MD†**

Provider ID: N/A

502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **DEL ROSARIO, GELEN, MD†**

Provider ID: N/A

502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### **FOLCH TORRES-AGUIAR, BEATRIZ, MD†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22

#### **GELLENS, ANDREW, MD†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-NOV-21

#### **MENDEZ, DIEGO, MD**

Provider ID: N/A

2400 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-23

### **OPHTHALMOLOGY**

#### **CARRABY, ARNETT, MD†**

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### **CHANG, TOM, MD†**

Provider ID: N/A

2240 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **DELENGOCKY, TAYSON, DO**

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

#### **FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-22

#### **FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-23

#### **FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-23

#### **FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-23

#### **FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302



## C1. List of Network Providers

### Specialty Care Physician

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NATIONAL CITY, CA 91950  
Effective as of 01-NOV-22

#### **FISH, STEVEN, MD†**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-23

#### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-18

#### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-23

#### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-18

#### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **HAIGHT, BRUCE, MD†**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **HUDSON, HENRY, MD†**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-22

#### **HUDSON, HENRY, MD†**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-23

#### **MANI, NASRIN, MD†**

Provider ID: N/A

📄 1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **MANI, MAJID, MD†**

Provider ID: N/A

📄 1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### **MCDONNELL, EMMA, MD†**

Provider ID: N/A

📄 1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-23

#### **MCGRRAW, JOSEPH, MD†**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-22

#### **MCGRRAW, JOSEPH, MD†**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

#### **MCGRRAW, JOSEPH, MD†**

Provider ID: N/A

📄 2240 E PLAZA BLVD STE F

NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **MCGRRAW, JOSEPH, MD†**

Provider ID: N/A

📄 2240 E PLAZA BLVD STE G  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **MCGRRAW, JOSEPH, MD†**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-21

#### **MCGRRAW, JOSEPH, MD†**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-OCT-21

#### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

📄 2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **MORRISON-REYES, JOSHUA, MD**

Provider ID: N/A

📄 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

#### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

📄 2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-23

#### **MORRISON-REYES, JOSHUA,**

## C1. List of Network Providers

### Specialty Care Physician

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#### MD†

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### MORRISON-REYES, JOSHUA, MD†

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-22

#### PAPASTERGIU, GEORGIOS, MD†

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### PATEL, SARJAN, MD†

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-AUG-20

#### PATEL, SARJAN, MD†

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### PATEL, GITANE, MD†

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### PATEL, SARJAN, MD†

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### PEAIRS, JAMES, MD†

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### PERRY, ARTHUR, MD

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-23

#### PRABHU, SUJATA, MD†

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### RAJSBAUM, MARTIN, MD†

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### SASSANI, PATRICK, MD†

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### SASSANI, PATRICK, MD†

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-24

#### SKAF, AYHAM, MD†

Provider ID: N/A

1520 E PLAZA BLVD

NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### WAINESS, REID, MD†

Provider ID: N/A

2240 E PLAZA BLVD STE F  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### ZABANEH, ALEXANDER, MD†

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### OPTOMETRIST

#### AOTO, KIM, OD†

Provider ID: N/A

2240 E PLAZA BLVD STE  
F-G  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### DYER, SHARON, OD†

Provider ID: N/A

2240 E PLAZA BLVD STE F  
AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### EL-MOGHRABI, ROULA, OD†

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### EL-MOGHRABI, NANCY, OD†

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### KHIEU, TINA, OD

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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2240 E PLAZA BLVD STE  
F&G  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-24

#### **KHIEU, TINA, OD**

Provider ID: N/A

2240 E PLAZA BLVD STE  
F&G  
NATIONAL CITY, CA 91950  
Effective as of 01-DEC-23

#### **KOO, ANITA, OD**

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

#### **KOO, ANITA, OD**

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

#### **MARR, RYAN, OD**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-DEC-22

#### **VINH, JOHN, OD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-20

### ***PEDIATRIC EMERGENCY MEDICINE***

#### **BONSU, BEMA, MD†**

Provider ID: N/A

1136 D AVE  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

### ***PHYSICAL MEDICINE / REHABILITATION***

#### **CROWLEY, DONNA, MD†**

Provider ID: N/A

655 EUCLID AVE STE 209  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### **CROWLEY, DONNA, MD†**

Provider ID: N/A

655 EUCLID AVE STE 209  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-14

### ***PHYSICIANS ASSISTANT***

#### **HABBOUSH, RANA, PA**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

#### **HIGUERA, EDITH, PA**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

#### **LANDON, JEFFREY, PA**

Provider ID: N/A

610 EUCLID AVE STE 200  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-NOV-23

#### **MACASADIA, MARITES, PA**

Provider ID: N/A

610 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-20

#### **MERCER, KELLY, PA†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

#### **SHAH, SHEENA, PA**

Provider ID: N/A

502 EUCLID AVE STE 204  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-21

#### **SHAH, SHEENA, PA**

Provider ID: N/A

502 EUCLID AVE STE 204  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **UDOH, EKAETE, PA**

Provider ID: N/A

610 EUCLID AVE STE 200  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-MAR-24

### ***PODIATRIST***

#### **ATMAR, AKMAL, DPM†**

Provider ID: N/A

2345 E 8TH ST STE 105  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **ATMAR, AKMAL, DPM†**

Provider ID: N/A

2345 E 8TH ST STE 105  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-23

#### **CAINE, SAMUEL, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

## C1. List of Network Providers

### Specialty Care Physician

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Teleservice

Effective as of 01-APR-24

#### **CAINE, SAMUEL, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-DEC-23

#### **DAVIDSON, JOHN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-FEB-19

#### **DAVIDSON, JOHN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JAN-21

#### **DAVIDSON, JOHN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-SEP-22

#### **DAVIDSON, JOHN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JAN-21

#### **DAVIDSON, JOHN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JAN-22

#### **DAVIDSON, JOHN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-DEC-23

#### **KRIGER, STEPHEN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JAN-22

#### **NGUYEN, HAN, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Effective as of 01-JUN-23

#### **NGUYEN, HAN, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Effective as of 01-JUL-23

#### **NGUYEN, HAN, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-24

#### **SANICOLAS, MARIA THERESA, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-21

#### **SANICOLAS, MARIA THERESA, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 304

NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

#### **TSAI, GRACE, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-23

#### **TSAI, GRACE, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Effective as of 01-FEB-23

#### **TSAI, GRACE, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Effective as of 01-APR-23

#### **XU, DIXON, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Effective as of 01-DEC-23

#### **XU, DIXON, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Effective as of 01-MAR-24

#### **XU, DIXON, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Effective as of 01-MAY-21

#### **XU, DIXON, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

## C1. List of Network Providers

### Specialty Care Physician

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#### ***PSYCHIATRY***

##### **BOBO, JERRY, MD†**

Provider ID: N/A

📍 502 EUCLID AVE STE 204  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

##### **BOBO, JERRY, MD†**

Provider ID: N/A

📍 502 EUCLID AVE STE 204  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

##### **CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A

📍 3035 E 8TH ST  
NATIONAL CITY, CA 91950

Effective as of 01-AUG-22

##### **CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A

📍 3035 E 8TH ST  
NATIONAL CITY, CA 91950

Effective as of 01-AUG-22

##### **KUGEL, SAMUEL, MD†**

Provider ID: N/A

📍 502 EUCLID AVE STE 305  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JAN-21

##### **KUGEL, SAMUEL, MD†**

Provider ID: N/A

📍 502 EUCLID AVE STE 305  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JAN-21

#### ***PSYCHOLOGIST***

##### **BAHENA-COLLEY, SANDRA, PSYD†**

Provider ID: N/A

📍 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-APR-21

##### **BAHENA-COLLEY, SANDRA, PSYD†**

Provider ID: N/A

📍 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-APR-21

##### **GALANT, DANIEL, PhD**

Provider ID: N/A

📍 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-APR-21

##### **GALANT, DANIEL, PhD**

Provider ID: N/A

📍 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-APR-21

##### **MIRANDA, CYNTHIA, PhD†**

Provider ID: N/A

📍 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-APR-21

##### **MIRANDA, CYNTHIA, PhD†**

Provider ID: N/A

📍 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-APR-21

#### ***REGISTERED PHYSICAL***

#### ***THERAPIST***

##### **CHENG, BRANDON, PT**

Provider ID: N/A

📍 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

Effective as of 01-FEB-24

##### **DORSEY, KYLE, PT†**

Provider ID: N/A

📍 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-24

##### **DORSEY, KYLE, PT†**

Provider ID: N/A

📍 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

Effective as of 01-DEC-21

##### **HERMAN, RACHEL, PT†**

Provider ID: N/A

📍 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-24

##### **HERMAN, RACHEL, PT†**

Provider ID: N/A

📍 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

Effective as of 01-NOV-21

##### **KARANDE, PRACHI, PT†**

Provider ID: N/A

📍 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-22

##### **NGUYEN, TIA, PT**

Provider ID: N/A

📍 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

Effective as of 01-MAR-24

##### **NOVENCIDO, ANDREW, PT†**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **SUGGS, SARAH, PT**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-MAY-23

#### ***SURGERY PLASTIC***

#### **GUTTIKONDA, RAKHESH, DO**

Provider ID: N/A

655 EUCLID AVE STE 200  
NATIONAL CITY, CA 91950  
Effective as of 01-DEC-23

#### ***ALLERGY IMMUNOLOGY***

#### **SCHWINDT, CHRISTINA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 401  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

#### **SCHWINDT, CHRISTINA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 401  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

#### ***CERTIFIED NURSE PRACTITIONER***

#### **ANTONYAN, HOLLY, NPF†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA

92660

Effective as of 01-DEC-22

#### **LEE, ALEXANDER, NP**

Provider ID: N/A

360 SAN MIGUEL DR STE  
300  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-24

#### ***DERMATOLOGY***

#### **AWADALLA, FARAH, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-22

#### **AWADALLA, FARAH, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

#### **AWADALLA, FARAH, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

#### **BIERMAN, DINA, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
405  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-23

#### **BIERMAN, DINA, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
405  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

#### **BREITHAUPT, ANDREW, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-24

#### **BREITHAUPT, ANDREW, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-19

#### **BREITHAUPT, ANDREW, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-24

#### **BREITHAUPT, ANDREW, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-18

#### **BREITHAUPT, ANDREW, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA

## C1. List of Network Providers

### Specialty Care Physician

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92660  
Effective as of 01-DEC-20

#### **BREITHAUP, ANDREW, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-18

#### **ETTEFAGH, LELIA, MD**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-21

#### **FARSHIDI, ARTA, MD**

Provider ID: N/A

360 SAN MIGUEL DR STE  
405  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

#### **FARSHIDI, ARTA, MD**

Provider ID: N/A

360 SAN MIGUEL DR STE  
405  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **FARSHIDI, ARTA, MD**

Provider ID: N/A

360 SAN MIGUEL DR STE  
405  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **FAZEL, NASIM, MD**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-23

#### **FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-23

#### **FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

#### **FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

#### **FAZEL, NASIM, MD**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

#### **FAZEL, NASIM, MD**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

#### **FAZEL, NASIM, MD**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-23

#### **FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-23

#### **FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-23

#### **FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

#### **FOREMAN, TANYA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA

## C1. List of Network Providers

### Specialty Care Physician

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92660  
Effective as of 01-OCT-15

#### **FOREMAN, TANYA, MD†**

Provider ID: N/A

📍 400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-18

#### **FOREMAN, TANYA, MD†**

Provider ID: N/A

📍 400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **FOREMAN, TANYA, MD†**

Provider ID: N/A

📍 400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-17

#### **FOWLER, VINCENT, MD†**

Provider ID: N/A

📍 240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-20

#### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

📍 1441 AVOCADO AVE STE  
409  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

#### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

📍 1441 AVOCADO AVE STE  
409  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

#### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

📍 1441 AVOCADO AVE STE  
409  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

#### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

📍 1441 AVOCADO AVE STE  
409  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

#### **HENDERSON, GREGORY, MD**

Provider ID: N/A

📍 1441 AVOCADO AVE STE  
409  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **HENDERSON, GREGORY, MD**

Provider ID: N/A

📍 1441 AVOCADO AVE STE  
409  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-23

#### **HENDERSON, GREGORY, MD**

Provider ID: N/A

📍 360 SAN MIGUEL DR STE  
309  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-23

#### **KAMEL, JOSEPH, DO**

Provider ID: N/A

📍 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-23

#### **KAMEL, JOSEPH, DO**

Provider ID: N/A

📍 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-24

#### **KAMEL, JOSEPH, DO**

Provider ID: N/A

📍 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-24

#### **KARAVAN JAHROMI, MAHSA, MD†**

Provider ID: N/A

📍 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-19

#### **KHERADMAND, SHIVA, DO†**

Provider ID: N/A

📍 240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-21

#### **KHERADMAND, SHIVA, DO†**

Provider ID: N/A

📍 240 NEWPORT CENTER DR  
STE 105



## C1. List of Network Providers

### Specialty Care Physician

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NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-21

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

📍 400 NEWPORT CENTER  
DR STE 602  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

📍 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-21

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

📍 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-21

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

📍 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

📍 1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

📍 1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-22

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

📍 1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-22

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

📍 1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

📍 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

📍 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

#### **LANDER, JEFFREY, MD†**

Provider ID: N/A

📍 1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

#### **LANGER, ROBERT, MD**

Provider ID: N/A

📍 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-24

#### **LANGER, ROBERT, MD**

Provider ID: N/A

📍 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-24

#### **LEDON, JENNIFER, MD**

Provider ID: N/A

📍 400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

#### **LEDON, JENNIFER, MD†**

Provider ID: N/A

📍 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

#### **LEDON, JENNIFER, MD**

Provider ID: N/A

📍 400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

#### **LEDON, JENNIFER, MD†**

Provider ID: N/A

📍 1401 AVOCADO AVE STE

## C1. List of Network Providers


### Specialty Care Physician

---

703  
NEWPORT BEACH, CA  
92660  
Effective as of 01-MAY-23

#### **LEDON, JENNIFER, MD**


Provider ID: N/A

 400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

#### **LEDON, JENNIFER, MD**


Provider ID: N/A

 400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

#### **LEDON, JENNIFER, MD†**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

#### **LEDON, JENNIFER, MD†**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **LEDON, JENNIFER, MD**


Provider ID: N/A

 400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **LEDON, JENNIFER, MD†**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

#### **LEVIN, JACQUELINE, DO†**


Provider ID: N/A

 400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **LEVIN, JACQUELINE, DO†**


Provider ID: N/A

 400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

#### **LIEM, WIEKE, MD†**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-19

#### **LIEM, WIEKE, MD†**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

#### **LIEM, WIEKE, MD†**

Provider ID: N/A


 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA

92660

Effective as of 01-OCT-23

#### **LIEM, WIEKE, MD†**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-19

#### **LUCERO, RENEE, DO**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

#### **MARTIN, STEPHANIE, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-21

#### **MARTIN, STEPHANIE, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-21

#### **MARTIN, STEPHANIE, MD†**

Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-21


#### **MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician


---

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-19

#### **MESHKINPOUR, AZIN, MD<sup>†</sup>**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-19

#### **MESHKINPOUR, AZIN, MD<sup>†</sup>**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

#### **MESHKINPOUR, AZIN, MD<sup>†</sup>**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **NAMI, NAVID, DO<sup>†</sup>**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-19

#### **NAMI, NAVID, DO<sup>†</sup>**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-23

#### **NAMI, NAVID, DO<sup>†</sup>**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-18

#### **NAMI, NAVID, DO<sup>†</sup>**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NAMI, NAVID, DO<sup>†</sup>**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUN-19

#### **NAMI, NAVID, DO<sup>†</sup>**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

#### **NAMI, NAVID, DO<sup>†</sup>**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-21

#### **NAMI, NAVID, DO<sup>†</sup>**

Provider ID: N/A


 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA

92660

Effective as of 01-JAN-23

#### **NAMI, NAVID, DO<sup>†</sup>**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

#### **NAMI, NAVID, DO<sup>†</sup>**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

#### **NAMI, NAVID, DO<sup>†</sup>**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-18

#### **NAMI, NAVID, DO<sup>†</sup>**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-17

#### **NAMI, NAVID, DO<sup>†</sup>**

Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-21

#### **NAMI, NAVID, DO<sup>†</sup>**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

---

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-21

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-12

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

#### **NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

#### **NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

#### **NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA

92660

Effective as of 01-MAY-21

#### **NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23


#### **NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician


---

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NGUYEN, DENNIS, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NGUYEN, DENNIS, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NGUYEN, DENNIS, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-21

#### **NGUYEN, DENNIS, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

#### **NGUYEN, DENNIS, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

#### **NGUYEN, DENNIS, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

#### **NGUYEN, DENNIS, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NGUYEN, DENNIS, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-19

#### **NGUYEN, DENNIS, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-19

#### **ROSHDIEH, BABAK, MD†**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **ROSHDIEH, BABAK, MD†**

Provider ID: N/A


 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA

92660

Effective as of 01-JAN-23

#### **ROSHDIEH, BABAK, MD†**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-22

#### **ROSHDIEH, BABAK, MD†**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-22

#### **ROSHDIEH, BABAK, MD†**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-22

#### **ROSHDIEH, BABAK, MD†**


Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-22

#### **ROSHDIEH, BABAK, MD†**

Provider ID: N/A

 1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-22

#### **SHIELL, RONALD, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

---

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-17

#### **SHIELL, RONALD, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Teleservice

Effective as of 01-AUG-21

#### **SHIELL, RONALD, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Teleservice

Effective as of 01-AUG-21

#### **SHIELL, RONALD, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Teleservice

Effective as of 01-AUG-21

#### **SHIELL, RONALD, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **SHIELL, RONALD, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702

NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-18

#### **SHIELL, RONALD, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Teleservice

Effective as of 01-DEC-21

#### **SHIELL, RONALD, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Teleservice

Effective as of 01-DEC-21

#### **TRIVEDI, RADHIKA, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-23

#### **TRIVEDI, RADHIKA, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **TRIVEDI, RADHIKA, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

#### **TRIVEDI, RADHIKA, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

#### **TRIVEDI, RADHIKA, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

#### **TRIVEDI, RADHIKA, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

#### **TRIVEDI, RADHIKA, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

#### **TRIVEDI, RADHIKA, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

#### **TRIVEDI, RADHIKA, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703

## C1. List of Network Providers

### Specialty Care Physician

---

NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **TRIVEDI, RADHIKA, MD<sup>†</sup>**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **TRIVEDI, RADHIKA, MD<sup>†</sup>**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **TRIVEDI, RADHIKA, MD<sup>†</sup>**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

#### **TRIVEDI, RADHIKA, MD<sup>†</sup>**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

### ***ENDOCRINOLOGY***

### ***METABOLISM DIABETES***

#### **MOATTARI, ALI, MD<sup>†</sup>**

Provider ID: N/A

1441 AVOCADO AVE STE  
502  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-20

#### **SODHI, SANDEEP, MD<sup>†</sup>**

Provider ID: N/A

369 SAN MIGUEL DR STE  
200  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-20

#### **SODHI, SANDEEP, MD<sup>†</sup>**

Provider ID: N/A

369 SAN MIGUEL DR STE  
200  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-20

#### **SODHI, SANDEEP, MD<sup>†</sup>**

Provider ID: N/A

369 SAN MIGUEL DR STE  
200  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUN-21

#### **SODHI, SANDEEP, MD<sup>†</sup>**

Provider ID: N/A

369 SAN MIGUEL DR STE  
200  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUN-21

### ***GASTROENTEROLOGY***

#### **SAINI, SURINDER, MD<sup>†</sup>**

Provider ID: N/A

1441 AVOCADO AVE STE  
807  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-12

#### **SAINI, SURINDER, MD<sup>†</sup>**

Provider ID: N/A

1441 AVOCADO AVE STE  
807  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-11

### ***HEMATOLOGY / ONCOLOGY***

#### **PATHAK, BHAVANA, MD<sup>†</sup>**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-21

#### **PATHAK, BHAVANA, MD<sup>†</sup>**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-21

#### **SACHELARI, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

#### **SACHELARI, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

#### **SACHELARI, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

## CI. List of Network Providers

### Specialty Care Physician

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#### **SACHELARIE, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

#### **SACHELARIE, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

### **INTERVENTIONAL CARDIOLOGY**

#### **SARABI, DENNIS, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 610  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-21

### **OBSTETRICS / GYNECOLOGY**

#### **AL-AZAWI, HIND, MD**

Provider ID: N/A

366 SAN MIGUEL DR STE  
209  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

#### **SUGIHARA, CORINNE, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
608  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-11

#### **SUGIHARA, CORINNE, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
608  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-11

### **OPHTHALMOLOGY**

#### **AGARWAL, MADHU, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 605  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-23

#### **AGARWAL, MADHU, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 605  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-22

#### **AGARWAL, MADHU, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
307  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-18

#### **AGARWAL, MADHU, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 605  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-23

#### **AGARWAL, MADHU, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 605

NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-21

#### **CIES, WILLIAM, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 404  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

#### **EIFRIG, CHARLES WILLIAM, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

#### **EIFRIG, CHARLES WILLIAM, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-17

#### **EIFRIG, CHARLES WILLIAM, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-17

#### **EIFRIG, CHARLES WILLIAM, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407



## C1. List of Network Providers

### Specialty Care Physician

---

NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-18

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-20

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-20

**HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-17

**HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-17

**HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

**HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-18

**HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-18

**HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-20

**LIU, WENJING, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
410

NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-22

**LIU, WENJING, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
410

NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-20

**MCGUIRE, DESMOND, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-20

**MCGUIRE, DESMOND, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407

NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-14

**MCGUIRE, DESMOND, MD†**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-17

#### **MCGUIRE, DESMOND, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-17

### **OTOLARYNGOLOGY**

#### **BERTELSEN, CAITLIN, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

#### **SCHWARTZ, MARISSA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

#### **SCHWARTZ, MARISSA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

#### **SCHWARTZ, MARISSA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302

NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

#### **SCHWARTZ, MARISSA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

#### **SCHWARTZ, MARISSA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

#### **SCHWARTZ, MARISSA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

#### **WILLNER, AYAL, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

#### **WILLNER, AYAL, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

### **PEDIATRIC**

### **PULMONOLOGY**

#### **HARRISON, AMY, MD**

Provider ID: N/A

369 SAN MIGUEL DR STE  
375  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-24

#### **HARRISON, AMY, MD**

Provider ID: N/A

369 SAN MIGUEL DR STE  
375  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-24

#### **HARRISON, AMY, MD**

Provider ID: N/A

369 SAN MIGUEL DR STE  
375  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-24

#### **HARRISON, AMY, MD**

Provider ID: N/A

369 SAN MIGUEL DR STE  
375  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-24

### **PEDIATRICS**

#### **HOLM, WILLIAM, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
802  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-21

#### **SAFER, TERRA, MD**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

360 SAN MIGUEL DR STE  
105  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

#### **PHYSICIANS ASSISTANT**

##### **CORTES, ELIZABETH, PA**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-23

##### **KANE, KARA, PA†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-22

##### **KANE, KARA, PA†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-22

##### **KAUFMAN, BRITNEY, PA†**

Provider ID: N/A

240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-15

##### **KLEINSMITH, DARIN, PA†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806

NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-20

##### **LUCATERO, JENNIFER, PA†**

Provider ID: N/A

240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-18

##### **MOUNTAIN, KELLY, PA**

Provider ID: N/A

1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-23

##### **MOUNTAIN, KELLY, PA**

Provider ID: N/A

1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-23

##### **NORMAN, STACY, PA**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-23

##### **NORMAN, STACY, PA**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-23

##### **NORMAN, STACY, PA**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-23

##### **NORMAN, STACY, PA**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-23

##### **STANDEL, SARAH, PA†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660\*

Effective as of 01-JUL-19

#### **PODIATRIST**

##### **HAUPT, DAVID, DPM†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 706  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-19

##### **LEAMING, ROBERT, DPM**

Provider ID: N/A

366 SAN MIGUEL DR STE  
210  
NEWPORT BEACH, CA  
92660

Teleservice

Effective as of 01-FEB-24

##### **LEAMING, ROBERT, DPM**

Provider ID: N/A

366 SAN MIGUEL DR STE

## C1. List of Network Providers

### Specialty Care Physician

---

210  
NEWPORT BEACH, CA  
92660

Teleservice

Effective as of 01-FEB-24

#### **MERCADO, BRYANT, DPM**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 706  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-23

#### **PSYCHOLOGIST**

#### **KEALEY, TAMMY, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUN-23

#### **KEALEY, TAMMY, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUN-23

#### **KEALEY, TAMMY, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUN-23

#### **KEALEY, TAMMY, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA

92660  
Effective as of 01-JUN-23

#### **LIM, DEAN, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUN-23

#### **LIM, DEAN, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUN-23

#### **LIM, DEAN, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUN-23

#### **LIM, DEAN, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUN-23

#### **SURGERY GENERAL**

#### **BONEV, VALENTINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-21

#### **BONEV, VALENTINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-21

#### **BONEV, VALENTINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-21

#### **BONEV, VALENTINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-21

#### **BONEV, VALENTINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-21

#### **BURNS, ROBERT, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 500  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

#### **SURGERY PLASTIC**

#### **MUDGE, BRADLEY, MD<sup>†</sup>**

Provider ID: N/A

240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA  
92660

Teleservice

Effective as of 01-SEP-21

## C1. List of Network Providers

### Specialty Care Physician

---

#### **MUDGE, BRADLEY, MD†**

Provider ID: N/A

240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA  
92660

Teleservice

Effective as of 01-SEP-21

#### **MUDGE, BRADLEY, MD†**

Provider ID: N/A

240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA  
92660

Teleservice

Effective as of 01-JUL-12

#### **RICHLAND, BRANDON, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 710  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

#### **RICHLAND, BRANDON, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 710  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-20

#### **RICHLAND, BRANDON, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 710  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-20

#### **RICHLAND, BRANDON, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 710  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-20

#### **RICHLAND, BRANDON, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 710  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-20

#### **ROSING, JAMES, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
708  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

#### **ROSING, JAMES, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
708  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

### ***UROLOGY***

#### **AUERBACH, STEPHEN, MD**

Provider ID: N/A

1401 AVOCADO AVE STE  
608  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-19

#### **ILBEIGI, PEDRAM, DO†**

Provider ID: N/A

1401 AVOCADO AVE STE  
608  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-19

#### **PHAN, CU, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 409  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-12

#### **PHAN, CU, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 409  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

#### **PHAN, CU, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 409  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-11

#### **PHAN, CU, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 409  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-18

### ***FAMILY PRACTICE***

### ***SPORTS MEDICINE***

#### **YIM, EUGENE, MD†**

Provider ID: N/A

21115 NEWPORT COAST DR  
NEWPORT COAST, CA  
92657

Effective as of 01-JAN-21

### ***ANESTHESIOLOGY***

#### **TOWNE, BROOKE, MD**

Provider ID: N/A

3998 VISTA WAY STE C

## C1. List of Network Providers

### Specialty Care Physician

---

OCEANSIDE, CA 92056  
Effective as of 01-JAN-24

#### **ANESTHESIOLOGY PAIN MANAGEMENT**

##### **BODDU, NAVNEET, MD**

Provider ID: N/A

📍 2125 S EL CAMINO REAL  
STE 200

OCEANSIDE, CA 92054  
Effective as of 01-JAN-23

##### **COHEN, ZACHARY, MD†**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-JAN-23

##### **COHEN, ZACHARY, MD†**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-JAN-24

##### **COHEN, ZACHARY, MD†**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-OCT-21

##### **COHEN, ZACHARY, MD†**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-OCT-21

##### **COHEN, ZACHARY, MD†**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-NOV-21

##### **DAIRO, BRANDON, MD†**

Provider ID: N/A

📍 3231 WARING CT STE K  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-JAN-23

##### **FISHER, CASEY, MD**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-JUN-19

##### **FISHER, CASEY, MD**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-JUL-21

##### **LAWSON, ERIN, MD**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-JUL-23

##### **LAWSON, ERIN, MD**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-DEC-23

##### **TOWNE, BROOKE, MD**

Provider ID: N/A

📍 3998 VISTA WAY STE C  
OCEANSIDE, CA 92056

Effective as of 01-DEC-23

#### **CARDIAC ELECTROPHYSIOLOGY**

##### **PASHMFOROUSH, MOHAMMAD, MD†**

Provider ID: N/A

📍 2424 VISTA WAY STE 300  
OCEANSIDE, CA 92054

Teleservice

Effective as of 01-JUN-21

#### **CARDIOVASCULAR DISEASE**

##### **EL SHERIEF, KARIM, MD†**

Provider ID: N/A

📍 3230 WARING CT STE O  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

##### **KABRA, ASHISH, MD†**

Provider ID: N/A

📍 3907 WARING RD STE 3  
OCEANSIDE, CA 92056

Effective as of 01-AUG-22

##### **RAJAMANICKAM, ANITHA, MD†**

Provider ID: N/A

📍 3907 WARING RD STE 3  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

##### **RAJAMANICKAM, ANITHA, MD†**

Provider ID: N/A

📍 3907 WARING RD STE 3  
OCEANSIDE, CA 92056

Effective as of 01-AUG-22

##### **SAMANI, PARGOL, MD**

Provider ID: N/A

📍 3927 WARING RD STE C  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-DEC-23

##### **SHEREV, DIMITRI, MD**

Provider ID: N/A

📍 3300 VISTA WAY STE B  
OCEANSIDE, CA 92056

Effective as of 01-SEP-23

## CI. List of Network Providers

### Specialty Care Physician

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#### **YUNG, AARON, MD†**

Provider ID: N/A

2424 VISTA WAY STE 300  
OCEANSIDE, CA 92054

Teleservice

Effective as of 01-JUN-21

#### ***CERTIFIED ACUPUNCTURIST***

#### **LIPTON, GREGORY, LAC**

Provider ID: N/A

701 SEAGAZE DR STE B  
OCEANSIDE, CA 92054

Effective as of 01-SEP-21

#### ***CERTIFIED NURSE PRACTITIONER***

#### **ANDOLINA, SARA, NP†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **BAEK, KILHYO, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054

Effective as of 01-FEB-24

#### **BAEK, KILHYO, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Effective as of 01-JAN-24

#### **BAEK, KILHYO, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057

Effective as of 01-JAN-24

#### **BALDWIN, ANDREA, NP†**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Effective as of 01-JAN-24

#### **BALDWIN, ANDREA, NP†**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Effective as of 01-NOV-22

#### **CHAMBERLIN, KALIANA, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054

Effective as of 01-JAN-21

#### **CHILAKA, SAMUEL, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Effective as of 01-JAN-24

#### **CHIRIBOGA, MEGAN ELISE, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057

Effective as of 01-DEC-22

#### **CHRISTY, TYLER, NPF**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057

Effective as of 01-JAN-24

#### **CHRISTY, TYLER, NPF**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Effective as of 01-JAN-24

#### **CORY, ALLISON, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Effective as of 01-FEB-24

#### **CORY, ALLISON, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054

Effective as of 01-FEB-24

#### **CORY, ALLISON, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057

Effective as of 01-JAN-24

#### **EKLUND, BONNIE, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057

Effective as of 01-FEB-24

#### **EKLUND, BONNIE, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Effective as of 01-FEB-24

#### **FISHER-GAMEZ, LORI, NP**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-21

#### **HALGEDAHL, YI, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054

Effective as of 01-FEB-24

#### **HALGEDAHL, YI, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Effective as of 01-JAN-24

## C1. List of Network Providers

### Specialty Care Physician

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#### **HALGEDAHL, YI, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

#### **HOWELL, AMANDA, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

#### **HOWELL, AMANDA, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **HOWELL, AMANDA, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **KELLEHER, BRIDGET, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-APR-24

#### **KELLEHER, BRIDGET, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-APR-24

#### **KELLEHER, BRIDGET, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-APR-24

#### **NAVA, PETER, NP**

Provider ID: N/A

4700 N RIVER RD

OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

#### **PATEMAN, CAROLYN, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

#### **PRITZKER, JOELY, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-21

#### **PRITZKER, JOELY, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

#### **PRITZKER, JOELY, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

#### **QUINN, ERIN, NP**

Provider ID: N/A

3998 VISTA WAY STE C  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-MAY-21

#### **SANTIAGO, AMANDA, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-21

#### **SHAHBAZ, LINNAE, NPF**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-MAR-24

#### **SHAHBAZ, LINNAE, NPF**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-MAR-24

#### **WAGNER, TASIA, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

#### **WAGNER, TASIA, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-APR-24

#### **WAGNER, TASIA, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-APR-24

#### **WINDHAM, SUZONNE, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### ***CERTIFIED REGISTERED NURSE MIDWIFE***

#### **KELLY, KATHERINE, CRNM†**

Provider ID: N/A

2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

#### **LASKY, LANA, CRNM**

Provider ID: N/A

2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22



## C1. List of Network Providers

### Specialty Care Physician

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#### **PERLMAN, TAMARA, CRNM†**

Provider ID: N/A

2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

#### **SCHROEDER, MARY, NP**

Provider ID: N/A

2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

#### **ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

### **CHIROPRACTOR**

#### **ANDREWS, BRAD, DC**

Provider ID: N/A

619 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

#### **JU, NATHANIEL, DC†**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **JU, NATHANIEL, DC†**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

### **DERMATOLOGY**

#### **AGUIRRE, KRISTEN, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-20

#### **AGUIRRE, KRISTEN, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

#### **AGUIRRE, KRISTEN, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-FEB-24

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-21

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-NOV-20

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-22

#### **GILBOA, RUTH, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-MAR-12

#### **GILBOA, RUTH, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-20

#### **LEE, HELEN, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-NOV-22

#### **LEE, HELEN, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-AUG-22

#### **ROSS, ANDREW, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

#### **ROSS, ANDREW, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-22

#### **ROSS, ANDREW, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-20


#### **ROSS, ANDREW, MD†**

Provider ID: N/A

## CI. List of Network Providers


### Specialty Care Physician

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 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-20


#### **ROSS, ANDREW, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22


#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22


#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-MAR-12


#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-APR-07


#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-20


#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-22


#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21


#### **SIRICHOTIRATANA, MELISSA, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-23


#### **THIELE, JENS, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-MAR-12


#### **THIELE, JENS, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-09


#### **THIELE, JENS, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21


#### **THIELE, JENS, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22


#### **TSE, YARDY, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21


#### **TSE, YARDY, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21


#### **VENKAT, ARUN, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-22


#### **VENKAT, ARUN, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-20


#### **VENKAT, ARUN, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-13


#### **VENKAT, ARUN, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22


#### **WONG, DARRYL, MD†**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-MAR-12

#### **WONG, DARRYL, MD†**

Provider ID: N/A


 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

### ***ENDOCRINOLOGY***

### ***REPRODUCTIVE***

#### **COFFLER, MICKEY, MD†**

Provider ID: N/A

 3231 WARING CT STE M  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

### ***FAMILY PRACTICE***

## C1. List of Network Providers

### Specialty Care Physician

---

#### **DONNELL, MARTI, MD**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054\*

Effective as of 01-NOV-23

#### **DONNELL, MARTI, MD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054\*

Effective as of 01-NOV-23

#### **DONNELL, MARTI, MD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057\*

Effective as of 01-NOV-23

#### **MARTINEZ, LESLY, MD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057\*

Effective as of 01-APR-23

#### **MARTINEZ, LESLY, MD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054\*

Effective as of 01-APR-23

#### **MARTINEZ, LESLY, MD**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054\*

Effective as of 01-APR-23

#### **PANICKER, CIBU, MD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057

Effective as of 01-SEP-18

#### **PUDOL, CHRISTOPHER, DO**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057\*

Teleservice

Effective as of 01-MAR-24

#### **PUDOL, CHRISTOPHER, DO**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054\*

Teleservice

Effective as of 01-MAR-24

#### **PUDOL, CHRISTOPHER, DO**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054\*

Teleservice

Effective as of 01-MAR-24

#### **VIDAL, MONICA, DO†**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057\*

Effective as of 01-AUG-22

#### **VIDAL, MONICA, DO†**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054\*

Effective as of 01-AUG-22

#### **VIDAL, MONICA, DO†**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054\*

Effective as of 01-AUG-22

### ***FAMILY PRACTICE***

### ***SPORTS MEDICINE***

#### **STARK, ERIK, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

### ***GASTROENTEROLOGY***

#### **CHIAO, HELLEN, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

#### **CHIAO, HELLEN, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JUL-22

#### **CHIAO, HELLEN, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **CHIAO, HELLEN, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **DEVEREAUX, CHRISTOPHER, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-MAR-01

#### **DEVEREAUX, CHRISTOPHER, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **DEVEREAUX, CHRISTOPHER, MD†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

#### **DEVEREAUX, CHRISTOPHER, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

#### **DEVEREAUX, CHRISTOPHER, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

#### **KROL, THOMAS, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

#### **KROL, THOMAS, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

#### **KROL, THOMAS, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JUN-99

#### **KROL, THOMAS, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

#### **NOVO, MEGAN, MD**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-JUL-23

#### **NOVO, MEGAN, MD**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-23

#### **NOVO, MEGAN, MD**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-23

#### **SHAD, JAVAID, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

#### **SHAD, JAVAID, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-DEC-07

#### **SHAD, JAVAID, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JUL-22

#### **SHAD, JAVAID, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **SHAD, JAVAID, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **SHIM, MICHAEL, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **SHIM, MICHAEL, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **SHIM, MICHAEL, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JUL-22

#### **SHIM, MICHAEL, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

#### **SHIM, MICHAEL, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-FEB-10

#### **VIERNES, MATTHEW, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **VIERNES, MATTHEW, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-SEP-01

## C1. List of Network Providers

### Specialty Care Physician

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#### **VIERNES, MATTHEW, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

#### **VIERNES, MATTHEW, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

### ***GYNECOLOGIC ONCOLOGY***

#### **ESKANDER, RAMEZ, MD†**

Provider ID: N/A

4002 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-21

### ***HEMATOLOGY / ONCOLOGY***

#### **SINGH, HIMANI, MD†**

Provider ID: N/A

3617 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

#### **SINGH, HIMANI, MD†**

Provider ID: N/A

3617 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

### ***INTERNAL MEDICINE***

#### **KHARADJIAN, TALAR, MD†**

Provider ID: N/A

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Teleservice

Effective as of 01-SEP-22

#### **KHARADJIAN, TALAR, MD†**

Provider ID: N/A

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Teleservice

Effective as of 01-SEP-21

#### **KHARADJIAN, TALAR, MD†**

Provider ID: N/A

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Teleservice

Effective as of 01-OCT-21

#### **LIU, ANDREW, MD**

Provider ID: N/A

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-23

#### **MACMURRAY, MICHAEL, MD**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-NOV-23

#### **MOOLANI, UJJALA, MD**

Provider ID: N/A

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Effective as of 01-MAY-23

#### **PAROLY, WARREN, MD†**

Provider ID: N/A

3617 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

### ***INTERVENTIONAL CARDIOLOGY***

#### **MOUSSAVIAN, MEHRAN, DO†**

Provider ID: N/A

605 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

### ***LICENSED CLINICAL SOCIAL WORKER***

#### **ACOSTA, AZUCENA, LCSW**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Teleservice

Effective as of 01-JAN-24

#### **ACOSTA, AZUCENA, LCSW**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Teleservice

Effective as of 01-JAN-24

#### **ACOSTA, AZUCENA, LCSW**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Teleservice

Effective as of 01-JAN-24

#### **CRUZ, VANESSA, LCSW**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

#### **CRUZ, VANESSA, LCSW**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **CRUZ, VANESSA, LCSW**

Provider ID: N/A

818 PIER VIEW WAY


## C1. List of Network Providers Specialty Care Physician

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OCEANSIDE, CA 92054  
Effective as of 01-JAN-21


### **DOUGHERTY, CHRISTINE, LCSW**

Provider ID: N/A

 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24


### **DOUGHERTY, CHRISTINE, LCSW**

Provider ID: N/A

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24


### **DOUGHERTY, CHRISTINE, LCSW**

Provider ID: N/A

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24


### **GODINEZ, BRENDA, LCSW**

Provider ID: N/A

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24


### **GODINEZ, BRENDA, LCSW**

Provider ID: N/A

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24


### **GODINEZ, BRENDA, LCSW**

Provider ID: N/A

 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24


### **MENDEZ, ADRIANA, LCSW**

Provider ID: N/A

 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24


### **MENDEZ, ADRIANA, LCSW**

Provider ID: N/A

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24


### **MENDEZ, ADRIANA, LCSW**

Provider ID: N/A

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24


### **NEVILLE, MARGARET, LCSW**

Provider ID: N/A

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Teleservice  
Effective as of 01-JAN-24


### **NEVILLE, MARGARET, LCSW**

Provider ID: N/A

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JAN-24


### **SANCHEZ, ADRIANA, LCSW**

Provider ID: N/A

 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **SANCHEZ, ADRIANA, LCSW**

Provider ID: N/A

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **SANCHEZ, ADRIANA, LCSW**


Provider ID: N/A

 4700 N RIVER RD

OCEANSIDE, CA 92057  
Effective as of 01-JAN-24


### **SMITH, SONYA, LCSW**

Provider ID: N/A

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24


### **SMITH, SONYA, LCSW**

Provider ID: N/A

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24


### **SMITH, SONYA, LCSW**

Provider ID: N/A

 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24


### **WILSON, CARLENE, LCSW**

Provider ID: N/A

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24


### **ZAPPONE, ALIDA, LCSW**

Provider ID: N/A

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Teleservice  
Effective as of 01-JAN-24

### **ZAPPONE, ALIDA, LCSW**

Provider ID: N/A

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JAN-24

### **ZAPPONE, ALIDA, LCSW**

Provider ID: N/A

 517 N HORNE ST  
OCEANSIDE, CA 92054

## C1. List of Network Providers

### Specialty Care Physician

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Teleservice

Effective as of 01-JAN-24

#### **MARRIAGE FAMILY THERAPIST**

**MEYERHOF, GRETA, MFT†**

Provider ID: N/A

☐ 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**MEYERHOF, GRETA, MFT†**

Provider ID: N/A

☐ 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**MEYERHOF, GRETA, MFT†**

Provider ID: N/A

☐ 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **MEDICAL ONCOLOGY**

**PAROLY, WARREN, MD†**

Provider ID: N/A

☐ 3617 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

#### **NEPHROLOGY**

**KHARADJIAN, TALAR, MD†**

Provider ID: N/A

☐ 3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-JUN-21

**KHARADJIAN, TALAR, MD†**

Provider ID: N/A

☐ 3300 VISTA WAY STE B

OCEANSIDE, CA 92056

Teleservice

Effective as of 01-JUL-21

**LIU, ANDREW, MD**

Provider ID: N/A

☐ 3300 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-DEC-23

**LIU, ANDREW, MD**

Provider ID: N/A

☐ 3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-23

**LIU, ANDREW, MD**

Provider ID: N/A

☐ 3300 VISTA WAY  
OCEANSIDE, CA 92056\*  
Teleservice  
Effective as of 01-OCT-23

**LIU, ANDREW, MD**

Provider ID: N/A

☐ 3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Effective as of 01-NOV-23

#### **OBSTETRICS / GYNECOLOGY**

**BINDER, PRATIBHA, MD†**

Provider ID: N/A

☐ 4002 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-21

**EBRAHIMI ADIB, TANNAZ, MD†**

Provider ID: N/A

☐ 3927 WARING RD STE D  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**EBRAHIMI ADIB, TANNAZ, MD†**

Provider ID: N/A

☐ 3927 WARING RD STE D  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-19

**MAZAREI, RAHELE, DO†**

Provider ID: N/A

☐ 3998 VISTA WAY STE C  
OCEANSIDE, CA 92056  
Effective as of 01-MAY-21

**MAZAREI, RAHELE, DO†**

Provider ID: N/A

☐ 3998 VISTA WAY STE C  
OCEANSIDE, CA 92056  
Effective as of 01-MAR-20

**SCHWEIKERT, SUZANNE, MD†**

Provider ID: N/A

☐ 2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-APR-15

**SCHWEIKERT, SUZANNE, MD†**

Provider ID: N/A

☐ 2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**SUNTAY, BERK, MD†**

Provider ID: N/A

☐ 3998 VISTA WAY STE C  
OCEANSIDE, CA 92056  
Effective as of 01-MAY-21

**SUNTAY, BERK, MD†**

Provider ID: N/A

☐ 3998 VISTA WAY STE C  
OCEANSIDE, CA 92056  
Effective as of 01-JUN-21

#### **OPHTHALMOLOGY**


**JACOBSEN, BRADLEY, MD**

## CI. List of Network Providers

### Specialty Care Physician


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Provider ID: N/A

 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-OCT-23


#### **JACOBSEN, BRADLEY, MD**

Provider ID: N/A

 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-23


#### **NGUYEN, VINCENT, MD†**

Provider ID: N/A

 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21


#### **NGUYEN, VINCENT, MD†**

Provider ID: N/A

 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-APR-20


#### **ROBINSON, FANE, MD†**

Provider ID: N/A

 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-FEB-10


#### **SHEILS, CATHERINE, MD**

Provider ID: N/A

 3637 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-24

#### **SMITH, MARK, MD†**

Provider ID: N/A

 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-FEB-10

#### **SMITH, MARK, MD†**


Provider ID: N/A

 3231 WARING CT STE S  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21


#### **SONG, DELU, MD**

Provider ID: N/A

 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-23


#### **SONG, DELU, MD**

Provider ID: N/A

 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-23

#### **SONG, DELU, MD**


Provider ID: N/A

 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-OCT-23

### ***OPTOMETRIST***


#### **GEE, JENNIFER, OD**

Provider ID: N/A

 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24


#### **GEE, JENNIFER, OD**

Provider ID: N/A

 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22


#### **GEE, JENNIFER, OD**

Provider ID: N/A

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22


#### **GEE, JENNIFER, OD**

Provider ID: N/A

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24


#### **KIM, MICHAEL, OD**

Provider ID: N/A

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24


#### **KIM, MICHAEL, OD**

Provider ID: N/A

 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22


#### **KIM, MICHAEL, OD**

Provider ID: N/A

 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24


#### **KIM, MICHAEL, OD**

Provider ID: N/A

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22


#### **MORA, WENDY, OD**

Provider ID: N/A

 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22


#### **MORA, WENDY, OD**

Provider ID: N/A

 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **MORA, WENDY, OD**

Provider ID: N/A

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

#### **MORA, WENDY, OD**

Provider ID: N/A



## CI. List of Network Providers

### Specialty Care Physician

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4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

#### **RICH, RYAN, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

#### **RICH, RYAN, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **RICH, RYAN, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

#### **RICH, RYAN, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

#### **RING, ROBERT, OD†**

Provider ID: N/A

3998 VISTA WAY STE 204  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-22

#### **TAM, EMILY, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **TAM, EMILY, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

#### **TAM, EMILY, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

#### **TAM, EMILY, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

### ***OTOLARYNGOLOGY***

#### **BERRY, JULIE, MD**

Provider ID: N/A

3909 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-APR-23

#### **CARROLL, SARAH, MD†**

Provider ID: N/A

3907 WARING RD STE 1  
OCEANSIDE, CA 92056  
Effective as of 01-MAY-21

#### **CARROLL, SARAH, MD†**

Provider ID: N/A

3907 WARING RD STE 1  
OCEANSIDE, CA 92056  
Effective as of 01-OCT-21

#### **CARROLL, SARAH, MD†**

Provider ID: N/A

3907 WARING RD STE 1  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

#### **JACOBS, ROBERT, MD†**

Provider ID: N/A

3907 WARING RD STE 1A  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

#### **JACOBS, ROBERT, MD†**

Provider ID: N/A

3907 WARING RD STE 1A  
OCEANSIDE, CA 92056  
Effective as of 01-JUN-99

#### **KUSHNARYOV, ANTON, MD**

Provider ID: N/A

3909 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-APR-23

#### **REISMAN, BRUCE, MD†**

Provider ID: N/A

3907 WARING RD STE 1  
OCEANSIDE, CA 92056  
Effective as of 01-JUN-99

### ***PEDIATRICS***

#### **CURLEY, EDWARD, MD†**

Provider ID: N/A

2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-15

#### **RONAN, KEVIN, MD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-MAY-23

### ***PHYSICAL MEDICINE / REHABILITATION***

#### **CURRY, JASON, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice

Effective as of 01-SEP-21


#### **FISHER, CASEY, MD**

Provider ID: N/A

## C1. List of Network Providers


### Specialty Care Physician

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 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21


#### **PERRIZO, NATHAN, DO**

Provider ID: N/A

 3998 VISTA WAY STE 108  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

#### **RICHARDSON, HENRY, MD†**


Provider ID: N/A

 3231 WARING CT STE K  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-MAY-23

### ***PHYSICIANS ASSISTANT***


#### **BASIN, NATALIE, PA**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-DEC-23


#### **BASIN, NATALIE, PA**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-AUG-23


#### **BECKER, JANTIMA, PA**

Provider ID: N/A

 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-APR-24

#### **BEITTER, KEERSTIN, PA†**

Provider ID: N/A


 3231 WARING CT STE K  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-JAN-23


#### **BRODSKY, DENNIS, PA**

Provider ID: N/A

 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-FEB-22

#### **COWAN, JOHN, PA†**

Provider ID: N/A

 3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-SEP-21


#### **GLASSER, DANIEL, PA**

Provider ID: N/A

 605 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22


#### **PAUL, ROBERT, PA†**

Provider ID: N/A

 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-FEB-22


#### **POLLINGTON, CHRISTOPHER, PA**

Provider ID: N/A

 3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-OCT-23


#### **RAMOS, ELENA, PA**

Provider ID: N/A

 605 CROUCH ST BLDG C  
OCEANSIDE, CA 92054  
Effective as of 01-AUG-23


#### **REUSCH, KEVIN, PA**

Provider ID: N/A

 3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-OCT-23


#### **SKULSKY, EVA, PA†**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21


#### **THOMAS, ROGER, PA**

Provider ID: N/A

 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-JUL-23


#### **WALLACE, STEPHANIE, PA**

Provider ID: N/A

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-FEB-24


#### **WRIGHT, DEREK, PA**

Provider ID: N/A

 3231 WARING CT STE K  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-23

#### **WRIGHT, DEREK, PA**


Provider ID: N/A

 3231 WARING CT STE K  
OCEANSIDE, CA 92056  
Effective as of 01-APR-24

### ***PODIATRIST***

#### **BOBICK, BRIAN, DPM†**

Provider ID: N/A

 3905 WARING RD  
OCEANSIDE, CA 92056

**C1. List of Network Providers**  
**Specialty Care Physician**

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Teleservice

Effective as of 01-SEP-21

**BOBICK, BRIAN, DPM†**

Provider ID: N/A

3905 WARING RD  
 OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

**BROOKS, JEFFREY, DPM**

Provider ID: N/A

3230 WARING CT STE M  
 OCEANSIDE, CA 92056

Effective as of 01-APR-21

**HAN, JAMES, DPM**

Provider ID: N/A

2119 S EL CAMINO REAL  
 OCEANSIDE, CA 92054

Effective as of 01-DEC-11

**SHIN, HEAMIN, DPM**

Provider ID: N/A

3230 WARING CT STE M  
 OCEANSIDE, CA 92056

Effective as of 01-FEB-10

**SPRINGER, DEWAIN, DPM†**

Provider ID: N/A

2191 S EL CAMINO REAL  
 STE 101  
 OCEANSIDE, CA 92054

Effective as of 01-JUL-18

**PSYCHIATRY**

**BELL, JENNIFER, DO**

Provider ID: N/A

4700 N RIVER RD  
 OCEANSIDE, CA 92057

Effective as of 01-FEB-24

**BELL, JENNIFER, DO**

Provider ID: N/A

4700 N RIVER RD  
 OCEANSIDE, CA 92057

Effective as of 01-FEB-24

**CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A

520 N COAST HWY STE 103  
 OCEANSIDE, CA 92054

Effective as of 01-AUG-22

**CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A

520 N COAST HWY STE 103  
 OCEANSIDE, CA 92054

Effective as of 01-AUG-22

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A

818 PIER VIEW WAY  
 OCEANSIDE, CA 92054

Effective as of 01-AUG-21

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A

517 N HORNE ST  
 OCEANSIDE, CA 92054

Effective as of 01-AUG-21

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A

4700 N RIVER RD  
 OCEANSIDE, CA 92057

Effective as of 01-AUG-21

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A

517 N HORNE ST  
 OCEANSIDE, CA 92054

Effective as of 01-AUG-21

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A

818 PIER VIEW WAY  
 OCEANSIDE, CA 92054

Effective as of 01-AUG-21

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A

4700 N RIVER RD  
 OCEANSIDE, CA 92057

Effective as of 01-AUG-21

**PATEL, MITESH, MD**

Provider ID: N/A

4700 N RIVER RD  
 OCEANSIDE, CA 92057

Effective as of 01-JAN-24

**PATEL, MITESH, MD**

Provider ID: N/A

818 PIER VIEW WAY  
 OCEANSIDE, CA 92054

Teleservice

Effective as of 01-JAN-24

**PATEL, MITESH, MD**

Provider ID: N/A

517 N HORNE ST  
 OCEANSIDE, CA 92054

Teleservice

Effective as of 01-JAN-24

**PATEL, MITESH, MD**

Provider ID: N/A

4700 N RIVER RD  
 OCEANSIDE, CA 92057

Effective as of 01-JAN-24

**PATEL, MITESH, MD**

Provider ID: N/A

517 N HORNE ST  
 OCEANSIDE, CA 92054

Teleservice

Effective as of 01-JAN-24

**PATEL, MITESH, MD**

Provider ID: N/A

818 PIER VIEW WAY  
 OCEANSIDE, CA 92054

Teleservice

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JAN-24

#### ***PULMONARY DISEASES***

##### **CORONA, FRANK, MD**

Provider ID: N/A

3231 WARING CT STE D  
OCEANSIDE, CA 92056  
Effective as of 01-JUN-99

##### **CORONA, FRANK, MD**

Provider ID: N/A

3907 WARING RD STE 2  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-23

##### **VISEROI, MARIUS, MD<sup>†</sup>**

Provider ID: N/A

3231 WARING CT STE D  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

##### **YAMANAKA, MARK, MD**

Provider ID: N/A

3907 WARING RD STE 2  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-23

#### ***RADIATION ONCOLOGY***

##### **HOOPES, DAVID, MD**

Provider ID: N/A

4002 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-23

##### **RASH, DOMINIQUE, MD**

Provider ID: N/A

4002 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-23

##### **URBANIC, JAMES, MD**

Provider ID: N/A

4002 VISTA WAY

OCEANSIDE, CA 92056  
Effective as of 01-DEC-23

#### ***REGISTERED PHYSICAL THERAPIST***

##### **AMBROSE, CHRISTOPHER, PT**

Provider ID: N/A

467 COLLEGE BLVD STE 6  
OCEANSIDE, CA 92057  
Effective as of 01-DEC-21

##### **BOUCHARD, REID, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Effective as of 01-OCT-21

##### **BOUTELLE, BARBARA, PT**

Provider ID: N/A

467 COLLEGE BLVD STE 6  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

##### **BOUTELLE, DAVID, PT**

Provider ID: N/A

467 COLLEGE BLVD STE 6  
OCEANSIDE, CA 92057  
Effective as of 01-DEC-21

##### **DOULL, MATTHEW, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-JUN-23

##### **FARRAR, COURTNEY, PT<sup>†</sup>**

Provider ID: N/A

3231 WARING CT STE K  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-JAN-23

##### **FARRAR, COURTNEY, PT<sup>†</sup>**

Provider ID: N/A

3231 WARING CT STE K  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-JAN-23

##### **GARBER, MARC, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-OCT-21

##### **LANGIS, TANYA, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-OCT-21

##### **MCGEE, JACQUELINE, PT**

Provider ID: N/A

467 COLLEGE BLVD STE 6  
OCEANSIDE, CA 92057  
Effective as of 01-DEC-21

##### **OSORIO, SANTIAGO, PT**

Provider ID: N/A

2424 VISTA WAY STE 120  
OCEANSIDE, CA 92054  
Effective as of 01-SEP-22

##### **PENNINGTON, JENNIFER, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-OCT-21

##### **TAMAYO, SYDNIE, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-OCT-23

#### **WILSON, JENNIFER, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-21

#### **RHEUMATOLOGY**

#### **BEJKO, ETLVA, MD**

Provider ID: N/A

3998 VISTA WAY STE E  
OCEANSIDE, CA 92056

Effective as of 01-JAN-24

#### **BRION, PAUL, MD**

Provider ID: N/A

3998 VISTA WAY STE E  
OCEANSIDE, CA 92056

Effective as of 01-FEB-24

#### **SURGERY COLON**

#### **SURGERY**

#### **NASSERY, KRISTEN, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **NASSERY, KRISTEN, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

#### **SURGERY GENERAL**

#### **DEEMER, ANDREW, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **DEEMER, ANDREW, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

#### **JAMSHIDI-NEZHAD, MOHAMMAD, DO**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **SEIDEN, GRANT, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

#### **WAKILY, HUSSNA, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **WAKILY, HUSSNA, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

#### **SURGERY HAND**

#### **DAUGHERTY, DAVID, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

#### **HARTMAN, ANDREW, MD†**

Provider ID: N/A

3905 WARING RD

OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

#### **SEIDEN, GRANT, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

#### **SURGERY ORTHOPEDIC**

#### **AMORY, DAVID, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

#### **DAUGHERTY, DAVID, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

#### **KANE, NORMAN, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

#### **KANE, NORMAN, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

#### **STARK, ERIK, MD†**

Provider ID: N/A

3905 WARING RD

## C1. List of Network Providers

### Specialty Care Physician

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OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-SEP-21

#### ***SURGERY THORACIC***

##### **WU, DARRELL, MD<sup>†</sup>**

Provider ID: N/A  
3156 VISTA WAY STE 100  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-21

#### ***UROLOGY***

##### **BOONJINDASUP, AARON, MD**

Provider ID: N/A  
3907 WARING RD STE 4  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

##### **FRASIER, BRADLEY, MD<sup>†</sup>**

Provider ID: N/A  
3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

##### **FRASIER, BRADLEY, MD<sup>†</sup>**

Provider ID: N/A  
3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUN-99

##### **FRASIER, BRADLEY, MD<sup>†</sup>**

Provider ID: N/A  
3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

##### **GUERENA, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A  
3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

##### **GUERENA, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A  
3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUN-99

##### **GUERENA, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A  
3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

##### **PHILLIPS, JASON, MD<sup>†</sup>**

Provider ID: N/A  
3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-15

##### **PHILLIPS, JASON, MD<sup>†</sup>**

Provider ID: N/A  
3907 WARING RD STE 4  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

##### **SHAPIRO, ROBERT, MD**

Provider ID: N/A  
3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-23

##### **VILCHIS, CAROLINE, MD<sup>†</sup>**

Provider ID: N/A  
3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-13

##### **VILCHIS, CAROLINE, MD<sup>†</sup>**

Provider ID: N/A  
3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

##### **VILCHIS, CAROLINE, MD<sup>†</sup>**

Provider ID: N/A  
3609 VISTA WAY  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

#### ***CERTIFIED NURSE PRACTITIONER***

##### **ADDO, BELINDA, NP<sup>†</sup>**

Provider ID: N/A  
524 W 4TH ST STE B  
PERRIS, CA 92570  
Effective as of 01-OCT-22

#### ***CHIROPRACTOR***

##### **SCHRIEFER, NOAH, DC<sup>†</sup>**

Provider ID: N/A  
1675 N PERRIS BLVD STE G  
PERRIS, CA 92571  
Effective as of 01-SEP-22

##### **TRAINER, JASON, DC<sup>†</sup>**

Provider ID: N/A  
1675 N PERRIS BLVD STE G1  
PERRIS, CA 92571  
Effective as of 01-JUL-22

#### ***NEUROLOGY CHILD***

##### **ARCA, CHRIS, MD**

Provider ID: N/A  
215 W 4TH ST  
PERRIS, CA 92570  
Effective as of 01-NOV-23

#### ***PEDIATRICS***

##### **LEE, ALAN, MD<sup>†</sup>**

Provider ID: N/A  
215 W 4TH ST  
PERRIS, CA 92570\*  
Effective as of 01-AUG-20

##### **LEE, ALAN, MD<sup>†</sup>**

Provider ID: N/A  
215 W 4TH ST  
PERRIS, CA 92570\*

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-AUG-20

#### **PREVENTATIVE MEDICINE GENERAL**

**LAFONTANT, JEAN, MD†**

Provider ID: N/A

☐ 524 W 4TH ST STE B  
PERRIS, CA 92570

Effective as of 01-SEP-22

**LAFONTANT, JEAN, MD†**

Provider ID: N/A

☐ 524 W 4TH ST STE B  
PERRIS, CA 92570

Effective as of 01-SEP-22

**LAFONTANT, JEAN, MD†**

Provider ID: N/A

☐ 524 W 4TH ST STE B  
PERRIS, CA 92570

Effective as of 01-JAN-21

#### **ANESTHESIOLOGY**

**PRASAD, RUPA, MD†**

Provider ID: N/A

☐ 15611 POMERADO RD STE  
505  
POWAY, CA 92064

Teleservice

Effective as of 01-NOV-23

#### **ANESTHESIOLOGY PAIN MANAGEMENT**

**COHEN, ZACHARY, MD†**

Provider ID: N/A

☐ 15725 POMERADO RD STE  
210  
POWAY, CA 92064

Effective as of 01-JAN-24

**COHEN, ZACHARY, MD**

Provider ID: N/A

☐ 15725 POMERADO RD STE  
201  
POWAY, CA 92064

Effective as of 01-JAN-23

**FISHER, CASEY, MD**

Provider ID: N/A

☐ 15725 POMERADO RD STE  
201  
POWAY, CA 92064

Effective as of 01-APR-23

**PRASAD, RUPA, MD†**

Provider ID: N/A

☐ 15611 POMERADO RD STE  
505  
POWAY, CA 92064

Teleservice

Effective as of 01-NOV-21

#### **CARDIOVASCULAR DISEASE**

**NANAVATI, VIMAL, MD**

Provider ID: N/A

☐ 15706 POMERADO RD STE  
104  
POWAY, CA 92064

Effective as of 01-FEB-23

**SHEREV, DIMITRI, MD**

Provider ID: N/A

☐ 15708 POMERADO RD STE  
N-205  
POWAY, CA 92064

Effective as of 01-SEP-23

**ZAKOV, KAMEN, MD†**

Provider ID: N/A

☐ 15611 POMERADO RD STE  
400  
POWAY, CA 92064

Effective as of 01-SEP-22

#### **CERTIFIED NURSE PRACTITIONER**

**BISHOP, LESLIE, NP†**

Provider ID: N/A

☐ 15611 POMERADO RD STE  
505  
POWAY, CA 92064

Teleservice

Effective as of 01-JAN-21

**TRAN, DAPHNE, NP**

Provider ID: N/A

☐ 15611 POMERADO RD  
POWAY, CA 92064

Effective as of 01-FEB-23

**WILLIAMS, SHANTRICE, NP**

Provider ID: N/A

☐ 13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-FEB-24

**WRIGHT, KIMBERLY, NP†**

Provider ID: N/A

☐ 15611 POMERADO RD STE  
400  
POWAY, CA 92064

Effective as of 01-JAN-21

#### **CLINICAL**

#### **NEUROPSYCHOLOGIST**

**KAUP, ALLISON, PhD†**

Provider ID: N/A

☐ 15611 POMERADO RD STE  
505  
POWAY, CA 92064

Teleservice

Effective as of 01-MAR-21

#### **DERMATOLOGY**

**ARMSTRONG, PATRICK, MD**

**C1. List of Network Providers**  
**Specialty Care Physician**

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Provider ID: N/A

15721 POMERADO RD STE  
 300  
 POWAY, CA 92064  
 Effective as of 01-MAR-24

**BROGAN, JACQUELINE, MD**

Provider ID: N/A

15725 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 Effective as of 01-FEB-24

**CELANO, NICHOLAS, MD**

Provider ID: N/A

15725 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 Effective as of 01-NOV-23

**CELANO, NICHOLAS, MD**

Provider ID: N/A

15725 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 Effective as of 01-JAN-24

**CHIANG, JENNIFER, MD**

Provider ID: N/A

15725 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 Effective as of 01-JAN-24

**GONZALEZ, JOSE, MD**

Provider ID: N/A

15725 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 Effective as of 01-FEB-24

**JOU, PAUL, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
 400

POWAY, CA 92064

Effective as of 01-SEP-22

**LIN, SHINKO, MD**

Provider ID: N/A

15725 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 Effective as of 01-MAR-24

**NELSON, AISLYN, MD**

Provider ID: N/A

15725 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 Effective as of 01-FEB-24

**SATEESH, BROOKE, MD**

Provider ID: N/A

15725 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 Effective as of 01-JAN-24

**TYAGI, ABHILASHA, MD**

Provider ID: N/A

15725 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 Effective as of 01-JAN-24

**UEBELHOER, NATHAN, DO†**

Provider ID: N/A

15725 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 Effective as of 01-JAN-24

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**SCHNEIDER, DARIUS, MD**

Provider ID: N/A

15525 POMERADO RD STE  
 A1

POWAY, CA 92064

Effective as of 01-DEC-22

**SCHNEIDER, DARIUS, MD**

Provider ID: N/A

15525 POMERADO RD STE  
 A1  
 POWAY, CA 92064  
 Effective as of 01-JAN-23

**FAMILY PRACTICE**

**FLINN, SCOTT, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
 400  
 POWAY, CA 92064  
 Effective as of 01-JAN-21

**NAJAND, SADAF, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
 400  
 POWAY, CA 92064  
 Effective as of 01-SEP-22

**WHITE, KERI, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
 400  
 POWAY, CA 92064  
 Effective as of 01-SEP-22

**GASTROENTEROLOGY**

**ZAKKO, MARAM, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
 400  
 POWAY, CA 92064  
 Effective as of 01-JAN-21

**INTERNAL MEDICINE**

**CHEN, ANDREW, MD†**



## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064

Effective as of 01-SEP-22

#### **MANSOUR, DAVID, DO<sup>†</sup>**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064\*

Effective as of 01-AUG-22

#### **MOOLANI, UJJALA, MD**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064

Effective as of 01-MAY-23

#### **REDDY, SMITHA, MD<sup>†</sup>**

Provider ID: N/A

15725 POMERADO RD STE  
117  
POWAY, CA 92064

Effective as of 01-JAN-23

#### **REDDY, SMITHA, MD<sup>†</sup>**

Provider ID: N/A

15725 POMERADO RD STE  
117  
POWAY, CA 92064

Effective as of 01-JAN-21

#### **REDDY, SMITHA, MD<sup>†</sup>**

Provider ID: N/A

15725 POMERADO RD STE  
117  
POWAY, CA 92064

Effective as of 01-SEP-22

#### **THAPER, MOHINDERPAL, MD<sup>†</sup>**

Provider ID: N/A

15611 POMERADO RD STE  
575  
POWAY, CA 92064

Effective as of 01-JAN-21

### ***INTERVENTIONAL CARDIOLOGY***

#### **BAYAT, HAMED, MD<sup>†</sup>**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064

Effective as of 01-SEP-22

#### **MULVIHILL, DANIEL, MD<sup>†</sup>**

Provider ID: N/A

15611 POMERADO RD FL 4  
POWAY, CA 92064

Effective as of 01-SEP-22

#### **SERRY, ROD, MD<sup>†</sup>**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064

Effective as of 01-SEP-22

#### **VANICHSARN, CHRISTOPHER, MD<sup>†</sup>**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064

Effective as of 01-MAR-24

### ***LICENSED CLINICAL SOCIAL WORKER***

#### **BELINSKY, MARIA, LCSW**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-FEB-24

### ***NEPHROLOGY***

#### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064

Effective as of 01-MAY-23

#### **BOISKIN, MARK, MD<sup>†</sup>**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064

Effective as of 01-JUL-22

#### **BOISKIN, MARK, MD**

Provider ID: N/A

15644 POMERADO RD STE  
104  
POWAY, CA 92064

Effective as of 01-JAN-24

#### **BOISKIN, MARK, MD<sup>†</sup>**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064

Effective as of 01-JAN-16

#### **BOISKIN, MARK, MD<sup>†</sup>**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064

Effective as of 01-JAN-21

#### **GREENSTEIN, JOSHUA, MD<sup>†</sup>**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064

Effective as of 01-JUL-22

#### **NEYAZ, MOHAMMED, DO**

Provider ID: N/A

15708 POMERADO RD STE  
N-205

## C1. List of Network Providers

### Specialty Care Physician

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POWAY, CA 92064  
Effective as of 01-NOV-23

#### **SHAPIRO, MARK, MD†**

Provider ID: N/A

15708 POMERADO RD STE  
N-205

POWAY, CA 92064

Teleservice

Effective as of 01-JUL-22

#### **NEUROLOGY**

#### **DELANEY, MICHAEL, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505

POWAY, CA 92064

Teleservice

Effective as of 01-AUG-19

#### **DELANEY, MICHAEL, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505

POWAY, CA 92064

Teleservice

Effective as of 01-JAN-21

#### **DELANEY, MICHAEL, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505

POWAY, CA 92064

Teleservice

Effective as of 01-JAN-21

#### **FARNSWORTH, WILLIAM, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505

POWAY, CA 92064

Effective as of 01-FEB-22

#### **FARNSWORTH, WILLIAM, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505

POWAY, CA 92064

Effective as of 01-NOV-21

#### **HO, GILBERT, MD**

Provider ID: N/A

15708 POMERADO RD STE  
N103

POWAY, CA 92064\*

Effective as of 01-OCT-23

#### **LUHAR, RIYA, DO**

Provider ID: N/A

15611 POMERADO RD STE  
505

POWAY, CA 92064

Teleservice

Effective as of 01-AUG-23

#### **LUHAR, RIYA, DO**

Provider ID: N/A

15611 POMERADO RD STE  
505

POWAY, CA 92064

Teleservice

Effective as of 01-JAN-23

#### **WANG, ANCHI, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505

POWAY, CA 92064

Effective as of 01-JAN-21

#### **WANG, CHUNYANG, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505

POWAY, CA 92064

Teleservice

Effective as of 01-NOV-23

#### **WANG, CHUNYANG, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505

POWAY, CA 92064

Teleservice

Effective as of 01-JAN-24

#### **OBSTETRICS / GYNECOLOGY**

#### **FAN, LI, MD†**

Provider ID: N/A

15525 POMERADO RD STE  
C1

POWAY, CA 92064\*

Effective as of 01-NOV-21

#### **OPHTHALMOLOGY**

#### **LOZIER, JEFFREY, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400

POWAY, CA 92064

Effective as of 01-SEP-22

#### **OPTOMETRIST**

#### **KIM, MICHELLE, OD**

Provider ID: N/A

15611 POMERADO RD STE  
400

POWAY, CA 92064

Effective as of 01-SEP-22

#### **PHYSICAL MEDICINE / REHABILITATION**

#### **BULLOCK, ANDREW, DO†**

Provider ID: N/A

15644 POMERADO RD STE  
204

POWAY, CA 92064

Effective as of 01-SEP-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **BULLOCK, ANDREW, DO†**

Provider ID: N/A

15644 POMERADO RD STE  
204  
POWAY, CA 92064

Effective as of 01-JAN-21

#### **BULLOCK, ANDREW, DO†**

Provider ID: N/A

15644 POMERADO RD STE  
204  
POWAY, CA 92064

Effective as of 01-JUL-22

#### **FISHER, CASEY, MD**

Provider ID: N/A

15725 POMERADO RD STE  
210  
POWAY, CA 92064

Effective as of 01-JAN-21

#### **TAHAEI, SEYED, MD†**

Provider ID: N/A

15708 POMERADO RD STE  
N-207  
POWAY, CA 92064

Effective as of 01-OCT-22

### ***PHYSICIANS ASSISTANT***

#### **ASTOURIAN, PATRICK, PA†**

Provider ID: N/A

15725 POMERADO RD STE  
117  
POWAY, CA 92064

Teleservice

Effective as of 01-SEP-22

#### **CAMERON, KENDALL, PA**

Provider ID: N/A

15725 POMERADO RD STE  
117  
POWAY, CA 92064

Teleservice

Effective as of 01-AUG-22

#### **CHATFIELD, ALEXANDRA, PA†**

Provider ID: N/A

15611 POMERADO RD STE  
525  
POWAY, CA 92064

Effective as of 01-FEB-21

#### **GRINDLE, SILVIA, PA†**

Provider ID: N/A

13525 MIDLAND RD STE F  
POWAY, CA 92064

Effective as of 01-JAN-21

#### **HUANG, STEPHANIE, PA†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064

Effective as of 01-JAN-21

#### **RAHIM, ARIANNA, PA**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064

Effective as of 01-OCT-23

#### **WEBB, SHANNON, PA**

Provider ID: N/A

15725 POMERADO RD STE  
102  
POWAY, CA 92064

Teleservice

Effective as of 01-MAY-23

### ***PODIATRIST***

#### **BANKS, JAMINELLI, DPM†**

Provider ID: N/A

15706 POMERADO RD STE  
S-102  
POWAY, CA 92064

Effective as of 01-SEP-22

#### **CHU, ANDREW, DPM†**

Provider ID: N/A

15706 POMERADO RD STE  
S-102  
POWAY, CA 92064

Effective as of 01-SEP-22

#### **CHU, ANDREW, DPM†**

Provider ID: N/A

15706 POMERADO RD STE  
S-102  
POWAY, CA 92064

Effective as of 01-NOV-21

#### **HAN, KYOUNG, DPM**

Provider ID: N/A

15706 POMERADO RD STE  
102  
POWAY, CA 92064\*

Effective as of 01-NOV-21

#### **NEGRON, RICARDO, DPM**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-21

#### **READ, TRENTON, DPM**

Provider ID: N/A

15706 POMERADO RD STE  
102  
POWAY, CA 92064

Effective as of 01-APR-23

#### **SMITH, COLLIN, DPM†**

Provider ID: N/A

15706 POMERADO RD STE  
S102  
POWAY, CA 92064

Effective as of 01-SEP-22

#### **SMITH, COLLIN, DPM†**

Provider ID: N/A

15706 POMERADO RD STE  
S102

## C1. List of Network Providers


### Specialty Care Physician

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POWAY, CA 92064  
Effective as of 01-DEC-21

#### **SMITH, COLLIN, DPM†**

Provider ID: N/A


 15706 POMERADO RD STE  
S102

POWAY, CA 92064  
Effective as of 01-FEB-21

#### ***PSYCHIATRY***

#### **ANDERSEN, CLAIRE, MD**


Provider ID: N/A

 13020 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-21

#### **ANDERSEN, CLAIRE, MD**

Provider ID: N/A

 13020 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-21

#### **MODHWADIA, MAMTA, MD**

Provider ID: N/A

 13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-FEB-24

#### **MODHWADIA, MAMTA, MD**

Provider ID: N/A

 13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-FEB-24

#### **PEDERSEN, SUESAN, MD**

Provider ID: N/A

 13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-AUG-22

#### **PEDERSEN, SUESAN, MD**

Provider ID: N/A


 13010 POWAY RD

POWAY, CA 92064  
Effective as of 01-AUG-22

#### **POSTLETHWAITE,**

#### **ALEJANDRA, MD†**

Provider ID: N/A

 13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-24

#### **POSTLETHWAITE,**

#### **ALEJANDRA, MD†**

Provider ID: N/A


 13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-24

#### ***PSYCHIATRY CHILD***

#### **ANDERSEN, CLAIRE, MD**


Provider ID: N/A

 13020 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-21

#### **ANDERSEN, CLAIRE, MD**

Provider ID: N/A

 13020 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-21

#### ***PSYCHOLOGIST***

#### **KAUP, ALLISON, PhD†**

Provider ID: N/A

 15611 POMERADO RD STE  
505


POWAY, CA 92064

Teleservice

Effective as of 01-NOV-23

#### **KAUP, ALLISON, PhD†**

Provider ID: N/A

 15611 POMERADO RD STE  
505

POWAY, CA 92064  
Teleservice  
Effective as of 01-FEB-24

#### **KAUP, ALLISON, PhD†**

Provider ID: N/A

 15611 POMERADO RD STE  
505


POWAY, CA 92064

Teleservice

Effective as of 01-FEB-24

#### **KAUP, ALLISON, PhD†**

Provider ID: N/A

 15611 POMERADO RD STE  
505

POWAY, CA 92064

Teleservice

Effective as of 01-NOV-23

#### **MEJIAS, JUAN, PhD**

Provider ID: N/A

 13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-24

#### **MEJIAS, JUAN, PhD**

Provider ID: N/A

 13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-24

#### **VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

 13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-DEC-23

#### **VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

 13010 POWAY RD  
POWAY, CA 92064

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JAN-24

**VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-24

**VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-DEC-23

### **RHEUMATOLOGY**

**RAO, SOUMYA, MD†**

Provider ID: N/A

15611 POMERADO RD STE 400  
POWAY, CA 92064

Effective as of 01-SEP-22

**REDDY, SMITHA, MD†**

Provider ID: N/A

15725 POMERADO RD STE 117  
POWAY, CA 92064

Effective as of 01-SEP-22

**REDDY, SMITHA, MD†**

Provider ID: N/A

15725 POMERADO RD STE 117  
POWAY, CA 92064

Effective as of 01-DEC-18

### **SURGERY ORTHOPEDIC**

**BALIKIAN, PHILIP, MD†**

Provider ID: N/A

15611 POMERADO RD STE 400

POWAY, CA 92064

Teleservice

Effective as of 01-JAN-21

**BRIED, JAMES, MD†**

Provider ID: N/A

15611 POMERADO RD STE 525  
POWAY, CA 92064

Effective as of 01-SEP-22

**COHEN, BRAD, MD†**

Provider ID: N/A

15611 POMERADO RD STE 525  
POWAY, CA 92064

Effective as of 01-SEP-22

### **UROLOGY**

**ANTHONY, JULIAN, MD**

Provider ID: N/A

15611 POMERADO RD FL 4  
POWAY, CA 92064

Effective as of 01-MAR-24

**PE, MARK-RALLY, MD†**

Provider ID: N/A

12630 MONTE VISTA RD STE 103  
POWAY, CA 92064

Effective as of 01-SEP-22

### **FAMILY PRACTICE**

**HARDISON, CHARLES, MD†**

Provider ID: N/A

211 13TH ST  
RAMONA, CA 92065\*

Effective as of 01-SEP-22

**WELLS, TODD, MD**

Provider ID: N/A

211 13TH ST  
RAMONA, CA 92065

Effective as of 01-JUN-23

### **PEDIATRICS**

**YUNG, DORIS, MD†**

Provider ID: N/A

220 ROTANZI ST  
RAMONA, CA 92065

Effective as of 01-DEC-18

### **REGISTERED PHYSICAL THERAPIST**

**BOUTELLE, DAVID, PT**

Provider ID: N/A

850 MAIN ST STE 105  
RAMONA, CA 92065

Effective as of 01-FEB-24

**BOUTELLE, BARBARA, PT**

Provider ID: N/A

850 MAIN ST STE 105  
RAMONA, CA 92065

Effective as of 01-FEB-24

### **CHIROPRACTOR**

**PIERSON, MICHAEL, DC**

Provider ID: N/A

22411 ANTONIO PKWY STE C215  
RANCHO SANTA MARGARITA, CA 92688

Effective as of 01-JAN-18

### **DERMATOLOGY**

**DICESARE, DANIEL, MD**

Provider ID: N/A

22032 EL PASEO STE 150  
RANCHO SANTA MARGARITA, CA 92688

Effective as of 01-NOV-19

**DICESARE, DANIEL, MD**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

22032 EL PASEO STE 150  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-NOV-19

#### **GUIDE, SHIREEN, MD†**

Provider ID: N/A

29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-17

#### **GUIDE, SHIREEN, MD†**

Provider ID: N/A

29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-16

#### **GUIDE, SHIREEN, MD†**

Provider ID: N/A

29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-16

#### **GUIDE, SHIREEN, MD†**

Provider ID: N/A

29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-AUG-12

#### **GUIDE, SHIREEN, MD†**

Provider ID: N/A

29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-AUG-12

#### **GUIDE, SHIREEN, MD†**

Provider ID: N/A

29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-AUG-12

#### **LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-NOV-21

#### **LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-NOV-21

#### **LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-OCT-23

#### **LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JUL-21

#### **LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JUL-21

#### **LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JUN-18

#### **LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-23

#### **LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-MAR-19

#### **LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-MAR-19

#### **SHIELL, RONALD, MD†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688  
Teleservice  
Effective as of 01-DEC-21

#### **SHIELL, RONALD, MD†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688  
Teleservice  
Effective as of 01-JAN-17

#### **WANG, JAMES, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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29833 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-SEP-19

#### **WANG, JAMES, MD†**

Provider ID: N/A

29833 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-SEP-19

#### **WANG, JAMES, MD†**

Provider ID: N/A

29833 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-SEP-19

#### **WANG, JAMES, MD†**

Provider ID: N/A

29833 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-SEP-19

#### **WANG, JAMES, MD†**

Provider ID: N/A

29833 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-SEP-19

#### **WANG, JAMES, MD†**

Provider ID: N/A

29833 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-APR-20

#### **WANG, JAMES, MD†**

Provider ID: N/A

29833 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JUL-18

### ***ENDOCRINOLOGY METABOLISM DIABETES***

#### **HAMIDI, AFSHIN, MD**

Provider ID: N/A

30511 AVENIDA DE LAS  
FLORES  
# 1064  
RANCHO SANTA  
MARGARITA, CA 92688

Teleservice

Effective as of 01-SEP-23

#### **HAMIDI, AFSHIN, MD**

Provider ID: N/A

30511 AVENIDA DE LAS  
FLORES  
# 1064  
RANCHO SANTA  
MARGARITA, CA 92688

Teleservice

Effective as of 01-SEP-23

### ***INTERNAL MEDICINE***

#### **GORE, GWENDOLYN, MD†**

Provider ID: N/A

29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688\*  
Effective as of 01-FEB-13

#### **GORE, GWENDOLYN, MD†**

Provider ID: N/A

29472 AVENIDA DE LAS

BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688\*  
Effective as of 01-MAY-12

### ***PHYSICIANS ASSISTANT***

#### **KANE, KARA, PA†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-OCT-22

### ***PODIATRIST***

#### **ANGAROLA, JEFF, DPM**

Provider ID: N/A

29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-MAY-12

#### **ANGAROLA, JEFF, DPM**

Provider ID: N/A

29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-22

#### **ANGAROLA, JEFF, DPM**

Provider ID: N/A

29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-22

#### **ANGAROLA, JEFF, DPM**

Provider ID: N/A

29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA

## CI. List of Network Providers

### Specialty Care Physician

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MARGARITA, CA 92688  
Effective as of 01-JAN-22

#### **ANGAROLA, JEFF, DPM**

Provider ID: N/A

29472 AVENIDA DE LAS BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-MAY-12

#### **ANGAROLA, JEFF, DPM**

Provider ID: N/A

29472 AVENIDA DE LAS BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-APR-11

#### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **MAASUMI, KASRA, MD**

Provider ID: N/A

30212 TOMAS STE 180  
RANCHO STA MARG, CA 92688

Teleservice

Effective as of 01-FEB-24

#### **MAASUMI, KASRA, MD**

Provider ID: N/A

30212 TOMAS STE 180  
RANCHO STA MARG, CA 92688

Teleservice

Effective as of 01-FEB-24

#### **MAASUMI, KASRA, MD**

Provider ID: N/A

30212 TOMAS STE 180  
RANCHO STA MARG, CA 92688

Teleservice

Effective as of 01-FEB-24

#### **ALLERGY IMMUNOLOGY**

#### **DYER, MARC, MD**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 201  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-17

#### **ANESTHESIOLOGY**

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

647 CAMINO DE LOS MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

647 CAMINO DE LOS MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22

#### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **BETTS, ANDRES, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 202  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-16

#### **BETTS, ANDRES, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 202  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-16

#### **BETTS, ANDRES, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 202  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-16

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

647 CAMINO DE LOS MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

647 CAMINO DE LOS MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-19

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

647 CAMINO DE LOS MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-23

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

647 CAMINO DE LOS MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-23

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A

647 CAMINO DE LOS MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-23

#### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

647 CAMINO DE LOS MARES STE 223



## CI. List of Network Providers

### Specialty Care Physician

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SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-20

#### **SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

📍 647 CAMINO DE LOS  
MARES STE 223

SAN CLEMENTE, CA 92673  
Effective as of 01-JUL-20

#### **CARDIAC**

#### **ELECTROPHYSIOLOGY**

#### **DRURY, PAUL, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672

Effective as of 01-JAN-24

#### **DRURY, PAUL, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672

Effective as of 01-JAN-24

#### **CARDIOVASCULAR**

#### **DISEASE**

#### **KUO, ALLEN, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672

Effective as of 01-FEB-23

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **PARK, SE, NP**

Provider ID: N/A

📍 3553 CAMINO MIRA COSTA  
STE A

SAN CLEMENTE, CA 92672  
Effective as of 01-JUL-23

#### **POLIZZI, BRITTANY, NP†**

Provider ID: N/A

📍 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-DEC-22

#### **WONG, KRISTLE, NP**

Provider ID: N/A

📍 1031 AVENIDA PICO STE  
203  
SAN CLEMENTE, CA 92673

Effective as of 01-NOV-23

#### **CHIROPRACTOR**

#### **THOMPSON, RUSSELL, DC†**

Provider ID: N/A

📍 629 CAMINO DE LOS  
MARES STE 104  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

#### **DERMATOLOGY**

#### **CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

📍 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

#### **CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

📍 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-NOV-19

#### **CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

📍 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-22

#### **CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

📍 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-23

#### **CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

📍 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-DEC-21

#### **CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

📍 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-DEC-21

#### **CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

📍 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-DEC-21

#### **CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

📍 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-DEC-21

#### **FOREMAN, TANYA, MD†**

Provider ID: N/A

📍 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-JUL-21

#### **FOREMAN, TANYA, MD†**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673 Effective as of 01-JUL-21	Effective as of 01-OCT-23	Provider ID: N/A
<b>FOREMAN, TANYA, MD<sup>†</sup></b> Provider ID: N/A	<b>RILEY, JESSICA, DO<sup>†</sup></b> Provider ID: N/A	 1300 AVENIDA VISTA HERMOSA SAN CLEMENTE, CA 92673 Effective as of 01-JAN-17
 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673 Effective as of 01-SEP-18	 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673 Effective as of 01-NOV-18	<b>SHIELL, RONALD, MD<sup>†</sup></b> Provider ID: N/A
<b>FOREMAN, TANYA, MD<sup>†</sup></b> Provider ID: N/A	<b>RILEY, JESSICA, DO<sup>†</sup></b> Provider ID: N/A	 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673 Teleservice Effective as of 01-DEC-21
 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673 Effective as of 01-OCT-23	 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673 Effective as of 01-NOV-18	<b>SHIELL, RONALD, MD<sup>†</sup></b> Provider ID: N/A
<b>GUIDE, SHIREEN, MD<sup>†</sup></b> Provider ID: N/A	<b>RILEY, JESSICA, DO<sup>†</sup></b> Provider ID: N/A	 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673 Teleservice Effective as of 01-MAR-19
 629 CAMINO DE LOS MARES STE 105 SAN CLEMENTE, CA 92673 Effective as of 01-JAN-17	 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673 Effective as of 01-NOV-23	<b>SHIELL, RONALD, MD<sup>†</sup></b> Provider ID: N/A
<b>GUIDE, SHIREEN, MD<sup>†</sup></b> Provider ID: N/A	<b>RILEY, JESSICA, DO<sup>†</sup></b> Provider ID: N/A	 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673 Teleservice Effective as of 01-SEP-18
 629 CAMINO DE LOS MARES STE 105 SAN CLEMENTE, CA 92673 Effective as of 01-JAN-16	 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673 Effective as of 01-OCT-18	<b>SHIELL, RONALD, MD<sup>†</sup></b> Provider ID: N/A
<b>GUIDE, SHIREEN, MD<sup>†</sup></b> Provider ID: N/A	<b>RILEY, JESSICA, DO<sup>†</sup></b> Provider ID: N/A	 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673 Teleservice Effective as of 01-OCT-23
 629 CAMINO DE LOS MARES STE 105 SAN CLEMENTE, CA 92673 Effective as of 01-JAN-16	 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673 Effective as of 01-AUG-20	<b>GASTROENTEROLOGY</b>
<b>RILEY, JESSICA, DO<sup>†</sup></b> Provider ID: N/A	<b>RILEY, JESSICA, DO<sup>†</sup></b> Provider ID: N/A	<b>GUJRAL, NAVJYOT, MD<sup>†</sup></b> Provider ID: N/A
 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673	 1300 AVENIDA VISTA HERMOSA STE 150 SAN CLEMENTE, CA 92673 Effective as of 01-MAR-23	 655 CAMINO LOS MARES 123
	<b>SHIELL, RONALD, MD<sup>†</sup></b>	

## CI. List of Network Providers

### Specialty Care Physician

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SAN CLEMENTE, CA 92673  
Effective as of 01-MAY-12

#### **GUJRAL, NAVJYOT, MD†**

Provider ID: N/A

📍 655 CAMINO LOS MARES  
123  
SAN CLEMENTE, CA 92673  
Effective as of 01-APR-11

#### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

📍 675 CAMINO DE LOS  
MARES STE 301  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-18

#### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

📍 675 CAMINO LOS MARES  
210  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-18

#### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

📍 675 CAMINO DE LOS  
MARES STE 301  
SAN CLEMENTE, CA 92673  
Effective as of 01-MAY-22

#### **ROSSARO, LORENZO, MD†**

Provider ID: N/A

📍 675 CAMINO DE LOS  
MARES STE 301  
SAN CLEMENTE, CA 92673  
Effective as of 01-MAY-22

#### **ROSSARO, LORENZO, MD†**

Provider ID: N/A

📍 675 CAMINO DE LOS  
MARES STE 210  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUN-21

### ***INTERVENTIONAL CARDIOLOGY***

#### **DRURY, PAUL, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-FEB-23

#### **DRURY, PAUL, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-JAN-23

#### **DRURY, PAUL, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-JAN-23

#### **DRURY, PAUL, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-JAN-23

#### **DRURY, PAUL, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-SEP-19

#### **KUO, ALLEN, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-SEP-20

#### **KUO, ALLEN, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-SEP-20

#### **KUO, ALLEN, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-SEP-20

#### **VAN, HO HAI, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-FEB-23

#### **VAN, HO HAI, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-DEC-21

#### **VAN, HO HAI, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-DEC-21

#### **VAN, HO HAI, MD†**

Provider ID: N/A

📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-DEC-21

### ***NEUROLOGY***

#### **PATEL, HITESH, MD†**

Provider ID: N/A

📍 638 CAMINO DE LOS  
MARES STE D4  
SAN CLEMENTE, CA 92673  
Effective as of 01-DEC-21

#### **PATEL, HITESH, MD†**

Provider ID: N/A

📍 638 CAMINO DE LOS  
MARES STE D4  
SAN CLEMENTE, CA 92673  
Effective as of 01-DEC-21

## C1. List of Network Providers

### Specialty Care Physician

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#### **PATEL, HITESH, MD†**

Provider ID: N/A

638 CAMINO DE LOS MARES STE D4  
SAN CLEMENTE, CA 92673  
Effective as of 01-DEC-21

#### **PATEL, HITESH, MD†**

Provider ID: N/A

638 CAMINO DE LOS MARES STE D4  
SAN CLEMENTE, CA 92673  
Effective as of 01-DEC-21

### ***OBSTETRICS / GYNECOLOGY***

#### **BAILEY, THOMAS, MD†**

Provider ID: N/A

665 CAMINO LOS MARES  
303  
SAN CLEMENTE, CA 92672  
Effective as of 01-MAR-01

#### **BAILEY, THOMAS, MD†**

Provider ID: N/A

665 CAMINO LOS MARES  
303  
SAN CLEMENTE, CA 92672  
Effective as of 01-JAN-18

#### **JOHNSON, SUSAN, MD†**

Provider ID: N/A

1031 AVENIDA PICO STE  
204  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-20

#### **JOHNSON, SUSAN, MD†**

Provider ID: N/A

1031 AVENIDA PICO STE  
204  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-22

#### **JOHNSON, SUSAN, MD†**

Provider ID: N/A

1031 AVENIDA PICO STE  
204  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUL-22

#### **PRIESTLEY, ANGELIKA, MD**

Provider ID: N/A

1031 AVENIDA PICO STE  
204  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-22

#### **RAMIREZ, SARA, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-18

#### **RAMIREZ, SARA, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-10

#### **SALCIDO, CRAIG, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 303A  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-18

#### **SALCIDO, CRAIG, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 303A  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-18

### ***OPHTHALMOLOGY***

#### **AHMAD, ASHRAF, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

#### **AHMAD, ASHRAF, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-22

#### **BANUELOS, LYDIA, MD†**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 107  
SAN CLEMENTE, CA 92673  
Effective as of 01-DEC-22

#### **BANUELOS, LYDIA, MD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-FEB-23

#### **DHOOT, SONIA, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-19

#### **DHOOT, SONIA, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-19

#### **DHOOT, SONIA, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102

**CI. List of Network Providers**  
**Specialty Care Physician**

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SAN CLEMENTE, CA 92673  
 Effective as of 01-OCT-23

**DHOOT, SONIA, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-SEP-22

**GUJRAL, SATVINDER, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-SEP-22

**GUJRAL, SATVINDER, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-OCT-23

**GWYNN, DAVID, MD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 103  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-MAR-23

**GWYNN, DAVID, MD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 103  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-FEB-23

**GWYNN, DAVID, MD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 103  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-JAN-24

**GWYNN, DAVID, MD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 103  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-JAN-24

**GWYNN, DAVID, MD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 103  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-JAN-24

**HOVANESIAN, JOHN, MD**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-JAN-23

**HOVANESIAN, JOHN, MD**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-APR-23

**HOVANESIAN, JOHN, MD**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-OCT-23

**HOVANESIAN, JOHN, MD**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-APR-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

665 CAMINO LOS MARES

102  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-OCT-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

665 CAMINO LOS MARES 102  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-APR-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

665 CAMINO LOS MARES 102  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-APR-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

665 CAMINO LOS MARES 102  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-AUG-22

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 103  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-JAN-18

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO LOS MARES 107  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-JAN-15

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 103  
 SAN CLEMENTE, CA 92673  
 Effective as of 01-MAY-23

## C1. List of Network Providers

### Specialty Care Physician

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**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673

Effective as of 01-MAY-23

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO LOS MARES  
107  
SAN CLEMENTE, CA 92673

Effective as of 01-MAY-12

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO LOS MARES  
107  
SAN CLEMENTE, CA 92673

Effective as of 01-MAR-23

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO LOS MARES  
107  
SAN CLEMENTE, CA 92673

Effective as of 01-MAR-10

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-17

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO LOS MARES  
107  
SAN CLEMENTE, CA 92673

Effective as of 01-APR-11

**KELLER, CHARLES, MD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

**KELLER, CHARLES, MD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-AUG-22

**KERSTEN, DIANA, MD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-APR-23

**KERSTEN, DIANA, MD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-APR-23

**KERSTEN, DIANA, MD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

**KIM, EDWARD, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

**KIM, BRIAN, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

**KIM, EDWARD, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-JUL-22

**KIM, BRIAN, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-AUG-22

**NOGUCHI, JONATHAN, MD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-SEP-22

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673

Effective as of 01-JUN-21

**SALEHI-HAD, HANI, MD†**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

653 CAMINO DE LOS MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUN-21

#### **SALEHI-HAD, HANI, MD†**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUN-21

#### **TEYMOORIAN, SAVAK, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

#### **TEYMOORIAN, SAVAK, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-22

#### **WANG, YE, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-19

#### **WANG, YE, MD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-19

#### **OPTOMETRIST**

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUN-19

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUN-19

#### **LEIGHT, TERRA, OD†**

Provider ID: N/A

685 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22

#### **LEIGHT, TERRA, OD†**

Provider ID: N/A

685 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**NG, REBECCA, OD†**

Provider ID: N/A

653 CAMINO LOS MARES  
103  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-18

#### **NG, REBECCA, OD†**

Provider ID: N/A

653 CAMINO LOS MARES  
103  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-11

#### **NG, REBECCA, OD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 107  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-23

#### **STEFANIDIS, NICOLETTA, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-22

#### **STEFANIDIS, NICOLETTA, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

#### **STEFANIDIS, NICOLETTA, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-FEB-18

#### **STEFANIDIS, NICOLETTA, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102

## CI. List of Network Providers

### Specialty Care Physician

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SAN CLEMENTE, CA 92673  
Effective as of 01-FEB-18

#### **TERADA, SEIJU, OD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

#### **TERADA, SEIJU, OD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-22

### **OTOLARYNGOLOGY**

#### **CROCKETT, DENNIS, MD†**

Provider ID: N/A

675 CAMINO DE LOS  
MARES STE 420  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-18

#### **CROCKETT, DENNIS, MD†**

Provider ID: N/A

675 CAMINO DE LOS  
MARES STE 420  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUL-19

#### **CROCKETT, DENNIS, MD†**

Provider ID: N/A

675 CAMINO DE LOS  
MARES STE 420  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUL-19

#### **WELLS, PHILLIP, MD†**

Provider ID: N/A

675 CAMINO DE LOS  
MARES STE 420  
SAN CLEMENTE, CA 92673

Effective as of 01-NOV-14

#### **WELLS, PHILLIP, MD†**

Provider ID: N/A

675 CAMINO DE LOS  
MARES STE 420  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-08

#### **WELLS, PHILLIP, MD†**

Provider ID: N/A

675 CAMINO DE LOS  
MARES STE 420  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-18

### **PEDIATRICS**

#### **DWINELL, LAUREN, MD†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 200  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUL-23

### **PHYSICIANS ASSISTANT**

#### **ESHOIEE, MIRIAM, PA†**

Provider ID: N/A

224 AVENIDA DEL MAR STE  
B  
SAN CLEMENTE, CA 92672  
Effective as of 01-AUG-20

#### **MOHALE, SHARON, PA†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-18

#### **NELMS, MICHAEL, PA†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150

SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-21

#### **NORMAN, STACY, PA**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-23

#### **SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-NOV-22

#### **SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-NOV-22

#### **WANG, ALICE, PA**

Provider ID: N/A

831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-FEB-24

### **PODIATRIST**

#### **HEHE, KYLE, DPM**

Provider ID: N/A

665 CAMINO DE LOS  
MARES  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-23

#### **HEHE, KYLE, DPM**

Provider ID: N/A

665 CAMINO DE LOS  
MARES  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-23



## CI. List of Network Providers

### Specialty Care Physician

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#### **LEAMING, ROBERT, DPM**

Provider ID: N/A

655 CAMINO DE LOS  
MARES STE 120  
SAN CLEMENTE, CA 92673

Teleservice

Effective as of 01-FEB-24

#### **LEAMING, ROBERT, DPM**

Provider ID: N/A

655 CAMINO DE LOS  
MARES STE 120  
SAN CLEMENTE, CA 92673

Teleservice

Effective as of 01-FEB-24

#### ***SURGERY HAND***

#### **FRANKLIN, ADAM, MD**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 109  
SAN CLEMENTE, CA 92673

Effective as of 01-APR-18

#### **FRANKLIN, ADAM, MD**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 109  
SAN CLEMENTE, CA 92673

Effective as of 01-APR-18

#### ***SURGERY***

#### ***NEUROLOGICAL***

#### **PATEL, HITESH, MD<sup>†</sup>**

Provider ID: N/A

638 CAMINO DE LOS  
MARES STE D4  
SAN CLEMENTE, CA 92673

Effective as of 01-NOV-21

#### ***SURGERY ORTHOPEDIC***

#### **GIALAMAS, GUS, MD**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 109  
SAN CLEMENTE, CA 92673

Effective as of 01-FEB-18

#### **GIALAMAS, GUS, MD**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 109  
SAN CLEMENTE, CA 92673

Effective as of 01-FEB-18

#### **VAN DER REIS, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 109  
SAN CLEMENTE, CA 92673

Effective as of 01-MAY-12

#### **VAN DER REIS, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 109  
SAN CLEMENTE, CA 92673

Effective as of 01-APR-11

#### ***UROLOGY***

#### **BUI, DON, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-OCT-23

#### **BUI, DON, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-DEC-23

#### **BUI, DON, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A

SAN CLEMENTE, CA 92672

Effective as of 01-JAN-23

#### **ELKHOURY, FUAD, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-OCT-23

#### **HO, TAMMY, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-OCT-23

#### **KIM, MOSES, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-OCT-23

#### **KIM, MOSES, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-JAN-23

#### **MEAGLIA, JAMES, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-JAN-23

#### **MEAGLIA, JAMES, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-OCT-23

#### **NAKAMURA, LEAH, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-OCT-23

#### **RANDALL, JOSH, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-OCT-23

#### **SINGH, KARAN, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-OCT-23

#### **SPITZ, AARON, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-OCT-23

#### **SU, DANIEL, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-OCT-23

#### **TEBYANI, NEYSSAN, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-OCT-23

### **ADDICTIVE MEDICINE**

#### **HEINRICI, ALEKA, MD**

Provider ID: N/A

286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

Teleservice

Effective as of 01-APR-23

#### **SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A

4187 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUN-23

#### **SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A

4185 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUN-23

#### **SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A

4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUN-23

#### **SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A

4175 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUN-23

#### **SALGUERO GALLAND, MARIO, MD†**

Provider ID: N/A

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

Teleservice

Effective as of 01-SEP-21

### **ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY**

#### **HOAGLAND, PETER, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

#### **JASKI, BRIAN, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-JAN-21

### **ALLERGY IMMUNOLOGY**

#### **ALKATIB, RHONDA, MD†**

Provider ID: N/A

2655 CAMINO DEL RIO N  
STE 425

SAN DIEGO, CA 92108

Effective as of 01-APR-22

#### **ALKATIB, RHONDA, MD†**

Provider ID: N/A

2655 CAMINO DEL RIO N  
STE 425

SAN DIEGO, CA 92108

Effective as of 01-OCT-21

#### **ALKATIB, RHONDA, MD†**

Provider ID: N/A

2655 CAMINO DEL RIO N  
STE 120

SAN DIEGO, CA 92108

Effective as of 01-SEP-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **COHEN, GARY, MD**

Provider ID: N/A

9833 PACIFIC HEIGHTS  
BLVD STE J  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-95

#### **COHEN, GARY, MD**

Provider ID: N/A

9833 PACIFIC HEIGHTS  
BLVD STE J  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-07

#### **KIM, ALEXANDER, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-23

#### **MERCANDETTI, ALEX, MD†**

Provider ID: N/A

3965 5TH AVE STE 430  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-NOV-20

#### **OSTROM, NANCY, MD†**

Provider ID: N/A

5776 RUFFIN RD  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-13

#### **SHARMA, KUSUM, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131  
Effective as of 01-JAN-23

#### **SHARMA, KUSUM, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280

SAN DIEGO, CA 92131  
Effective as of 01-JAN-21

#### **SHARMA, KUSUM, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131  
Effective as of 01-SEP-15

### ***ANESTHESIOLOGY***

#### **BECERRA SONGOLO, TOSHA, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **CHIEN, SHELBY, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **DOBECKI, DOUGLAS, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-22

#### **FILIPOVIC, MAYA, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **FUNDINGSLAND, BRENT, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

#### **GAYAM, SAJJAN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-22

#### **GROVEY, BRITTANY, MD†**

Provider ID: N/A

8901 ACTIVITY RD STE 100  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-21

#### **GROVEY, BRITTANY, MD†**

Provider ID: N/A

8901 ACTIVITY RD STE 104  
SAN DIEGO, CA 92126  
Effective as of 01-APR-21

#### **LEE, GEMAYEL, MD†**

Provider ID: N/A

8901 ACTIVITY RD STE 100  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-21

#### **NARLA, VINOD, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **NGO, DONALD, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **ROY, KEVIN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **SAID, ENGY, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

## C1. List of Network Providers

### Specialty Care Physician

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**SAID, ENGY, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-OCT-21

**SUYDAM, STEVEN, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**THOMPSON, SANDRA, MD†**

Provider ID: N/A

4033 3RD AVE STE 200  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-DEC-22

**TOLIVER, KEVIN, MD**

Provider ID: N/A

4060 4TH AVE STE 408  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-23

**TULLY, JEFFREY, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**TZENG, ERIC, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**VAN NOORD, BRANDON, MD†**

Provider ID: N/A

3969 4TH AVE STE 208  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-19

**VAUGHN, DOUGLAS, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**ANESTHESIOLOGY****CRITICAL CARE MEDICINE****KRAUSE, MARTIN, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

**ANESTHESIOLOGY PAIN  
MANAGEMENT****BROWNLOW, ROY, MD**

Provider ID: N/A

5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123  
Effective as of 01-APR-24

**CHISHOLM, CHRISTOPHER, MD**

Provider ID: N/A

16466 BERNARDO CENTER  
DR STE 150  
SAN DIEGO, CA 92128  
Effective as of 01-JUN-20

**CHONG, TIMOTHY, MD†**

Provider ID: N/A

16466 BERNARDO CENTER  
DR STE 150  
SAN DIEGO, CA 92128  
Effective as of 01-SEP-17

**COHEN, ZACHARY, MD**

Provider ID: N/A

5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**DAIRO, BRANDON, MD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Teleservice  
Effective as of 01-NOV-22

**GROVEY, BRITTANY, MD†**

Provider ID: N/A

8901 ACTIVITY RD STE 104  
SAN DIEGO, CA 92126  
Effective as of 01-FEB-21

**LEE, GEMAYEL, MD†**

Provider ID: N/A

8901 ACTIVITY RD STE 104  
SAN DIEGO, CA 92126  
Effective as of 01-FEB-21

**LEE, INSUN, MD**

Provider ID: N/A

5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123  
Effective as of 01-APR-24

**LEE, GEMAYEL, MD†**

Provider ID: N/A

8901 ACTIVITY RD STE 104  
SAN DIEGO, CA 92126  
Effective as of 01-APR-21

**RICHARDSON, HENRY, MD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-MAY-21

**THOMPSON, SANDRA, MD†**

Provider ID: N/A

4033 3RD AVE STE 430  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-22

**VAN NOORD, BRANDON, MD†**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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3969 4TH AVE STE 208  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-19

**VAN NOORD, BRANDON, MD†**

Provider ID: N/A

3969 4TH AVE STE 208  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**VAN NOORD, BRANDON, MD†**

Provider ID: N/A

3969 4TH AVE STE 208  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-23

### **AUDIOLOGIST**

**BAXTER, STEPHANIE, AuD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**BAXTER, STEPHANIE, AuD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**BAXTER, STEPHANIE, AuD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**HARRIS, GENEVIEVE, AuD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**HERRERA, CHARITY, AuD†**

Provider ID: N/A

9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**HORNER, HEATHER, AuD†**

Provider ID: N/A

6367 ALVARADO CT STE 101  
SAN DIEGO, CA 92120  
Teleservice  
Effective as of 01-JUN-22

**HORNER, HEATHER, AuD†**

Provider ID: N/A

9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-JUN-22

**SHASKY, GARY, AuD†**

Provider ID: N/A

9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**SILVERSTEIN, KAYLI, AuD**

Provider ID: N/A

5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-APR-24

**TSANG, JOYCE, AuD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**WILLIAMS, ALICIA, AuD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

### **CARDIAC**

### **ELECTROPHYSIOLOGY**

**ATHILL, CHARLES, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**CHOI, ANTHONY, MD**

Provider ID: N/A

3131 BERGER AVE  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-23

**LERNER, JONATHAN, MD**

Provider ID: N/A

412 WASHINGTON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**LERNER, JONATHAN, MD**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JUL-23

**MAI, TUAN, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-20

**MAI, TUAN, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**PATEL, JIGAR, DO†**

Provider ID: N/A

4060 4TH AVE STE 650

## C1. List of Network Providers

### Specialty Care Physician

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SAN DIEGO, CA 92103  
Effective as of 01-FEB-23

#### **PATEL, JIGAR, DO†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-22

#### **SHAH, ABHISHEK, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-23

#### **SHAH, ABHISHEK, MD**

Provider ID: N/A

412 WASHINGTON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-23

#### **WADHWA, MANISH, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

### **CARDIOVASCULAR DISEASE**

#### **ABELHAD, NADIA, MD**

Provider ID: N/A

412 WASHINGTON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **ABELHAD, NADIA, MD**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-24

#### **BHATT, JIKEN, MD**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

#### **CARAZO, MATTHEW, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

#### **CARLSON, STEVEN, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Teleservice  
Effective as of 01-JAN-21

#### **CARLSON, STEVEN, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Teleservice  
Effective as of 01-APR-21

#### **CARLSON, STEVEN, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Teleservice  
Effective as of 01-SEP-22

#### **CHUNG, KIYON, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-16

#### **CHUNG, KIYON, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **COX, JUSTIN, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-SEP-21

#### **DIGGS, THOMAS, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-14

#### **DO, HULBERT, MD**

Provider ID: N/A

412 WASHINGTON ST  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-23

#### **DO, HULBERT, MD**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-OCT-23

#### **DURAN, EDWARD, MD**

Provider ID: N/A

2131 3RD AVE  
SAN DIEGO, CA 92101  
Effective as of 01-DEC-23

#### **DURAN, EDWARD, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **FRIEDMAN, RICHARD, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **FRIEDMAN, RICHARD, MD†**

Provider ID: N/A

4060 4TH AVE STE 650

## C1. List of Network Providers

### Specialty Care Physician

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SAN DIEGO, CA 92103  
Effective as of 01-JAN-14

#### **GARIBYAN, VARTAN, DO†**

Provider ID: N/A

📍 4060 4TH AVE STE 500  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-21

#### **GLASSMAN, JERROLD, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-20

#### **GLASSMAN, JERROLD, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **GOLLAPUDI, RAGHAVA, MD†**

Provider ID: N/A

📍 3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-23

#### **HOURANI, RAYAN, MD**

Provider ID: N/A

📍 3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-FEB-23

#### **KERAMATI, SHAHIN, MD†**

Provider ID: N/A

📍 501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-11

#### **KERAMATI, SHAHIN, MD†**

Provider ID: N/A

📍 501 WASHINGTON ST STE  
512

SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **KHAN, HASHIM, MD†**

Provider ID: N/A

📍 3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-APR-21

#### **KIMURA, BRUCE, MD†**

Provider ID: N/A

📍 501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-11

#### **LY, NANCY, MD†**

Provider ID: N/A

📍 4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Effective as of 01-JAN-21

#### **LY, NANCY, MD†**

Provider ID: N/A

📍 4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Effective as of 01-JUN-23

#### **LY, NANCY, MD†**

Provider ID: N/A

📍 4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-23

#### **MAI, TUAN, MD†**

Provider ID: N/A

📍 501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **MEHTA, HIRSCH, MD†**

Provider ID: N/A

📍 3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

📍 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-22

#### **MULLVAIN, JEFFRY, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 500  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-23

#### **NANAVATI, VIMAL, MD**

Provider ID: N/A

📍 11939 RANCHO BERNARDO  
RD STE 120  
SAN DIEGO, CA 92128  
Teleservice  
Effective as of 01-AUG-23

#### **NANAVATI, VIMAL, MD†**

Provider ID: N/A

📍 16776 BERNARDO CENTER  
DR STE 209  
SAN DIEGO, CA 92128  
Teleservice  
Effective as of 01-FEB-23

#### **NARAYANAN, MEENA, MD†**

Provider ID: N/A

📍 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-APR-21

#### **NARAYANAN, MEENA, MD†**

Provider ID: N/A

📍 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **NARULA, ARVIN, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **NAYAK, KESHAV, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

#### **NAYAK, KESHAV, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-19

#### **NGUYEN, TRI, MD†**

Provider ID: N/A

4551 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Teleservice  
Effective as of 01-JAN-23

#### **NISHIMURA, MARIN, MD**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-MAR-23

#### **OMRAN, JAD, MD**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-FEB-23

#### **PARIKH, MILIND, DO†**

Provider ID: N/A

292 EUCLID AVE STE 210

SAN DIEGO, CA 92114  
Effective as of 01-SEP-22

#### **PARIZO, JUSTIN, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-SEP-21

#### **PATEL, JIGAR, DO**

Provider ID: N/A

4060 FOURTH AVENUE,  
STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-24

#### **PROHASKA, THOMAS, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

#### **SALAMI, ALI, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-11

#### **SARSAM, LUAY, MD**

Provider ID: N/A

412 WASHINGTON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

#### **SARSAM, LUAY, MD**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JUL-23

#### **SARSAM, LUAY, MD**

Provider ID: N/A

292 EUCLID AVE STE 210

SAN DIEGO, CA 92114  
Effective as of 01-JUL-23

#### **SHAH, KULIN, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-23

#### **SHAH, ABHISHEK, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-22

#### **SHAH, KULIN, MD†**

Provider ID: N/A

412 WASHINGTON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-23

#### **SHEREV, DIMITRI, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115  
Effective as of 01-FEB-21

#### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-23

#### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

412 WASHINGTON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-23

#### **WILLIAMS, JEFFREY, MD**

Provider ID: N/A

4033 3RD AVE STE 204  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23



**C1. List of Network Providers**  
**Specialty Care Physician**

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**ZAVARO, SUHAIL, MD**

Provider ID: N/A

3131 BERGER AVE STE 200  
 SAN DIEGO, CA 92123

Teleservice

Effective as of 01-FEB-23

**CERTIFIED**

**ACUPUNCTURIST**

**ARELLANO, JACQUELINE, LAC†**

Provider ID: N/A

9909 MIRA MESA BLVD  
 STE 200  
 SAN DIEGO, CA 92131

Effective as of 01-MAR-21

**ARELLANO, JACQUELINE, LAC†**

Provider ID: N/A

9333 GENESEE AVE STE  
 200  
 SAN DIEGO, CA 92121

Effective as of 01-MAR-21

**ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

200 W ARBOR DR  
 SAN DIEGO, CA 92103

Effective as of 01-FEB-24

**ARELLANO, JACQUELINE, LAC†**

Provider ID: N/A

330 LEWIS ST  
 SAN DIEGO, CA 92103

Effective as of 01-MAR-21

**ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

4910 DIRECTORS PL  
 SAN DIEGO, CA 92121

Effective as of 01-FEB-24

**CALLISON, YANHUI, LAC**

Provider ID: N/A

4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105

Teleservice

Effective as of 01-OCT-23

**CALLISON, YANHUI, LAC**

Provider ID: N/A

4167 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105

Teleservice

Effective as of 01-OCT-23

**JULIAN, FIDES, LAC†**

Provider ID: N/A

330 LEWIS ST  
 SAN DIEGO, CA 92103

Effective as of 01-MAR-21

**JULIAN, FIDES, LAC**

Provider ID: N/A

200 W ARBOR DR  
 SAN DIEGO, CA 92103

Effective as of 01-FEB-24

**JULIAN, FIDES, LAC†**

Provider ID: N/A

9333 GENESEE AVE STE  
 200  
 SAN DIEGO, CA 92121

Effective as of 01-MAR-21

**JULIAN, FIDES, LAC†**

Provider ID: N/A

9909 MIRA MESA BLVD  
 STE 200  
 SAN DIEGO, CA 92131

Effective as of 01-MAR-21

**JULIAN, FIDES, LAC**

Provider ID: N/A

4910 DIRECTORS PL

SAN DIEGO, CA 92121

Effective as of 01-FEB-24

**LAM, KHANH, LAC†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
 SAN DIEGO, CA 92110

Teleservice

Effective as of 01-SEP-21

**LAM, KHANH, LAC†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
 SAN DIEGO, CA 92110

Teleservice

Effective as of 01-NOV-22

**MURRAY, STEVEN, LAC**

Provider ID: N/A

200 W ARBOR DR  
 SAN DIEGO, CA 92103

Effective as of 01-FEB-24

**MURRAY, STEVEN, LAC†**

Provider ID: N/A

330 LEWIS ST  
 SAN DIEGO, CA 92103

Effective as of 01-AUG-21

**MURRAY, STEVEN, LAC†**

Provider ID: N/A

9333 GENESEE AVE STE  
 220  
 SAN DIEGO, CA 92121

Effective as of 01-AUG-21

**MURRAY, STEVEN, LAC†**

Provider ID: N/A

9909 MIRA MESA BLVD  
 STE 200  
 SAN DIEGO, CA 92131

Effective as of 01-AUG-21

**MURRAY, STEVEN, LAC**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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4910 DIRECTORS PL  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-24

#### **NOVAK, ERIKA, LAC**

Provider ID: N/A

3282 GOVERNOR DR  
SAN DIEGO, CA 92122  
Teleservice  
Effective as of 01-NOV-22

#### **SEITZ, GRETCHEN, LAC**

Provider ID: N/A

9995 CARMEL MOUNTAIN  
RD STE B10-B11  
SAN DIEGO, CA 92129  
Effective as of 01-JAN-21

#### **SEITZ, GRETCHEN, LAC**

Provider ID: N/A

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-21

#### **TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

4910 DIRECTORS PL  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-24

#### **TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-FEB-24

#### **TANG-RITCHIE, LENG, LAC†**

Provider ID: N/A

9333 GENESEE AVE  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-21

#### **TANG-RITCHIE, LENG, LAC†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

#### **TANG-RITCHIE, LENG, LAC†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

### ***CERTIFIED NURSE PRACTITIONER***

#### **AGUILA, YESENIA, NP**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-FEB-24

#### **ALSTEEN, STEPHANIE, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **AMOS, MARIA, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **ANTHONY, SHARON, NP†**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103\*  
Effective as of 01-DEC-21

#### **ASHMAN, ELLEN, NP†**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

#### **ASHMAN, ELLEN, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

#### **ATILLO, RONALD MAR, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **BILOTTA, NATALIE, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **BINAVI, HOWNAZ, NP†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **BINAVI, HOWNAZ, NP†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

#### **BUI, ANH, NPF**

Provider ID: N/A

7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111  
Teleservice

Effective as of 01-NOV-23

#### **BURNEY, BRAEANNE, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **CAMAQUIN, MIA, NP**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **CAMARGO-LOWTHERS, ANGELICA, NP**

Provider ID: N/A

8010 FROST ST STE 220  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-23

#### **CAMARGO-LOWTHERS, ANGELICA, NP†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

#### **CAMARGO-LOWTHERS, ANGELICA, NP†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **CARDENAS, MIRIAM, NPF**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

#### **CARDENAS, MIRIAM, NPF**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

#### **CASE, ERINN, NP**

Provider ID: N/A

3737 MORAGA AVE STE  
B103  
SAN DIEGO, CA 92117

Effective as of 01-JAN-21

#### **CELESTIN-RAMSEY, AKANKE, NPF**

Provider ID: N/A

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Teleservice  
Effective as of 01-DEC-21

#### **CHANTALA, ELIZABETH, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **CHAVEZ, ALEXANDRIA, NP†**

Provider ID: N/A

4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

#### **CHEATHAM, BRITTANY, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **CHEN, KATIE, NP**

Provider ID: N/A

4440 EUCLID AVE STE A  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-24

#### **CHOATE, BERNADETTE, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

#### **CHOATE, BERNADETTE, NP†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

#### **CHRISMAN, JESSICA, NP**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-24

#### **COLEMAN, PAGE, NP**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Effective as of 01-FEB-24

#### **CONNER, PAMELA, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **CONNOR, CAROLINE, NP†**

Provider ID: N/A

6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-JUN-21

#### **CONNOR, CAROLINE, NP†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-21

#### **CUTLER, APRYL, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

#### **DE DIOS, SARAH, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

## C1. List of Network Providers

### Specialty Care Physician

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**DE LARA, KAROL JOHN, NP**

Provider ID: N/A

4440 EUCLID AVE STE A  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-24

**DEL VECCHIO, MEGAN, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-23

**DEL VECCHIO, MEGAN, NP**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-23

**DHARKAR SURBER, SAPNA,  
NP**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

**DHARKAR SURBER, SAPNA,  
NP**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

**DILLEN, REBECCA, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**DOAN, ANGELA, NP†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

**DOAN, ANGELA, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**DRISCOLL, KARRIE, NP†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

**DRISCOLL, SUSAN, NP**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
Effective as of 01-OCT-23

**DWYER, ERIN, NP**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**DWYER, ERIN, NP**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**DWYER, ERIN, NP†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**DWYER, ERIN, NP†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

**DWYER, ERIN, NP**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-FEB-24

**ERICKSON, LISA, NP†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**ERICKSON, LISA, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**FEIZI, SEDI, NP†**

Provider ID: N/A

995 GATEWAY CENTER  
WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-JAN-21

**FEROLIE, PAM, NP**

Provider ID: N/A

375 CAMINO DE LA REINA  
STE C  
SAN DIEGO, CA 92108  
Effective as of 01-DEC-23

**FILIPPELLO, LAUREN, NPF**

Provider ID: N/A

3863 CLAIREMONT DR  
SAN DIEGO, CA 92117  
Teleservice  
Effective as of 01-OCT-23

**GIORGI, ASHLEY, NP**

Provider ID: N/A

350 DICKINSON ST

## C1. List of Network Providers

### Specialty Care Physician

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SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **GIORGI, ASHLEY, NP**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **GOMEZ, LESLIE, NP**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

#### **GOMEZ, LESLIE, NP**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **GOMEZ, LESLIE, NP**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

#### **GONZALEZ, LISA, NP**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **GORDON, DANIELLE, NP†**

Provider ID: N/A

📍 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

#### **GROSS, KIMBERLY, NP†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **GROSS, KIMBERLY, NP†**

Provider ID: N/A

📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

#### **HA, THU, NP**

Provider ID: N/A

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **HA, THU, NP**

Provider ID: N/A

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **HALE, EMILY, NPF**

Provider ID: N/A

📍 5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-MAY-23

#### **HARVEY, DELFINA, NP**

Provider ID: N/A

📍 3490 PALM AVE  
SAN DIEGO, CA 92154  
Effective as of 01-JUL-23

#### **HILL, GENIELYN, NP**

Provider ID: N/A

📍 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-MAY-23

#### **HILLIARD, THESALONICA, NP**

Provider ID: N/A

📍 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-SEP-22

#### **HOOPER, BONNIE, NP†**

Provider ID: N/A

📍 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

#### **HOOPER, BONNIE, NP†**

Provider ID: N/A

📍 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **HORNFELD, COURTNEY, NP**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **INSTONE, SUSAN, NP**

Provider ID: N/A

📍 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Effective as of 01-SEP-22

#### **INSTONE, SUSAN, NP**

Provider ID: N/A

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **JENKINS, ERIN, NP**

Provider ID: N/A

📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

#### **JENKINS, ERIN, NP**

Provider ID: N/A

📍 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

## CI. List of Network Providers

### Specialty Care Physician

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**JENSEN, ADRIENNE, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

**JENSEN, ADRIENNE, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**JONES, CHRISTA, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**JONES, CHRISTA, NP**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**KAHL, NICHOLAS, NP**

Provider ID: N/A

12843 EL CAMINO REAL  
STE 203  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

**KELLEY, JESSICA, NP**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-APR-24

**KI, TRISH, NP†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**KI, TRISH, NP†**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**KYI, MYA, NP**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-MAR-24

**LEE, MINDY, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**LEE, MINDY, NP**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**LEE, MINDY, NP**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**MADGEDI, SHEILA, NP†**

Provider ID: N/A

4282 GENESEE AVE STE  
204  
SAN DIEGO, CA 92117  
Teleservice  
Effective as of 01-JUL-21

**MANZANO, EUNICE, NP†**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**MANZANO, EUNICE, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**MAROSOK, MICHELLE, NP**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-MAR-24

**MAROSOK, MICHELLE, NP**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-NOV-23

**MARTINEZ, CAROLYN, NP**

Provider ID: N/A

1016 OUTER RD  
SAN DIEGO, CA 92154  
Effective as of 01-AUG-22

**MAYOYO, MARILYNN, NP**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-23

**MCCLAIN, MEGAN, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**MCGILLOWAY, MELANIE, NP†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202

## C1. List of Network Providers

### Specialty Care Physician

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SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **MCGOWAN, GLAIZA ANN, NP**

Provider ID: N/A

☒ 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

#### **MCGOWAN, GLAIZA ANN, NP**

Provider ID: N/A

☒ 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **MEDILO, LOVELLA, NP**

Provider ID: N/A

☒ 4033 3RD AVE STE 200  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-DEC-22

#### **MEDINA, RUBELETA, NP**

Provider ID: N/A

☒ 9995 CARMEL MOUNTAIN  
RD STE B1011  
SAN DIEGO, CA 92129  
Effective as of 01-FEB-23

#### **MELTZER, VIRGINIA, NP†**

Provider ID: N/A

☒ 350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

#### **MEYER, ISAAC, NP**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **MEYER, ISAAC, NP**

Provider ID: N/A

☒ 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-JUN-23

#### **MICK, SHARON, NP**

Provider ID: N/A

☒ 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **MICK, SHARON, NP**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

#### **MICK, SHARON, NP**

Provider ID: N/A

☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

#### **MOONEY, PATRICIA, NP†**

Provider ID: N/A

☒ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-MAY-21

#### **MOONEY, PATRICIA, NP†**

Provider ID: N/A

☒ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-JAN-24

#### **MULVEY, CAOILFHIONN, NP†**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **MWAURA, WAIRIMU, NP†**

Provider ID: N/A

☒ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice

Effective as of 01-JUN-21

#### **NAGATA, CERAH, NP**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **NAGATA, CERAH, NP**

Provider ID: N/A

☒ 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **NETZEL, JENNIFER, NP†**

Provider ID: N/A

☒ 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-AUG-22

#### **NETZEL, JENNIFER, NP†**

Provider ID: N/A

☒ 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-AUG-22

#### **NETZEL, JENNIFER, NP†**

Provider ID: N/A

☒ 9333 GENESEE AVE  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

#### **NGO-BIGGE, ANGELA, NP**

Provider ID: N/A

☒ 7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111  
Teleservice  
Effective as of 01-JUN-23

## CI. List of Network Providers

### Specialty Care Physician

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#### **NOCEDA, ANA, NP†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **NOCEDA, ANA, NP†**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Effective as of 01-SEP-22

#### **OREJEL, EDITH, NP**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-FEB-23

#### **OREJEL, EDITH, NP**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-FEB-23

#### **ORPILLA, IMELDA, NP**

Provider ID: N/A

9995 CARMEL MOUNTAIN  
RD STE B10-B11  
SAN DIEGO, CA 92129  
Effective as of 01-JAN-21

#### **ORPILLA, IMELDA, NP**

Provider ID: N/A

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-AUG-21

#### **PACE, RACHELLE, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

#### **PACE, RACHELLE, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **PACE, RACHELLE, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **PATIAG, DANIEL, NP**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **PATIAG, DANIEL, NP**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **PEREZ, ALLYSSA, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

#### **PEREZ, ALLYSSA, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

#### **PEREZ, ALLYSSA, NP**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **PETTIS, BETH, NP†**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

#### **POLIZZI, BRITTANY, NP†**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-22

#### **POVOLI, LAUREN, NPF**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-APR-24

#### **RADMAN, MIRKA, NP**

Provider ID: N/A

6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115  
Effective as of 01-AUG-23

#### **RAJAEI, NILOUFAR, NP†**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-AUG-22

#### **REAL, MARIA, NP**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

#### **REAL, MARIA, NP**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

#### **REDDY, PRIYA, NP**



## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

#### **REDDY, PRIYA, NP**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

#### **REGEV, SHANEE, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

#### **REGEV, SHANEE, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **REINER, GAIL, NP†**

Provider ID: N/A

4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-21

#### **REINER, GAIL, NP**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **RENZAS, JENNIFER, NP**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

Effective as of 01-JUL-21

#### **RENZAS, JENNIFER, NP**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUL-21

#### **ROBERTSON, RACHAEL, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-22

#### **RODENMEYER, EVE, NP**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-22

#### **RODENMEYER, EVE, NP**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-22

#### **ROSCOE, SYDNEY, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-24

#### **ROSCOE, SYDNEY, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-24

#### **ROSCOE, SYDNEY, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-24

#### **ROSS, CRYSTAL, NP†**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-DEC-21

#### **ROSSI, CATHERINE, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **ROZO, JOSE, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **RUFO, ROSAVIDA, NP**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131  
Effective as of 01-JUN-23

#### **SABIN, NANCY, NP**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **SABIN, NANCY, NP**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **SALINAS, NIECEL, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **SALOTTI, JOANIE, NP†**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

## C1. List of Network Providers

### Specialty Care Physician

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**SALOTTI, JOANIE, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**SANADA, VIVIANE, NP**

Provider ID: N/A

995 GATEWAY CENTER  
WAY STE 202  
SAN DIEGO, CA 92102  
Teleservice  
Effective as of 01-APR-24

**SANTANGELO, JOANNE, NP**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**SANTANGELO, JOANNE, NP**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**SATTERWHITE, MAURINE, NP**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**SATTERWHITE, MAURINE, NP**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**SCOTT, KELLY, NP**

Provider ID: N/A

2630 1ST AVE  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JUL-22

**SEARS-WILEY, ELIZABETH, NP†**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-21

**SHARMA, RAKHI, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**SIETSMA, ALEXANDRA, NP†**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

**SMITH, JENNIFER, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**SMITH, JENNIFER, NP†**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**SNYDER, KIRSTIN, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

**SNYDER, KIRSTIN, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**SOLOMON, AMANDA, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**SOLOMON, AMANDA, NP**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-23

**SPAULDING, ENJOLI, NP**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-AUG-23

**SPAULDING, ENJOLI, NP**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Effective as of 01-MAY-23

**STAHL, STEPHANIE, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**STEFFENSMEIER, CHRISTA, NP**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-APR-24

**SUHIR, ERIN, NP**

Provider ID: N/A

4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-MAR-24

#### **SWEENEY, ZSA ZSA, NP**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUL-21

#### **TEJADA BRAS, SANDY, NP**

Provider ID: N/A

📍 2929 HEALTH CENTER DR  
SAN DIEGO, CA 92123\*

Effective as of 01-JUL-22

#### **TILLEY, MONICA, NPF**

Provider ID: N/A

📍 12843 EL CAMINO REAL  
STE 203  
SAN DIEGO, CA 92130

Effective as of 01-DEC-21

#### **TOMICICH, STEPHANIE, NP**

Provider ID: N/A

📍 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Effective as of 01-FEB-24

#### **TOMICICH, STEPHANIE, NP**

Provider ID: N/A

📍 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-JAN-24

#### **TOMICICH, STEPHANIE, NP**

Provider ID: N/A

📍 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-FEB-24

#### **TOMICICH, STEPHANIE, NP**

Provider ID: N/A

📍 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

#### **TOPIK, AMANDA, NP†**

Provider ID: N/A

📍 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-AUG-22

#### **TOPIK, AMANDA, NP†**

Provider ID: N/A

📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-AUG-22

#### **TOWNS, ARTA, NP**

Provider ID: N/A

📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-JUN-23

#### **TOWNS, ARTA, NP**

Provider ID: N/A

📍 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-JUN-23

#### **TRAN, DAPHNE, NP**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JUN-23

#### **VILLALOBOS, REBECA, NP†**

Provider ID: N/A

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Effective as of 01-DEC-22

#### **VILLALOBOS, REBECA, NP†**

Provider ID: N/A

📍 823 GATEWAY CENTER  
WAY

SAN DIEGO, CA 92102

Effective as of 01-DEC-22

#### **VILLANUEVA DE GUTIE, BERENICE, NP**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-MAY-21

#### **WIETZKE, MATTHEW, NP**

Provider ID: N/A

📍 350 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

#### **WIETZKE, MATTHEW, NP**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

#### **WILLEY, MARTI, NP†**

Provider ID: N/A

📍 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127

Teleservice

Effective as of 01-JAN-21

#### **WILLEY, MARTI, NP†**

Provider ID: N/A

📍 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127

Teleservice

Effective as of 01-JUN-21

#### **WILLIAMS, BREAHA, NP**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Effective as of 01-DEC-21

#### **WILLIAMS, BREAHA, NP**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-DEC-21

#### **WONG, MAYBELLE, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **WONG, MAYBELLE, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **WOO, ANDY, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **YARTSEVA, YULIYA, NP**

Provider ID: N/A

3737 MORAGA AVE STE  
B103  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-21

#### **YEO, ALEXANDRIA, NP**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### ***CERTIFIED REGISTERED NURSE ANESTHETIST***

#### **AMADOR, LINDSAY, CRNA<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **CALABRIA, MEGAN, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **CANTRELL, SARAH, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **COLE, JASON, CRNA<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

#### **DOLLAND, STEVEN, CRNA<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

#### **DULAY, JOTI, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **EVANS, CATHERINE, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

#### **FIEDLER, DEREK, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **GONZALEZ, LISA, CRNA**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **GRIFFIN, SETH, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **JOHNSTON, RACHEL, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **POLIKOWSKI, SAMANTHA, CRNA<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **POLLOM, JESSICA, CRNA<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

#### **RAMIREZ, NICOLE, CRNA<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **ROADMAN, KEENE, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **SACKS, BRENT, CRNA<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-21

## C1. List of Network Providers

### Specialty Care Physician

---

#### **SNODGRASS, JULIE, CRNA†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

#### **VINCENT, BERLIN, CRNA†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### ***CERTIFIED REGISTERED NURSE MIDWIFE***

#### **CHOI, NATHALIE, CRNM**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **CHOI, NATHALIE, CRNM**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **CORRY, ANDREA, CRNM**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **CORRY, ANDREA, CRNM**

Provider ID: N/A

📍 7910 FROST ST  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

#### **CORRY, ANDREA, CRNM**

Provider ID: N/A

📍 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-SEP-23

#### **CORRY, ANDREA, CRNM**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-SEP-23

#### **CORTES, CHRISTINE, CRNM†**

Provider ID: N/A

📍 4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

#### **EKHOLM, JANNA, CRNM†**

Provider ID: N/A

📍 4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

#### **ELY-KONOSKE, RACHEL, CRNM**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **ELY-KONOSKE, RACHEL, CRNM**

Provider ID: N/A

📍 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-23

#### **ELY-KONOSKE, RACHEL, CRNM**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-DEC-23

#### **GUNTHER, HOPE, CRNM†**

Provider ID: N/A

📍 4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

#### **MAST, ASHLEY, CRNM**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

#### **NATHAN, CARLY, CRNM**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

#### **NATHAN, CARLY, CRNM**

Provider ID: N/A

📍 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-23

#### **PERDION, KAREN, CRNM†**

Provider ID: N/A

📍 4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

#### **RAY, BROOKE, CRNM†**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-SEP-21

#### **STRAUSS, JOANNA E, CRNM**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-MAY-21

#### **TAYLOR, INGE, CRNM†**

Provider ID: N/A

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **VU HILL, ERICA, NP<sup>†</sup>**

Provider ID: N/A

📍 4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

#### **CHIROPRACTOR**

#### **ASSADIAN, MEHRAK, DC**

Provider ID: N/A

📍 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

#### **BEATTY, ZACHARY, DC**

Provider ID: N/A

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101<sup>\*</sup>  
Effective as of 01-JUL-22

#### **CABALLERO, JAMES, DC**

Provider ID: N/A

📍 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129  
Effective as of 01-NOV-23

#### **CABALLERO, JAMES, DC**

Provider ID: N/A

📍 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-NOV-23

#### **CASTRO, DAVID, DC<sup>†</sup>**

Provider ID: N/A

📍 1016 OUTER RD  
SAN DIEGO, CA 92154  
Effective as of 01-AUG-22

#### **DORADO, SUE, DC**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Effective as of 01-OCT-23

#### **GILIBERTO, JOSEPH, DC<sup>†</sup>**

Provider ID: N/A

📍 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-AUG-22

#### **GILIBERTO, JOSEPH, DC<sup>†</sup>**

Provider ID: N/A

📍 9995 CARMEL MOUNTAIN  
RD STE D  
SAN DIEGO, CA 92129  
Effective as of 01-AUG-22

#### **HALEY, STEVEN, DC**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

#### **LE, BRANDON, DC**

Provider ID: N/A

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-22

#### **LE, BRANDON, DC**

Provider ID: N/A

📍 4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

#### **LOVERN, JENNIFER, DC**

Provider ID: N/A

📍 2630 1ST AVE  
SAN DIEGO, CA 92103  
Effective as of 01-APR-24

#### **LUU, DANIEL, DC<sup>†</sup>**

Provider ID: N/A

📍 4419 EUCLID AVE STE 105  
SAN DIEGO, CA 92115

Effective as of 01-SEP-22

#### **LUU, DANIEL, DC<sup>†</sup>**

Provider ID: N/A

📍 4419 EUCLID AVE STE 105  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

#### **ROSENBERG, ERIK, DC**

Provider ID: N/A

📍 7612 LINDA VISTA RD STE  
109  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-23

#### **SU, VENNES, DC**

Provider ID: N/A

📍 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-OCT-23

#### **DERMATOLOGY**

#### **AHLUWALIA, JUSLEEN, MD**

Provider ID: N/A

📍 9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131  
Effective as of 01-DEC-20

#### **ANGRA, KUNAL, MD<sup>†</sup>**

Provider ID: N/A

📍 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-JUL-21

#### **ANGRA, KUNAL, MD<sup>†</sup>**

Provider ID: N/A

📍 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-JUL-21

## C1. List of Network Providers

### Specialty Care Physician

---

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-DEC-22

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-JUL-21

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-JUL-21

#### **BOEN, MONICA, MD†**

Provider ID: N/A

📍 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

#### **BOEN, MONICA, MD†**

Provider ID: N/A

📍 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-MAR-20

#### **BOEN, MONICA, MD†**

Provider ID: N/A

📍 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-SEP-22

#### **BOEN, MONICA, MD†**

Provider ID: N/A

📍 9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

#### **BRADSHAW, MICHAEL, MD**

Provider ID: N/A

📍 9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131

Effective as of 01-JUL-16

#### **BRAUN, TARA, MD**

Provider ID: N/A

📍 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-MAR-24

#### **BROUHA, BROOK, MD**

Provider ID: N/A

📍 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

#### **BROUHA, BROOK, MD†**

Provider ID: N/A

📍 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-SEP-22

#### **BROUHA, BROOK, MD†**

Provider ID: N/A

📍 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-JUN-18

#### **BROUHA, BROOK, MD†**

Provider ID: N/A

📍 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

#### **BROUHA, BROOK, MD†**

Provider ID: N/A

📍 9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Effective as of 01-JAN-21

#### **BROUHA, BROOK, MD**

Provider ID: N/A

📍 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Effective as of 01-NOV-23

#### **CALAME, ANTOANELLA, MD†**

Provider ID: N/A

📍 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

Effective as of 01-JUL-22

#### **CHEN, BRYAN, MD**

Provider ID: N/A

📍 9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131\*

Effective as of 01-JUL-16

#### **CHEN, BRYAN, MD**

Provider ID: N/A

📍 9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131

Effective as of 01-JUL-16

#### **DELA ROSA, KRISTINA, MD**

Provider ID: N/A

📍 9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131

Effective as of 01-AUG-17

#### **DELA ROSA, KRISTINA, MD**

Provider ID: N/A

📍 9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131

Effective as of 01-JAN-18

#### **ERICKSON, CHRISTOPHER, MD†**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-22

#### **GERSTENFELD, ERIC, MD**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **GLADSJO, JULIE, MD**

Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-FEB-23

#### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-23

#### **HAMMAN, MICHAEL, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-21

#### **HAMMAN, MICHAEL, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

#### **HAMMAN, MICHAEL, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-17

#### **HAMMAN, MICHAEL, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-23

#### **HAMMAN, MICHAEL, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-SEP-22

#### **HAMMAN, MICHAEL, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JAN-21

#### **HAMMAN, MICHAEL, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JAN-21

#### **HAN, AMY, MD**

Provider ID: N/A

6386 ALVARADO CT STE  
209  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-22

#### **HEMPERLY, STEPHEN, DO†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

#### **HEMPERLY, STEPHEN, DO†**

Provider ID: N/A

4060 4TH AVE STE 415

SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **HEMPERLY, STEPHEN, DO†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **HIGHTOWER, GEORGE, MD†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

#### **KASSAB, GHADA, MD**

Provider ID: N/A

3737 MORAGA AVE STE  
A206  
SAN DIEGO, CA 92117  
Effective as of 01-MAR-23

#### **KASSAB, GHADA, MD**

Provider ID: N/A

3737 MORAGA AVE STE  
A206  
SAN DIEGO, CA 92117  
Effective as of 01-JUL-23

#### **KASSAB, GHADA, MD**

Provider ID: N/A

3737 MORAGA AVE STE  
A206  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-21

#### **KAUNITZ, GENEVIEVE, MD†**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122  
Effective as of 01-OCT-21

#### **KEEL, DOUGLAS, DO**

Provider ID: N/A



## C1. List of Network Providers

### Specialty Care Physician

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8899 UNIVERSITY CENTER  
LN STE 150  
SAN DIEGO, CA 92122  
Effective as of 01-JAN-21

**LEE, MICHAEL, MD**  
Provider ID: N/A

3965 5TH AVE STE 200  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**LUPTON, JASON, MD**  
Provider ID: N/A

12395 EL CAMINO REAL  
STE 207  
SAN DIEGO, CA 92130  
Effective as of 01-MAR-16

**LYFORD, WILLIS, MD**  
Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-MAY-23

**MAFONG, ERICK, MD**  
Provider ID: N/A

4060 4TH AVE STE 209  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**MAFONG, ERICK, MD**  
Provider ID: N/A

6386 ALVARADO CT STE  
209  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-22

**NAHM, WALTER, MD†**  
Provider ID: N/A

7695 CARDINAL CT STE  
200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**NAHM, WALTER, MD†**  
Provider ID: N/A

7695 CARDINAL CT STE  
200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**NAHM, WALTER, MD†**  
Provider ID: N/A

7695 CARDINAL CT STE  
200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**PELLE, MICHELLE, MD†**  
Provider ID: N/A

3965 5TH AVE STE 200  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**REED, KELLY, DO†**  
Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JAN-21

**REED, KELLY, DO†**  
Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**RILEY, JESSICA, DO†**  
Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**RILEY, JESSICA, DO†**  
Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Effective as of 01-MAR-20

**RILEY, JESSICA, DO†**  
Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-23

**SCHMIEDECKE, RUDY, MD**  
Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-JUL-23

**SHAHAN, FRED, MD**  
Provider ID: N/A

6367 ALVARADO CT STE  
107  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

**SHAHAN, FRED, MD**  
Provider ID: N/A

6367 ALVARADO CT STE  
107  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-14

**SHIELL, RONALD, MD†**  
Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**SHIELL, RONALD, MD†**  
Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**SHIELL, RONALD, MD†**  
Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

## C1. List of Network Providers Specialty Care Physician

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Effective as of 01-JAN-21

**SIRICHOTIRATANA, MELISSA, MD†**

Provider ID: N/A

📍 4765 CARMEL MOUNTAIN RD STE 201  
SAN DIEGO, CA 92130

Effective as of 01-JAN-23

**SOON, SEAVER, MD**

Provider ID: N/A

📍 3737 4TH AVE  
SAN DIEGO, CA 92103

Effective as of 01-MAR-23

**STEIN, ALEXANDER, MD†**

Provider ID: N/A

📍 6280 JACKSON DR STE 8  
SAN DIEGO, CA 92119

Effective as of 01-SEP-22

**TOMPKINS, STACY, MD**

Provider ID: N/A

📍 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Effective as of 01-NOV-23

**TOMPKINS, STACY, MD†**

Provider ID: N/A

📍 9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121

Effective as of 01-DEC-22

**TOMPKINS, STACY, MD†**

Provider ID: N/A

📍 9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121

Effective as of 01-JUL-22

**TOMPKINS, STACY, MD†**

Provider ID: N/A

📍 9339 GENESEE AVE STE

350A  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-22

**TSE, YARDY, MD†**

Provider ID: N/A

📍 4765 CARMEL MOUNTAIN RD STE 201  
SAN DIEGO, CA 92130

Effective as of 01-SEP-22

**TSE, YARDY, MD†**

Provider ID: N/A

📍 4765 CARMEL MOUNTAIN RD STE 201  
SAN DIEGO, CA 92130

Effective as of 01-SEP-21

**VENKAT, ARUN, MD†**

Provider ID: N/A

📍 4765 CARMEL MOUNTAIN RD STE 201  
SAN DIEGO, CA 92130

Effective as of 01-APR-20

**ZALESKI LARSEN, LISA, DO†**

Provider ID: N/A

📍 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-SEP-22

**ZALESKI LARSEN, LISA, DO†**

Provider ID: N/A

📍 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-JAN-21

**ZALESKI LARSEN, LISA, DO†**

Provider ID: N/A

📍 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-JAN-21

**ZUBAIR, RAHEEL, MD**

Provider ID: N/A

📍 9339 GENESEE AVE STE 350  
SAN DIEGO, CA 92121

Effective as of 01-MAR-24

**ZUBAIR, RAHEEL, MD**

Provider ID: N/A

📍 9339 GENESEE AVE STE 350  
SAN DIEGO, CA 92121\*

Effective as of 01-NOV-23

**ZUBAIR, RAHEEL, MD**

Provider ID: N/A

📍 9339 GENESEE AVE STE 350  
SAN DIEGO, CA 92121

Effective as of 01-JAN-24

**ZUBAIR, RAHEEL, MD**

Provider ID: N/A

📍 9339 GENESEE AVE STE 350  
SAN DIEGO, CA 92121

Effective as of 01-DEC-23

### ***DERMATOLOGY***

### ***DERMATOPATHOLOGY***

**CALAME, ANTOANELLA, MD†**

Provider ID: N/A

📍 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

Effective as of 01-JAN-23

**ERICKSON, CHRISTOPHER, MD†**

Provider ID: N/A

📍 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

## CI. List of Network Providers

### Specialty Care Physician

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#### **SHEN, HONGGANG, MD**

Provider ID: N/A

📍 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Effective as of 01-JUL-19

#### ***EMERGENCY MEDICINE***

#### **ALKATIB, RHONDA, MD†**

Provider ID: N/A

📍 2655 CAMINO DEL RIO N  
STE 120  
SAN DIEGO, CA 92108

Effective as of 01-AUG-20

#### **CASTELLANO, TIFFANY, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

#### **CHEN, ALICE, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-NOV-21

#### **COYNE, CHRISTOPHER, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-23

#### **DICKSON, MATTHEW, DO†**

Provider ID: N/A

📍 1628 PALM AVE  
SAN DIEGO, CA 92154

Effective as of 01-JAN-21

#### **GUEFEN, URI, MD**

Provider ID: N/A

📍 555 W C ST STE 102  
SAN DIEGO, CA 92101

Effective as of 01-SEP-23

#### **HARE, MARC, MD**

Provider ID: N/A

📍 6719 ALVARADO RD STE  
303

SAN DIEGO, CA 92120

Effective as of 01-APR-23

#### **HARRELL-BURDER, BEVERLY, MD†**

Provider ID: N/A

📍 950 S EUCLID AVE  
SAN DIEGO, CA 92114

Effective as of 01-JUL-22

#### **HOGUE, BRENNAN, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

#### **JURKOWSKI, LEONARD, MD†**

Provider ID: N/A

📍 3830 VALLEY CENTRE DR  
STE 702  
SAN DIEGO, CA 92130

Effective as of 01-JAN-21

#### **KUTZ, CRAIG, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

#### **LIOTTA, BENJAMIN, MD†**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-DEC-21

#### **MUELLER, MATTHEW, DO†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUL-21

#### **PARK, JAY, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

#### **YU, ELAINE, DO**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

#### ***ENDOCRINOLOGY***

#### ***METABOLISM DIABETES***

#### **EKANAYAKE, PREETHIKA, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

#### **EKANAYAKE, PREETHIKA, MD†**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

#### **FIRST, BRIAN, MD†**

Provider ID: N/A

📍 4282 GENESEE AVE STE  
103

SAN DIEGO, CA 92117

Effective as of 01-JAN-14

#### **GUERIN, CHRIS, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

#### **HOSEIN, NADEEN, MD**

Provider ID: N/A

📍 4077 5TH AVE STE 35  
SAN DIEGO, CA 92103

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-FEB-23

#### **IYENGAR, RAVI, MD**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **IYENGAR, RAVI, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **NAGELBERG, JODI, MD†**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-NOV-21

#### **NAGELBERG, JODI, MD†**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-NOV-21

#### **NAGELBERG, JODI, MD†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

#### **NAGELBERG, JODI, MD†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

#### **SANDLER, JEFFREY, MD**

Provider ID: N/A

4060 4TH AVE STE 340  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-23

#### **SANDLER, JEFFREY, MD**

Provider ID: N/A

4060 4TH AVE STE 340  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

#### **SANDLER, JEFFREY, MD**

Provider ID: N/A

4060 4TH AVE STE 340  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

#### **SHAH, NANDI, MD**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **SHAH, NANDI, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **STRAHM, LISA, MD†**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-JUL-20

#### **TANTISIRA, LALITA, MD†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

### ***ENDOCRINOLOGY***

### ***REPRODUCTIVE***

#### **DANESHMAND, SAID, MD**

Provider ID: N/A

11515 EL CAMINO REAL STE  
100

SAN DIEGO, CA 92130  
Effective as of 01-SEP-17

#### **FOYOUZI-YOUSEFI, NASTARAN, MD**

Provider ID: N/A

11425 EL CAMINO REAL  
SAN DIEGO, CA 92130  
Effective as of 01-JUN-23

#### **FRIEDMAN, BROOKE, MD†**

Provider ID: N/A

11425 EL CAMINO REAL  
SAN DIEGO, CA 92130  
Effective as of 01-SEP-17

### ***FAMILY PRACTICE***

#### **ALVAREZ-ESTRADA, MIGUEL, MD†**

Provider ID: N/A

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
Effective as of 01-SEP-23

#### **BERNADETT, ALEX, MD†**

Provider ID: N/A

10505 SORRENTO VALLEY  
RD STE 200  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-23

#### **BERNADETT, ALEX, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2100  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-23

#### **CAMPBELL, BRIANNA, MD**

Provider ID: N/A

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Effective as of 01-MAY-23

## CI. List of Network Providers

### Specialty Care Physician

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**DENYSIAK, JACQUELINE, MD†**

Provider ID: N/A

3969 4TH AVE STE 203  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-DEC-20

**HILL, LINDA, MD†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

**HILL, LINDA, MD†**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

**JOLICOEUR, MEGAN, DO**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

**JOLICOEUR, MEGAN, DO**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122

Effective as of 01-JUN-23

**JOLICOEUR, MEGAN, DO**

Provider ID: N/A

9333 GENESEE AVE  
SAN DIEGO, CA 92121

Effective as of 01-JUN-23

**JOLICOEUR, MEGAN, DO**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131  
Effective as of 01-JUN-23

**KUROSAKA, MOMO, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

**KUROSAKA, MOMO, MD†**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Effective as of 01-AUG-22

**LYNCH, SHAUNA, DO**

Provider ID: N/A

1075 CAMINO DEL RIO S  
SAN DIEGO, CA 92108

Effective as of 01-SEP-22

**MARSTON, JACQUELINE, DO**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

**PERESS, LILIA, MD**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-FEB-24

**PERESS, LILIA, MD**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-FEB-24

**RODRIGUEZ, NATALIE, MD**

Provider ID: N/A

1685 HOLLISTER ST  
SAN DIEGO, CA 92154\*

Effective as of 01-NOV-23

**SHEKER-DICKSON, KIMBERLY,  
DO†**

Provider ID: N/A

1628 PALM AVE  
SAN DIEGO, CA 92154

Effective as of 01-JAN-21

**SOPHY, ELIZABETH, MD†**

Provider ID: N/A

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Effective as of 01-SEP-22

**SUMMERS-DAY, COURTNEY,  
MD†**

Provider ID: N/A

1016 OUTER RD  
SAN DIEGO, CA 92154

Effective as of 01-JUL-22

***FAMILY PRACTICE******GERIATRIC MEDICINE*****MILLER, SCOTT, MD†**

Provider ID: N/A

9878 CARMEL MOUNTAIN  
RD STE B

SAN DIEGO, CA 92129

Effective as of 01-JAN-21

***FAMILY PRACTICE******SPORTS MEDICINE*****UDOWENKO, MARINA, DO**

Provider ID: N/A

375 CAMINO DE LA REINA  
STE C

SAN DIEGO, CA 92108

Effective as of 01-JUN-23

***GASTROENTEROLOGY*****CHANDRADAS, SAJIV, MD†**

Provider ID: N/A

4060 4TH AVE STE 240  
SAN DIEGO, CA 92103

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JUL-17

#### **CUBAS, IVAN, MD†**

Provider ID: N/A

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-DEC-14

#### **CUBAS, IVAN, MD†**

Provider ID: N/A

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

#### **CUBAS, IVAN, MD†**

Provider ID: N/A

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-MAR-15

#### **CUMMINS, ANDREW, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 240  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-15

#### **DESTA, TADDESE, MD†**

Provider ID: N/A

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-APR-24

#### **DESTA, TADDESE, MD†**

Provider ID: N/A

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-15

#### **DESTA, TADDESE, MD†**

Provider ID: N/A

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

#### **DESTA, TADDESE, MD†**

Provider ID: N/A

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-14

#### **DUBOIS, SUJA, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 240  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-20

#### **FICK, DARYL, MD**

Provider ID: N/A

📍 4060 4TH AVE STE 240  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

#### **GADDIPATI, KISHORE, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 240  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

#### **GISH, ROBERT, MD†**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-21

#### **GISH, ROBERT, MD†**

Provider ID: N/A

📍 4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-21

#### **HASAN, AWS, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

📍 995 GATEWAY CENTER  
WAY STE 105  
SAN DIEGO, CA 92102  
Effective as of 01-SEP-22

#### **HUA, MENG, MD†**

Provider ID: N/A

📍 6699 ALVARADO RD STE  
2306  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

#### **KLAPHEKE, ROBERT, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

#### **MITTAL, YASH, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 240  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-20

#### **NOVO, MEGAN, MD**

Provider ID: N/A

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-MAY-23

#### **NOVO, MEGAN, MD**

Provider ID: N/A

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-23

#### **REDDY, JOSEPH, MD†**

Provider ID: N/A

📍 6699 ALVARADO RD STE  
2301  
SAN DIEGO, CA 92120  
Effective as of 01-AUG-20

#### **REDDY, JOSEPH, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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6699 ALVARADO RD STE  
2301  
SAN DIEGO, CA 92120  
Effective as of 01-JUL-22

#### **REDDY, JOSEPH, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2301  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-14

#### **SCHAEFFER, CYNTHIA, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-15

#### **SCHAEFFER, CYNTHIA, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-APR-21

#### **SHAFFER, KATHERINE, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

#### **SHAFFER, KATHERINE, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-OCT-18

#### **SHAFFER, KATHERINE, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-MAR-19

#### **SHAH, SHAILJA, MD†**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

#### **SHAH, SHAILJA, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **SHPANER, ALEXANDER, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
206  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

#### **STIPHO, SALLY, MD†**

Provider ID: N/A

4060 4TH AVE STE 240  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-20

#### **SYAL, GAURAV, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **SYAL, GAURAV, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **THOMAS, CARLTON, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-14

#### **THOMAS, CARLTON, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-15

#### **THOMAS, CARLTON, MD†**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-MAR-16

#### **THOMAS, CARLTON, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

#### **YOUSSEF, FADY, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **YOUSSEF, FADY, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **GENERAL PRACTICE**

#### **NGUYEN, HUONG, MD†**

Provider ID: N/A

4444 EL CAJON BLVD STE  
6  
SAN DIEGO, CA 92115\*  
Effective as of 01-APR-21

#### **RECALDE, FRANCISCO, MD†**

Provider ID: N/A

3811 EL CAJON BLVD  
SAN DIEGO, CA 92105  
Effective as of 01-JAN-21

### **GENETIC COUNSELOR**

#### **FOYOUZI-YOUSEFI,**


#### **NASTARAN, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician


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 11425 EL CAMINO REAL  
SAN DIEGO, CA 92130  
Effective as of 01-JUN-23

#### **GENETICS MEDICAL**

##### **JONES, MARILYN, MD†**


Provider ID: N/A

 4910 DIRECTORS PL STE  
200  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-21

#### **GYNECOLOGIC ONCOLOGY**


##### **BAHADOR, AFSHIN, MD**

Provider ID: N/A

 5030 CAMINO DE LA  
SIESTA STE 204  
SAN DIEGO, CA 92108  
Effective as of 01-APR-23


##### **DUGGAN, BRIDGETTE, MD**

Provider ID: N/A

 5030 CAMINO DE LA  
SIESTA STE 204  
SAN DIEGO, CA 92108  
Effective as of 01-MAY-23

##### **NYAKUDARIKA, NATSAI, MD**


Provider ID: N/A

 5030 CAMINO DE LA  
SIESTA STE 204  
SAN DIEGO, CA 92108  
Effective as of 01-JUL-23

#### **GYNECOLOGY**

##### **WILLIAMS, ALISA, MD†**


Provider ID: N/A

 5555 RESERVOIR DR STE  
307  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-20

#### **HEARING AID DEALER / SUPPLIER**


##### **ANAYA, MANUEL, MA†**

Provider ID: N/A

 9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21


##### **ANDERSON, ELAINE, MA†**

Provider ID: N/A

 9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22


##### **ANDERSON, ELAINE, MA†**

Provider ID: N/A

 6367 ALVARADO CT STE 101  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22


##### **ANDERSON, ELAINE, MA†**

Provider ID: N/A

 6367 ALVARADO CT  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21


##### **DANDURAND, JOHN, MA†**

Provider ID: N/A

 6367 ALVARADO CT  
SAN DIEGO, CA 92120  
Teleservice  
Effective as of 01-JAN-21


##### **DANDURAND, JOHN, MA†**

Provider ID: N/A

 9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-MAY-22


##### **DAVIS, KELLE, MA†**

Provider ID: N/A

 9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22


##### **DAVIS, KELLE, MA†**

Provider ID: N/A

 6367 ALVARADO CT STE 101  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

##### **DAVIS, KELLE, MA†**


Provider ID: N/A

 9340 CLAIREMONT MESA  
BLVD  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **HEMATOLOGY / ONCOLOGY**


##### **AHMED, SYED, MD**

Provider ID: N/A

 7432 LA MANTANZA  
SAN DIEGO, CA 92127  
Effective as of 01-FEB-24


##### **ANDREY, JEFFREY, MD†**

Provider ID: N/A

 3965 5TH AVE STE 230  
SAN DIEGO, CA 92103\*  
Effective as of 01-APR-23

##### **ANDREY, JEFFREY, MD†**

Provider ID: N/A

 3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

##### **BASERI, BABAK, MD†**

Provider ID: N/A

 3965 5TH AVE STE 230



## CI. List of Network Providers

### Specialty Care Physician

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SAN DIEGO, CA 92103\*  
Effective as of 01-APR-23

#### **BASERI, BABAK, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-APR-24

#### **BASERI, BABAK, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

#### **BESSUDO, ALBERTO, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-NOV-21

#### **CHEN, YU-WEI, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **COGGAN, JAMES, DO**

Provider ID: N/A

3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-22

#### **EISENBERG, STEVEN, DO†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

#### **FISHER, JENNIFER, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-14

#### **FISHER, JENNIFER, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-DEC-08

#### **FRAKES, LAURIE, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-NOV-21

#### **MARJON, PHILIP, MD**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-APR-24

#### **MARJON, PHILIP, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

#### **MARJON, PHILIP, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103\*  
Effective as of 01-APR-23

#### **MESLEH SHAYEB, AKRAM, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
310

SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

#### **NAIDZIONAK, ULADZISLAU, MD†**

Provider ID: N/A

7930 FROST ST STE 405  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

#### **NGUYEN, ANTHONY, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-AUG-23

#### **PARSI, HOOMAN, MD**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

#### **QUINN, CATHERINE, MD**

Provider ID: N/A

3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-APR-23

#### **RAZZAQUE, SAQIB, MD**

Provider ID: N/A

7377 VIA CRESTA RD  
SAN DIEGO, CA 92129  
Effective as of 01-FEB-24

#### **REDFERN, CHARLES, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-14

#### **REDFERN, CHARLES, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR

## C1. List of Network Providers

### Specialty Care Physician

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STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-15

#### **RICE, KRISTEN, MD†**

Provider ID: N/A  
☑ 3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-15

#### **RICE, KRISTEN, MD†**

Provider ID: N/A  
☑ 3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-JUN-11

#### **SARWARI, NAWID, MD**

Provider ID: N/A  
☑ 3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

#### **SAUNDERS, PHILLIP, DO†**

Provider ID: N/A  
☑ 3965 5TH AVE STE 230  
SAN DIEGO, CA 92103\*  
Effective as of 01-APR-23

#### **SAUNDERS, PHILLIP, DO†**

Provider ID: N/A  
☑ 3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-22

#### **SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A  
☑ 3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-22

#### **SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A  
☑ 3965 5TH AVE STE 230

SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

#### **SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A  
☑ 3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

#### **SHAIKH, ANWER, MD†**

Provider ID: N/A  
☑ 3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

#### **SHENOY, CASIE, MD†**

Provider ID: N/A  
☑ 3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-18

#### **SHIEH, MARIE, MD†**

Provider ID: N/A  
☑ 3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-DEC-16

#### **SULLIVAN, JESSICA, DO**

Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **SULLIVAN, JESSICA, DO**

Provider ID: N/A  
☑ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-DEC-23

### ***HOSPICE AND PALLIATIVE MEDICINE***

#### **RUBENZIK, TAMARA, MD†**

Provider ID: N/A  
☑ 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-21

#### **RUBENZIK, TAMARA, MD†**

Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-21

### ***HOSPITALIST MD/DO***

#### **DJEKIC, KRISTINA, DO†**

Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

#### **FIRESTEIN, CATHERINE, MD†**

Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **HAMMOND, CHARLES, MD†**

Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-21

#### **SHINDO, YURI, MD†**

Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **TONG, ALEXANDER, MD**

Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

#### **YANG, BENJAMIN, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **YASSIN, HAZEM, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **INFECTIOUS DISEASE**

#### **ALDOUS, JEANNETTE, MD†**

Provider ID: N/A

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Effective as of 01-JUL-22

#### **CAPERNA, JOSEPH, MD†**

Provider ID: N/A

2333 1ST AVE STE 104  
SAN DIEGO, CA 92101  
Effective as of 01-JUL-21

#### **KUPPALLI, KRUTIKA, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

#### **MARTIN, THOMAS, MD†**

Provider ID: N/A

4168 FRONT ST FL 3  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-21

#### **MARTIN, THOMAS, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-21

#### **RAMIREZ SANCHEZ, CLAUDIA, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

#### **INTERNAL MEDICINE**

#### **AIZIN, VITALI, MD**

Provider ID: N/A

3802 NATIONAL AVE  
SAN DIEGO, CA 92113\*  
Effective as of 01-OCT-23

#### **AL-SALEH, YADANI, MD†**

Provider ID: N/A

3737 MORAGA AVE STE  
B103  
SAN DIEGO, CA 92117  
Effective as of 01-MAR-23

#### **BALL, SHELDON, MD**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-OCT-22

#### **BALL, SHELDON, MD**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-OCT-22

#### **BRAZEL, DANIELLE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **BRAZEL, DANIELLE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-24

#### **CHAU, JOHN, MD†**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-MAY-23

#### **CHAU, JOHN, MD†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-MAY-23

#### **CHONGKRAIRATANAKUL, TEPSIRI, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-24

#### **CHUNG, KIYON, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103\*  
Effective as of 01-NOV-12

#### **CSAPOCZI, PETER, MD**

Provider ID: N/A

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Teleservice  
Effective as of 01-JAN-21

#### **DASHI, ARBEN, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **DAVIS, JASON, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **DAVIS, JASON, MD†**

Provider ID: N/A

8010 FROST ST STE 510

## C1. List of Network Providers

### Specialty Care Physician

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SAN DIEGO, CA 92123  
Effective as of 01-NOV-23

#### **FARAVARDEH, ARMAN, MD†**

Provider ID: N/A

📍 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-16

#### **GADIYARAM, VARUNA, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **GELBERG, ANNA, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

#### **GRUNVALD, EDUARDO, MD†**

Provider ID: N/A

📍 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

#### **GRUNVALD, EDUARDO, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

#### **HAMMES, JOHN, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-23

#### **HAMMES, JOHN, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

#### **HASTIE, ELIZABETH, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **JAIN, SUPRABHA, MD**

Provider ID: N/A

📍 6496 WEATHERS PL STE  
100  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-OCT-22

#### **JIANG, JUN, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **KATSNELSON, MARCELLA, DO**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **KOOKOOTSEDES, GAYLE, MD†**

Provider ID: N/A

📍 3633 CAMINO DEL RIO S  
STE 300  
SAN DIEGO, CA 92108  
Effective as of 01-MAR-21

#### **LAMANTIA, MICHELE, MD†**

Provider ID: N/A

📍 950 S EUCLID AVE  
SAN DIEGO, CA 92114\*  
Effective as of 01-AUG-17

#### **LIU, ANDREW, MD**

Provider ID: N/A

📍 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **LIU, ANDREW, MD**

Provider ID: N/A

📍 6402 EL CAJON BLVD STE  
100&102  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-23

#### **LIU, ANDREW, MD**

Provider ID: N/A

📍 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

#### **LUND, GUY, MD†**

Provider ID: N/A

📍 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-24

#### **MARTINEZ, ARMANDO, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **MOOLANI, UJJALA, MD**

Provider ID: N/A

📍 6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115  
Effective as of 01-MAY-23

#### **MOOLANI, UJJALA, MD**

Provider ID: N/A

📍 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-23

#### **NAMAZY, DAVID, MD†**

Provider ID: N/A

📍 6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-24

## CI. List of Network Providers

### Specialty Care Physician

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#### **NGUYEN, VIET, MD<sup>†</sup>**

Provider ID: N/A

☒ 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-20

#### **NGUYEN, TRI, MD<sup>†</sup>**

Provider ID: N/A

☒ 4206 44TH ST  
SAN DIEGO, CA 92115\*  
Teleservice  
Effective as of 01-SEP-22

#### **NOKES, BRANDON, MD<sup>†</sup>**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

#### **PITT, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

☒ 6386 ALVARADO CT STE  
101  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-23

#### **SONG, ALEXANDER, MD**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **TANTISIRA, LALITA, MD<sup>†</sup>**

Provider ID: N/A

☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

#### **TANTISIRA, LALITA, MD<sup>†</sup>**

Provider ID: N/A

☒ 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

#### **TOPPEN, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **TRIVEDI, MEHUL, MD**

Provider ID: N/A

☒ 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-24

#### **TRIVEDI, MEHUL, MD**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **YANG, JENNY, MD<sup>†</sup>**

Provider ID: N/A

☒ 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

#### **YANG, JENNY, MD<sup>†</sup>**

Provider ID: N/A

☒ 4520 EXECUTIVE DR STE  
P2  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-21

### ***INTERNAL MEDICINE***

### ***CRITICAL CARE MEDICINE***

#### **BOROK, ZEA, MD<sup>†</sup>**

Provider ID: N/A

☒ 4520 EXECUTIVE DR STE  
P2  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-21

#### **BOROK, ZEA, MD<sup>†</sup>**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **BOROK, ZEA, MD<sup>†</sup>**

Provider ID: N/A

☒ 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **JAFFE, GILAD, MD**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **JAFFE, GILAD, MD**

Provider ID: N/A

☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-SEP-23

#### **MERCANDETTI, ALEX, MD<sup>†</sup>**

Provider ID: N/A

☒ 3965 5TH AVE STE 430  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-APR-19

#### **SULLIVAN, LAUREN, MD**

Provider ID: N/A

☒ 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **SULLIVAN, LAUREN, MD**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **SULLIVAN, LAUREN, MD**

Provider ID: N/A

☒ 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-23

### ***INTERVENTIONAL***

## CI. List of Network Providers

### Specialty Care Physician

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#### **CARDIOLOGY**

##### **CARAMBAS, CLARITA, MD†**

Provider ID: N/A

9190 MIRA MESA BLVD  
SAN DIEGO, CA 92126  
Effective as of 01-SEP-22

##### **CHUNG, KIYON, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

##### **CRUZ RODRIGUEZ, JOSE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

##### **FRIEDMAN, RICHARD, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

##### **FRIEDMAN, RICHARD, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

##### **GLASSMAN, JERROLD, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

##### **GLASSMAN, JERROLD, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

##### **GOLLAPUDI, RAGHAVA, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-13

##### **GOLLAPUDI, RAGHAVA, MD†**

Provider ID: N/A

7901 FROST ST  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

##### **GOLLAPUDI, RAGHAVA, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

##### **JOHN, ALAN, MD**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-MAY-23

##### **MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

##### **MULLVAIN, JEFFRY, MD†**

Provider ID: N/A

4060 4TH AVE STE 500  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

##### **NARAYANAN, MEENA, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

##### **NGUYEN, TRI, MD†**

Provider ID: N/A

7345 LINDA VISTA RD STE A

SAN DIEGO, CA 92111\*

Teleservice

Effective as of 01-JAN-21

##### **NGUYEN, BRYANT, MD†**

Provider ID: N/A

4440 EUCLID AVE STE A  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

##### **PITT, WILLIAM, MD†**

Provider ID: N/A

6386 ALVARADO CT STE  
101  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-15

##### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

412 WASHINGTON ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-22

##### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-MAY-23

##### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-DEC-22

##### **SALAMI, ALI, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

##### **SCLAR, CRAIG, MD**

Provider ID: N/A

3880 MURPHY CANYON

## C1. List of Network Providers

### Specialty Care Physician

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RD STE 120  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-DEC-23

#### **SCLAR, CRAIG, MD**

Provider ID: N/A  
☑ 3880 MURPHY CANYON  
RD STE 120  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-DEC-23

#### **SCLAR, CRAIG, MD**

Provider ID: N/A  
☑ 7830 CLAIREMONT MESA  
BLVD STE 100  
SAN DIEGO, CA 92111  
Effective as of 01-MAR-24

#### **SCOTT, EMILY, MD†**

Provider ID: N/A  
☑ 4060 4TH AVE STE 500  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-12

#### **SHAH, KULIN, MD†**

Provider ID: N/A  
☑ 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-APR-23

#### **SHEREV, DIMITRI, MD†**

Provider ID: N/A  
☑ 6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-24

#### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A  
☑ 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-APR-23

### **LICENSED CLINICAL SOCIAL WORKER**

#### **ALVAREZ, DIANA, LCSW**

Provider ID: N/A  
☑ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-APR-21

#### **BASHAM, CLAUDIA, LCSW**

Provider ID: N/A  
☑ 3025 BEYER BLVD STE E101  
SAN DIEGO, CA 92154  
Teleservice  
Effective as of 01-NOV-21

#### **BIGGER, ALAINA, LCSW**

Provider ID: N/A  
☑ 4849 RONSON CT STE 207  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-23

#### **BROWN, EDEN, LCSW†**

Provider ID: N/A  
☑ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-FEB-22

#### **DIAZ, JAENAI, LCSW**

Provider ID: N/A  
☑ 350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

#### **DSOUZA, NICOLE, LCSW†**

Provider ID: N/A  
☑ 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **ESCAMILLA, KARLA, LCSW†**

Provider ID: N/A  
☑ 950 S EUCLID AVE

SAN DIEGO, CA 92114  
Effective as of 01-DEC-21

#### **GONZALEZ, ADRIANA, LCSW**

Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **GONZALEZ, ADRIANA, LCSW**

Provider ID: N/A  
☑ 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

#### **HAMM, DEANNA, LCSW**

Provider ID: N/A  
☑ 350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **JASSO-RAMIREZ, MARTHA, LCSW**

Provider ID: N/A  
☑ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-SEP-21

#### **KHAMISA, SORAIYA, LCSW**

Provider ID: N/A  
☑ 4520 EXECUTIVE DR STE A  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

#### **LOWE, LINDSAY, LCSW**

Provider ID: N/A  
☑ 350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **RABBAN, DIANA, LCSW**

Provider ID: N/A  
☑ 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

## C1. List of Network Providers

### Specialty Care Physician

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Teleservice

Effective as of 01-NOV-22

#### **SACHS, MELISSA, LCSW†**

Provider ID: N/A

📍 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

Teleservice

Effective as of 01-MAR-21

#### **SCHWARTZMAN, BENJAMIN, LCSW**

Provider ID: N/A

📍 4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123

Effective as of 01-JAN-23

#### **SCHWARTZMAN, BENJAMIN, LCSW**

Provider ID: N/A

📍 4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123

Effective as of 01-DEC-22

#### **SCHWARTZMAN, BENJAMIN, LCSW**

Provider ID: N/A

📍 4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123

Effective as of 01-FEB-23

#### **SCHWARTZMAN, BENJAMIN, LCSW**

Provider ID: N/A

📍 4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123

Effective as of 01-JAN-23

#### **WEAVER, MARINEL, LCSW†**

Provider ID: N/A

📍 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

Teleservice

Effective as of 01-DEC-21

#### **WRIGHT, STEPHANIE, LCSW**

Provider ID: N/A

📍 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126

Effective as of 01-JAN-24

#### **LICENSED PROFESSIONAL CLINICAL COUNSELOR**

#### **TITOVA, ANASTASIA, LPCC**

Provider ID: N/A

📍 4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123

Effective as of 01-FEB-23

#### **TITOVA, ANASTASIA, LPCC**

Provider ID: N/A

📍 4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123

Effective as of 01-JAN-23

#### **MARRIAGE FAMILY THERAPIST**

#### **GULOTTA, SAMANTHA, MFT**

Provider ID: N/A

📍 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131

Effective as of 01-JUN-23

#### **HOLLEMAN, KEVIN, DO**

Provider ID: N/A

📍 8775 AERO DR STE 238  
SAN DIEGO, CA 92123

Effective as of 01-APR-23

#### **KUEK, JOHN, MFT**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-APR-21

#### **LAIDLAW, JOHN, MFT**

Provider ID: N/A

📍 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126

Effective as of 01-JAN-24

#### **SAMORA, ANTHONY, MFT**

Provider ID: N/A

📍 438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108

Effective as of 01-DEC-22

#### **SCHLOSSER, TARA, MFT**

Provider ID: N/A

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-AUG-23

#### **SUTTLE, CAROLYN, MFT†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-NOV-21

#### **VILLAGOMEZ, JOSHUA, MFT**

Provider ID: N/A

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

#### **ZAYAS, MARIO, MFT**

Provider ID: N/A

📍 3025 BEYER BLVD STE  
E-101

SAN DIEGO, CA 92154  
Effective as of 01-JAN-21



## CI. List of Network Providers

### Specialty Care Physician

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#### **MATERNAL AND FETAL MEDICINE**

##### **AHN, JENNIFER, MD†**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 204

SAN DIEGO, CA 92130

Effective as of 01-FEB-21

##### **BERGGREN, ERICA, MD†**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 204

SAN DIEGO, CA 92130

Effective as of 01-JAN-21

##### **DOWLING, DAVID, MD†**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 204

SAN DIEGO, CA 92130

Effective as of 01-JAN-21

##### **EMERUWA, UKACHI, MD**

Provider ID: N/A

16950 VIA TAZON

SAN DIEGO, CA 92127

Effective as of 01-JUN-23

##### **EMERUWA, UKACHI, MD**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103

Effective as of 01-JUN-23

##### **EMERUWA, UKACHI, MD**

Provider ID: N/A

4168 FRONT ST

SAN DIEGO, CA 92103

Effective as of 01-JUN-23

##### **GOLLIN, YVONNE, MD†**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 204

SAN DIEGO, CA 92130

Effective as of 01-JAN-21

#### **MEDICAL ONCOLOGY**

##### **EISENBERG, STEVEN, DO†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

Effective as of 01-JAN-21

##### **FLORES, EDNA, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

Effective as of 01-JAN-21

##### **FRAKES, LAURIE, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

Teleservice

Effective as of 01-JAN-21

##### **KOSSMAN, STEVEN, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
STE 102

SAN DIEGO, CA 92123

Effective as of 01-SEP-15

##### **SHAIKH, ANWER, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103\*

Effective as of 01-APR-23

##### **SHENOY, CASIE, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR

STE 102

SAN DIEGO, CA 92123

Effective as of 01-JAN-18

#### **NEPHROLOGY**

##### **AL-DAHCHAN, ZAID, MD**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123

Effective as of 01-MAY-23

##### **AL-DAHCHAN, ZAID, MD**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

##### **AL-DAHCHAN, ZAID, MD**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100

SAN DIEGO, CA 92115

Effective as of 01-MAY-23

##### **AL-DAHCHAN, ZAID, MD**

Provider ID: N/A

6402 EL CAJON BLVD STE  
102

SAN DIEGO, CA 92115

Effective as of 01-MAY-23

##### **BEHREND, TERRY, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100

SAN DIEGO, CA 92115

Effective as of 01-JAN-21

##### **BEHREND, TERRY, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100

SAN DIEGO, CA 92115

Effective as of 01-JAN-21

## C1. List of Network Providers

### Specialty Care Physician

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**BEHREND, TERRY, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE 100  
SAN DIEGO, CA 92115  
Effective as of 01-JUL-22

**BEHREND, TERRY, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE 100  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-16

**BEHREND, TERRY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**BOISKIN, MARK, MD**

Provider ID: N/A

9610 GRANITE RIDGE DR STE B  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**CALDERON MOLINA, JUAN, MD**

Provider ID: N/A

9610 GRANITE RIDGE DR STE B  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**CHONGKRAIRATANAKUL, TEPSIRI, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-21

**DAVIS, JASON, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-20

**DAVIS, JASON, MD†**

Provider ID: N/A

7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**DAVIS, JASON, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**DAVIS, JASON, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-15

**DAVIS, JASON, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-23

**DAVIS, JASON, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**DAVIS, JASON, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**FARAVARDEH, ARMAN, MD**

Provider ID: N/A

8010 FROST ST STE 100  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**FARAVARDEH, ARMAN, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

**FARAVARDEH, ARMAN, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-16

**FARAVARDEH, ARMAN, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**FARAVARDEH, ARMAN, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**HAMMES, JOHN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-15

**HAMMES, JOHN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**HAMMES, JOHN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103\*  
Effective as of 01-JAN-24

**HUSSAIN, SHAHID, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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6402 EL CAJON BLVD STE 100  
SAN DIEGO, CA 92115  
Teleservice  
Effective as of 01-APR-24

#### **HUSSAIN, SHAHID, MD**

Provider ID: N/A  
6402 EL CAJON BLVD STE 100  
SAN DIEGO, CA 92115  
Teleservice  
Effective as of 01-AUG-23

#### **KHAING, KATHY, MD†**

Provider ID: N/A  
8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **LE, CHARLES, MD†**

Provider ID: N/A  
4440 EUCLID AVE STE A  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

#### **LE, CHARLES, MD†**

Provider ID: N/A  
4440 EUCLID AVE  
SAN DIEGO, CA 92115  
Effective as of 01-JUL-21

#### **LUND, GUY, MD†**

Provider ID: N/A  
8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

#### **LUND, GUY, MD†**

Provider ID: N/A  
8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-16

#### **LUND, GUY, MD†**

Provider ID: N/A  
8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

#### **NAMAZY, DAVID, MD†**

Provider ID: N/A  
6402 EL CAJON BLVD STE 100  
SAN DIEGO, CA 92115  
Effective as of 01-JUL-22

#### **NAMAZY, DAVID, MD†**

Provider ID: N/A  
6402 EL CAJON BLVD STE 100  
SAN DIEGO, CA 92115  
Effective as of 01-APR-17

#### **NAMAZY, DAVID, MD†**

Provider ID: N/A  
6402 EL CAJON BLVD STE 100  
SAN DIEGO, CA 92115  
Effective as of 01-JUN-23

#### **NGUYEN, VIET, MD†**

Provider ID: N/A  
4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

#### **QUEVEDO, JUAN, MD†**

Provider ID: N/A  
995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-SEP-22

#### **QUEVEDO, JUAN, MD†**

Provider ID: N/A  
995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-SEP-20

#### **QUEVEDO, JUAN, MD†**

Provider ID: N/A  
995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-NOV-23

#### **QUEVEDO, JUAN, MD†**

Provider ID: N/A  
995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-AUG-21

#### **RAHIMI, SINA, DO†**

Provider ID: N/A  
4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-MAR-23

#### **SACAMAY, TAGUMPAY, MD†**

Provider ID: N/A  
4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

#### **SETHI, SUPREET, MD**

Provider ID: N/A  
4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

#### **SHAPIRO, MARK, MD**

Provider ID: N/A  
9610 GRANITE RIDGE DR STE B  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **STEER, DYLAN, MD†**

Provider ID: N/A  
4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-SEP-15

#### **THOMAS, THEODORE, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

#### **ZHONG, YAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-NOV-22

#### **ZHONG, YAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-MAY-22

#### **ZHONG, YAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-JUL-22

#### **ZHONG, YAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-MAR-22

### **NEUROLOGY**

#### **BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

#### **BOBO, JERRY, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

#### **FREDERICK, ALIYA, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

#### **GRISOLIA, JAMES, MD†**

Provider ID: N/A

4033 3RD AVE STE 410  
SAN DIEGO, CA 92103

Effective as of 01-SEP-20

#### **GUPTA, VISHAL, DO**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-23

#### **GUTFLAIS, ERIC, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

#### **HAAS, RICHARD, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

#### **HAAS, RICHARD, MD†**

Provider ID: N/A

200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

Effective as of 01-OCT-21

#### **HAAS, RICHARD, MD†**

Provider ID: N/A

4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

Effective as of 01-OCT-21

#### **HEADLEY, ALISON, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

#### **HUSSAIN, SHAHID, MD**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100

SAN DIEGO, CA 92115

Teleservice

Effective as of 01-MAR-24

#### **KARANJIA, NAVAZ, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

#### **KARANJIA, NAVAZ, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-FEB-22

#### **KHAMISHON, BORIS, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2301

SAN DIEGO, CA 92120

Effective as of 01-SEP-22

#### **KHAMISHON, BORIS, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2301

SAN DIEGO, CA 92120

Effective as of 01-AUG-20

## C1. List of Network Providers

### Specialty Care Physician

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#### **KHAMISHON, BORIS, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2301  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

#### **KHAMISHON, BORIS, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2301  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-14

#### **KURESHI, SOHAIB, MD†**

Provider ID: N/A

3750 CONVOY ST STE 301  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-20

#### **LASKER, BRUCE, MD†**

Provider ID: N/A

3737 MORAGA AVE STE A5  
SAN DIEGO, CA 92117  
Effective as of 01-FEB-07

#### **MALIK, SUDHIR, MD†**

Provider ID: N/A

4033 3RD AVE STE 420  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

#### **MALIK, SUDHIR, MD†**

Provider ID: N/A

4033 3RD AVE STE 420  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-20

#### **MALIK, SUDHIR, MD†**

Provider ID: N/A

4033 3RD AVE STE 420  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-19

#### **QAYOUMI, WALI, MD†**

Provider ID: N/A

4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-21

#### **QAYOUMI, WALI, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **RAYNOWSKA, JENELLE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **RAYNOWSKA, JENELLE, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-APR-23

#### **RIGGINS, NINA, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **SCHORR, EMILY, MD**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-24

#### **SCHORR, EMILY, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-MAR-24

#### **SCHORR, EMILY, MD**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103  
Effective as of 01-MAR-24

#### **SCHULTE, JESSICA, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **SIAVOSHI, SARA, DO**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **SIAVOSHI, SARA, DO†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

#### **SIAVOSHI, SARA, DO†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-22

#### **TUASON, NORBERTO, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108  
Teleservice  
Effective as of 01-NOV-23

#### **WIEGAND, SARAH, DO**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **NEUROLOGY CHILD**

#### **SATTAR, SHIFTEH, MD**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **NUCLEAR MEDICINE**

##### **ALEXANDER, SINDU, MD†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

##### **ALEXANDER, SINDU, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

##### **CHOI, ESTHER, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

##### **CHOI, ESTHER, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

##### **KIPPER, MICHAEL, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

##### **METH, ERNIE, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 1  
SAN DIEGO, CA 92123  
Teleservice

Effective as of 01-NOV-21

##### **SHARIF TABRIZI, AHMAD, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

##### **SHARIF TABRIZI, AHMAD, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

#### **OBSTETRICS / GYNECOLOGY**

##### **AL-MSHHDANI, AYSER, MD**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

##### **ASLIAN, AZITA, MD†**

Provider ID: N/A

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-22

##### **BLAKE, GARY, MD†**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-22

##### **BRAHMBHATT, BHOOMI, MD**

Provider ID: N/A

2918 5TH AVE STE 100  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

##### **CARDENAS, MICHAEL, MD**

Provider ID: N/A

2918 5TH AVE STE 100  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

##### **CARDENAS, MICHAEL, MD†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

##### **CARDENAS, MICHAEL, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

##### **CASTILLO, MARIA, MD†**

Provider ID: N/A

7930 FROST ST STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-21

##### **CHAC, RICK, MD†**

Provider ID: N/A

550 WASHINGTON ST STE  
331  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-22

##### **CHUAN, SANDY, MD†**

Provider ID: N/A

11425 EL CAMINO REAL  
SAN DIEGO, CA 92130  
Effective as of 01-FEB-16

##### **CONTRERAS, MICHELLE, MD†**

Provider ID: N/A

550 WASHINGTON ST STE  
331  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-FEB-22

##### **DAVIS, TRACIE, MD**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-OCT-23

#### **DELCORE, LAURA, MD†**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **DELCORE, LAURA, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **DELCORE, LAURA, MD†**

Provider ID: N/A

📍 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-22

#### **DELCORE, LAURA, MD†**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-AUG-22

#### **DELCORE, LAURA, MD†**

Provider ID: N/A

📍 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-AUG-22

#### **DRIEBE, AMY, MD†**

Provider ID: N/A

📍 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-AUG-22

#### **DRIEBE, AMY, MD†**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-AUG-22

#### **DRIEBE, AMY, MD†**

Provider ID: N/A

📍 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-22

#### **DRIEBE, AMY, MD†**

Provider ID: N/A

📍 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **FOLCH TORRES-AGUIAR, BEATRIZ, MD†**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-AUG-22

#### **FRUGONI, GINA, MD†**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **GELLENS, ANDREW, MD†**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-NOV-21

#### **HARVEY, SCOTT, MD†**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-21

#### **HARVEY, SCOTT, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-21

#### **HUI, KIM, MD†**

Provider ID: N/A

📍 2918 5TH AVE STE 100  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

#### **JAIME, CINDY, MD†**

Provider ID: N/A

📍 2918 5TH AVE STE 100  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-18

#### **JENKINS, ENCHANTA, MD†**

Provider ID: N/A

📍 4050 BEYER BLVD  
SAN DIEGO, CA 92173  
Effective as of 01-JUN-22

#### **KHAN, ALIYA, MD†**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-NOV-21

#### **MACKAY, GILLIAN, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-DEC-23

#### **MACKAY, GILLIAN, MD**

Provider ID: N/A

📍 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-DEC-23

#### **MELLENDEZ, ARIANA, MD**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **MELLENDEZ, ARIANA, MD**

Provider ID: N/A

📍 200 W ARBOR DR

## C1. List of Network Providers

### Specialty Care Physician

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SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **MENDEZ, DIEGO, MD**

Provider ID: N/A

📍 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Effective as of 01-APR-23

#### **MEURICE, MARIELLE**

#### **ERENDIRA LUCILLE, MD†**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **MEURICE, MARIELLE**

#### **ERENDIRA LUCILLE, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **NGUYEN, NICOLE, MD†**

Provider ID: N/A

📍 12395 EL CAMINO REAL  
STE 117  
SAN DIEGO, CA 92130  
Effective as of 01-DEC-14

#### **PARK, SUSANNA, MD**

Provider ID: N/A

📍 11425 EL CAMINO REAL  
SAN DIEGO, CA 92130  
Effective as of 01-APR-16

#### **PICKETT, CHARLOTTE, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUL-23

#### **PICKETT, CHARLOTTE, MD**

Provider ID: N/A

📍 6030 VILLAGE WAY

SAN DIEGO, CA 92130  
Effective as of 01-JUL-23

#### **PICKETT, CHARLOTTE, MD**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

#### **PICKETT, CHARLOTTE, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

#### **PICKETT, CHARLOTTE, MD**

Provider ID: N/A

📍 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-23

#### **PINSON, KELSEY, MD†**

Provider ID: N/A

📍 4910 DIRECTORS PL STE  
200  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-21

#### **PINSON, KELSEY, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **PINSON, KELSEY, MD†**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **SCHMIDT, LILA, MD**

Provider ID: N/A

📍 3969 4TH AVE STE 207  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

#### **SHUCKETT, ARIEL, MD†**

Provider ID: N/A

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-22

#### **TAJРАН, DEENA, MD†**

Provider ID: N/A

📍 10737 CAMINO RUIZ STE 114  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-21

#### **THOMSON, SAMANTHA, MD†**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

#### **THOMSON, SAMANTHA, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

#### **TRUJILLO, JENNIFER, DO†**

Provider ID: N/A

📍 950 S EUCLID AVE  
SAN DIEGO, CA 92114\*  
Effective as of 01-JUL-22

#### **VAN DEN HEUVEL, KELLY, MD†**

Provider ID: N/A

📍 2918 5TH AVE STE 100  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

#### **VU, LAC, MD**

Provider ID: N/A

📍 5555 RESERVOIR DR STE  
205  
SAN DIEGO, CA 92120  
Effective as of 01-JUL-23



## CI. List of Network Providers

### Specialty Care Physician

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#### **WILLIAMS, ALISA, MD<sup>†</sup>**

Provider ID: N/A

📍 5555 RESERVOIR DR STE 307  
SAN DIEGO, CA 92120\*  
Effective as of 01-JAN-20

#### **OCCUPATIONAL MEDICINE**

#### **JACKSON, CODY, MD**

Provider ID: N/A

📍 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-MAY-22

#### **OCCUPATIONAL THERAPIST**

#### **ARRIESGADO, MINNETT, OT**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-23

#### **CHOW, JENNIFER, OT**

Provider ID: N/A

📍 3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-23

#### **CHOW, JENNIFER, OT**

Provider ID: N/A

📍 3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-23

#### **CUA, NICOLE, OT**

Provider ID: N/A

📍 3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111  
Effective as of 01-MAR-24

#### **FARHAT, KELLI, OT**

Provider ID: N/A

📍 3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111  
Effective as of 01-APR-22

#### **HUDSON, BONNIE, OT**

Provider ID: N/A

📍 88 E BONITA RD  
STE C  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

#### **HUDSON, BONNIE, OT**

Provider ID: N/A

📍 4445 EASTGATE MALL STE 103  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

#### **LOPEZ, ALYSSA-NICOLE, OT**

Provider ID: N/A

📍 3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-23

#### **MANECKE, KRISTEN, OT**

Provider ID: N/A

📍 9333 GENESEE AVE STE 350B  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

#### **OPHTHALMOLOGY**

#### **ARNETT, JUSTIN, MD**

Provider ID: N/A

📍 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **ARNETT, JUSTIN, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

#### **ARNETT, JUSTIN, MD**

Provider ID: N/A

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

#### **ARYA, MALVIKA, MD**

Provider ID: N/A

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

#### **ARYA, MALVIKA, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **ARYA, MALVIKA, MD**

Provider ID: N/A

📍 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **AVALLONE, THOMAS, MD<sup>†</sup>**

Provider ID: N/A

📍 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **AVALLONE, THOMAS, MD**

Provider ID: N/A

📍 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-24

#### **BINDER, NICHOLAS, MD<sup>†</sup>**

Provider ID: N/A

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-18

## C1. List of Network Providers

### Specialty Care Physician

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#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

#### **BOECKMANN, JESSICA, MD†**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21

#### **BOLO, KYLE, MD**

Provider ID: N/A

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **BOLO, KYLE, MD**

Provider ID: N/A

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

#### **BOLO, KYLE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **CHANG, TOM, MD†**

Provider ID: N/A

4344 CONVOY ST STE C2

SAN DIEGO, CA 92111

Effective as of 01-SEP-22

#### **CHOPLIN, NEIL, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

#### **CHOPLIN, NEIL, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

#### **CHOPLIN, NEIL, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-APR-22

#### **COURIS, MICHAEL, MD†**

Provider ID: N/A

3969 4TH AVE STE 301  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

#### **CU-UNJIENG, ANDREW, MD†**

Provider ID: N/A

4060 4TH AVE STE 405  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

#### **ESLANI, MEDI, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **ESLANI, MEDI, MD**

Provider ID: N/A

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

#### **ESLANI, MEDI, MD**

Provider ID: N/A

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **GUALTIERI, CHRISTOPHER, MD†**

Provider ID: N/A

3969 4TH AVE STE 300  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

#### **GUALTIERI, CHRISTOPHER, MD†**

Provider ID: N/A

3969 4TH AVE STE 300  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **HAAK, LOGAN, MD†**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-JAN-24

#### **HANDLER, SUZANNE, MD†**

Provider ID: N/A

3969 4TH AVE STE 301  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

#### **HSU, CHRISTOPHER, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-MAY-22

#### **HUDSON, HENRY, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-22

#### **HUDSON, HENRY, MD†**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-APR-23

#### **HUYNH, PAUL, MD†**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JAN-21

#### **HUYNH, PAUL, MD†**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JAN-21

#### **HUYNH, PAUL, MD†**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-22

#### **JACOBSEN, BRADLEY, MD**

Provider ID: N/A

7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-23

#### **JIN, MAN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **KEEFE, KELLY, MD†**

Provider ID: N/A

3969 4TH AVE STE 301

SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

#### **KHAN, FAHAD, MD†**

Provider ID: N/A

233 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

#### **KHAN, FAHAD, MD†**

Provider ID: N/A

233 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-22

#### **KHAN, FAHAD, MD†**

Provider ID: N/A

233 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

#### **KHATIB, NORA, MD†**

Provider ID: N/A

4060 4TH AVE STE 640  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **KHATIB, NORA, MD†**

Provider ID: N/A

4060 4TH AVE STE 640  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-24

#### **LANG, PAUL, MD**

Provider ID: N/A

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **LANG, PAUL, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **MANI, NASRIN, MD**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
Effective as of 01-JUN-23

#### **MCGRAW, JOSEPH, MD†**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **MCGRAW, JOSEPH, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

#### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

#### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JUN-18

#### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-23

#### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JAN-21

**MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-APR-23

**MORTON, ASA, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-APR-22

**MORTON, ASA, MD**

Provider ID: N/A

3939 3RD AVE STE B  
SAN DIEGO, CA 92103  
Effective as of 01-APR-24

**MORTON, ASA, MD**

Provider ID: N/A

3939 3RD AVE BLDG B  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-24

**MORTON, ASA, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**MOSS, JASON, MD†**

Provider ID: N/A

5555 RESERVOIR DR STE  
201  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-23

**NGUYEN, VINCENT, MD**

Provider ID: N/A

7695 CARDINAL CT STE S  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**NGUYEN, VINCENT, MD†**

Provider ID: N/A

7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123  
Effective as of 01-APR-20

**PATEL, SARJAN, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-14

**PATEL, SARJAN, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-AUG-20

**PATEL, SARJAN, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

**PATEL, GITANE, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

**PATEL, SARJAN, MD†**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**PATEL, GITANE, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-18

**PERRY, ARTHUR, MD**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-APR-23

**PHAN, RYAN, MD**

Provider ID: N/A

10737 CAMINO RUIZ STE  
100  
SAN DIEGO, CA 92126  
Effective as of 01-APR-23

**PHAN, RYAN, MD**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Effective as of 01-APR-23

**PHAN, RYAN, MD†**

Provider ID: N/A

10737 CAMINO RUIZ  
SAN DIEGO, CA 92126  
Effective as of 01-SEP-22

**PHAN, RYAN, MD**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Effective as of 01-JAN-24

**PHAN, RYAN, MD†**

Provider ID: N/A

10737 CAMINO RUIZ  
SAN DIEGO, CA 92126  
Effective as of 01-OCT-22

**PONS, MAURICIO, MD**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
Effective as of 01-MAY-23


**PRABHU, SUJATA, MD†**

Provider ID: N/A

## C1. List of Network Providers


### Specialty Care Physician

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 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22


**PRABHU, SUJATA, MD†**

Provider ID: N/A

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22


**PRABHU, SUJATA, MD†**

Provider ID: N/A

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-FEB-18

**PRABHU, SUJATA, MD†**

Provider ID: N/A

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21


**PRABHU, SUJATA, MD†**

Provider ID: N/A

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-AUG-20


**PRABHU, SUJATA, MD†**

Provider ID: N/A

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-20


**PRABHU, SUJATA, MD†**

Provider ID: N/A

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-APR-22


**PUIG LLANO, MANUEL, MD**

Provider ID: N/A

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23


**RAHMATNEJAD, KAMRAN, MD**

Provider ID: N/A

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23


**ROBINSON, FANE, MD†**

Provider ID: N/A

 7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-15


**ROBINSON, FANE, MD**

Provider ID: N/A

 7695 CARDINAL CT STE S  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-23


**ROESKE, RICHMOND, MD**

Provider ID: N/A

 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23


**ROESKE, RICHMOND, MD**

Provider ID: N/A

 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-24


**ROESKE, RICHMOND, MD**

Provider ID: N/A

 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-23


**ROESKE, RICHMOND, MD**

Provider ID: N/A

 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23


**SATTERFIELD, KELLIE, MD**

Provider ID: N/A

 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-24


**SATTERFIELD, KELLIE, MD**

Provider ID: N/A

 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23


**SATTERFIELD, KELLIE, MD**

Provider ID: N/A

 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23


**SHEILS, CATHERINE, MD**

Provider ID: N/A

 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24


**SHEILS, CATHERINE, MD**

Provider ID: N/A

 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24


**SHEILS, CATHERINE, MD**

Provider ID: N/A

 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**SHEILS, CATHERINE, MD**

Provider ID: N/A

 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

## C1. List of Network Providers

### Specialty Care Physician

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#### **SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

#### **SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-24

#### **SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **SHOJI, MARISSA, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **SHOJI, MARISSA, MD**

Provider ID: N/A

☐ 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **SMITH, MARK, MD**

Provider ID: N/A

☐ 7695 CARDINAL CT STE S  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

#### **SMITH, WILLIAM, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

#### **SONG, DELU, MD**

Provider ID: N/A

☐ 7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123  
Effective as of 01-DEC-23

#### **SONG, DELU, MD**

Provider ID: N/A

☐ 7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-23

#### **WARLEN, MARK, MD†**

Provider ID: N/A

☐ 3720 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

#### **YAMADA, KENTARO, MD†**

Provider ID: N/A

☐ 1040 UNIVERSITY AVE STE  
B209A  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-22

#### **YAMADA, KENTARO, MD†**

Provider ID: N/A

☐ 1040 UNIVERSITY AVE STE  
B209A  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

☐ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

#### **ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21

#### **ZHAO, TAILUN, MD**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-24

### **OPTOMETRIST**

#### **AOTO, KIM, OD†**

Provider ID: N/A

☐ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

#### **AOTO, KIM, OD†**

Provider ID: N/A

☐ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

#### **AOTO, KIM, OD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **AOTO, KIM, OD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **AOTO, KIM, OD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22


#### **AOTO, KIM, OD†**

Provider ID: N/A

## CI. List of Network Providers


### Specialty Care Physician

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 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21


#### **DOAN, DORA, OD**

Provider ID: N/A

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-SEP-21


#### **DYER, SHARON, OD**

Provider ID: N/A

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-FEB-24


#### **DYER, SHARON, OD†**

Provider ID: N/A

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22


#### **EL-MOGHRABI, ROULA, OD†**

Provider ID: N/A

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131  
Effective as of 01-SEP-22

#### **HAN, SUL KI, OD†**

Provider ID: N/A

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-22

#### **HO, HOANG MINH, OD**

Provider ID: N/A

 7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21

#### **HO, HOANG MINH, OD**


Provider ID: N/A

 10737 CAMINO RUIZ STE  
215-220

SAN DIEGO, CA 92126  
Effective as of 01-JAN-21


#### **HO, HOANG MINH, OD**

Provider ID: N/A

 4206 44TH ST  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21


#### **JOMOC, CAITLIN, OD**

Provider ID: N/A

 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-FEB-24


#### **JOMOC, CAITLIN, OD**

Provider ID: N/A

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24


#### **JULAZADEH, SARA, OD†**

Provider ID: N/A

 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23


#### **KHALIL, VADY, OD†**

Provider ID: N/A

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-22


#### **KHALIL, VADY, OD†**

Provider ID: N/A

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-22


#### **KIM, PHILIP, OD†**

Provider ID: N/A

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-22


#### **MARR, RYAN, OD**

Provider ID: N/A

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-22


#### **MARR, RYAN, OD**

Provider ID: N/A

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-DEC-22


#### **RING, ROBERT, OD**

Provider ID: N/A

 13223 BLACK MOUNTAIN  
RD STE 6  
SAN DIEGO, CA 92129  
Effective as of 01-FEB-24


#### **SCHWAB, GARY, OD†**

Provider ID: N/A

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-22


#### **SCHWAB, GARY, OD†**

Provider ID: N/A

 4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22


#### **TAUNTON, PHILIP, OD†**

Provider ID: N/A

 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **TAUNTON, PHILIP, OD†**

Provider ID: N/A

 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **TONNU, ANH, OD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **TONNU, ANH, OD<sup>†</sup>**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21

#### **TONNU, ANH, OD<sup>†</sup>**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

#### **TONNU, ANH, OD<sup>†</sup>**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

#### **VINH, JOHN, OD<sup>†</sup>**

Provider ID: N/A

2240 E PLAZA BLVD  
STE F AND G  
SAN DIEGO, CA 92102  
Effective as of 01-JAN-21

#### **VINH, JOHN, OD<sup>†</sup>**

Provider ID: N/A

2240 E PLAZA BLVD  
STE F AND G  
SAN DIEGO, CA 92102  
Effective as of 01-SEP-20

#### **YU, CAROL, OD**

Provider ID: N/A

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **YU, CAROL, OD**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **YU, CAROL, OD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-SEP-23

### **ORAL MAXILLOFACIAL SURGEON**

#### **ELI, BRADLEY, DMD**

Provider ID: N/A

5830 OBERLIN DR STE 202  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

#### **MEHROTRA, SACHI, DDS**

Provider ID: N/A

5830 OBERLIN DR STE 202  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

### **OTOLARYNGOLOGY**

#### **ABDOU, RAMI, MD<sup>†</sup>**

Provider ID: N/A

5405 OBERLIN DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

#### **BANTHIA, VISHAL, MD<sup>†</sup>**

Provider ID: N/A

5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-AUG-21

#### **BANTHIA, VISHAL, MD<sup>†</sup>**

Provider ID: N/A

5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121  
Teleservice

Effective as of 01-SEP-21

#### **BRUMUND, KEVIN, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

#### **BRUMUND, KEVIN, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **BUSH, JAMES, MD<sup>†</sup>**

Provider ID: N/A

3805 FRONT ST  
SAN DIEGO, CA 92103\*  
Effective as of 01-AUG-20

#### **CALIFANO, JOSEPH, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

#### **CALIFANO, JOSEPH, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **CALIFANO, JOSEPH, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

#### **CALZADA, AUDREY, MD<sup>†</sup>**

Provider ID: N/A

5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-22



## C1. List of Network Providers

### Specialty Care Physician

---

#### **CALZADA, AUDREY, MD†**

Provider ID: N/A

📍 5405 OBERLIN DR  
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-OCT-19

#### **CALZADA, AUDREY, MD†**

Provider ID: N/A

📍 5405 OBERLIN DR  
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-JAN-21

#### **CHANG, EDWARD, MD**

Provider ID: N/A

📍 5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121

Effective as of 01-MAR-24

#### **COFFEY, CHARLES, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-MAY-23

#### **COFFEY, CHARLES, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-MAY-23

#### **COFFEY, CHARLES, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

#### **DECONDE, ADAM, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

#### **DECONDE, ADAM, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Effective as of 01-MAY-23

#### **DECONDE, ADAM, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-MAY-23

#### **DONALDSON, CHADWICK, MD†**

Provider ID: N/A

📍 4033 3RD AVE STE 104  
SAN DIEGO, CA 92103

Effective as of 01-OCT-21

#### **DRISKILL, BRENT, MD†**

Provider ID: N/A

📍 4033 3RD AVE STE 104  
SAN DIEGO, CA 92103

Effective as of 01-OCT-21

#### **DRISKILL, BRENT, MD†**

Provider ID: N/A

📍 4033 3RD AVE STE 104  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

#### **FRIEDMAN, RICK, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

#### **FRIEDMAN, RICK, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Effective as of 01-MAY-23

#### **FRIEDMAN, RICK, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-MAY-23

#### **GILANI, SAPIDEH, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-MAY-23

#### **GILANI, SAPIDEH, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Effective as of 01-MAY-23

#### **GILANI, SAPIDEH, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

#### **GREENE, JACQUELINE, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

#### **GREENE, JACQUELINE, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Effective as of 01-MAY-23

#### **GREENE, JACQUELINE, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-MAY-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **GUO, THERESA, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

#### **GUO, THERESA, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **HARRIS, JEFFREY, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **HARRIS, JEFFREY, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

#### **HAUFF, SAMANTHA, MD†**

Provider ID: N/A

4282 GENESEE AVE STE  
202  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-21

#### **HAUFF, SAMANTHA, MD**

Provider ID: N/A

4282 GENESEE AVE STE  
201  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-23

#### **HAUFF, SAMANTHA, MD†**

Provider ID: N/A

4282 GENESEE AVE STE  
202  
SAN DIEGO, CA 92117

Effective as of 01-AUG-20

#### **HAUFF, SAMANTHA, MD**

Provider ID: N/A

4282 GENESEE AVE STE  
201  
SAN DIEGO, CA 92117  
Effective as of 01-APR-23

#### **HAUFF, SAMANTHA, MD†**

Provider ID: N/A

4282 GENESEE AVE STE  
202  
SAN DIEGO, CA 92117  
Effective as of 01-MAY-22

#### **HOM, DAVID, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **HOM, DAVID, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

#### **HOM, DAVID, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

#### **HUGHES, CHARLOTTE, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

#### **HUGHES, CHARLOTTE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

#### **HUGHES, CHARLOTTE, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **HUSSEMAN, JACOB, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

#### **HUSSEMAN, JACOB, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-AUG-23

#### **JANSEN, CORNELIUS, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

#### **JANSEN, CORNELIUS, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

#### **JANSEN, CORNELIUS, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **KARI, ELINA, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-MAY-23

#### **KARI, ELINA, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

#### **KARI, ELINA, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-MAY-23

#### **MAGIT, ANTHONY, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-MAY-23

#### **MAGIT, ANTHONY, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

#### **MAGIT, ANTHONY, MD†**

Provider ID: N/A

📍 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

Effective as of 01-OCT-20

#### **MAGIT, ANTHONY, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-MAY-23

#### **MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-MAY-23

#### **MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

#### **MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-MAY-23

#### **MIYA, GARY, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 410  
SAN DIEGO, CA 92103

Effective as of 01-JAN-18

#### **NGUYEN, QUYEN, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

#### **NGUYEN, QUYEN, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-MAY-23

#### **NGUYEN, QUYEN, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-MAY-23

#### **SALL, EDWARD, DDS**

Provider ID: N/A

📍 5471 KEARNY VILLA RD STE  
201  
SAN DIEGO, CA 92123

Effective as of 01-SEP-22

#### **SCHAEFFER, CYNTHIA, MD†**

Provider ID: N/A

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Effective as of 01-JAN-21

#### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

#### **SCHALCH LEPE, PAUL, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-MAY-23

#### **SCHALCH LEPE, PAUL, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-MAY-23

#### **TORCHINSKY, CYRUS, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 410  
SAN DIEGO, CA 92103\*

Effective as of 01-SEP-15

#### **TORCHINSKY, CYRUS, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 410  
SAN DIEGO, CA 92103

Effective as of 01-FEB-18

#### **TORCHINSKY, CYRUS, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 410  
SAN DIEGO, CA 92103

Effective as of 01-JAN-23

#### **VAHABZADEH-HAGH, ANDREW, MD**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

#### **VAHABZADEH-HAGH, ANDREW, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **VAHABZADEH-HAGH, ANDREW, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

#### **WATSON, DEBORAH, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

#### **WATSON, DEBORAH, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **WATSON, DEBORAH, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

#### **WEISSBROD, PHILIP, MD**

Provider ID: N/A

200 W ARBOR DR STE 505  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

#### **WEISSBROD, PHILIP, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **WEISSBROD, PHILIP, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

#### **YAN, CAROL, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

#### **YAN, CAROL, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **YAN, CAROL, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

### ***PATHOLOGY ANATOMIC CLINICAL***

#### **LIN, GRACE, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

#### **MAHOOTI, SEPI, MD†**

Provider ID: N/A

16835 W BERNARDO DR

STE 212

SAN DIEGO, CA 92127

Teleservice

Effective as of 01-DEC-22

#### **SONG, WEI, MD**

Provider ID: N/A

10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-23

#### **STEPHENS, LAURA, MD**

Provider ID: N/A

10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-23

#### **USMANI, AMENA, MD**

Provider ID: N/A

10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

### ***PEDIATRIC RADIOLOGY***

#### **DWEK, JERRY, MD†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-22

#### **DWEK, JERRY, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **DWEK, JERRY, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-22

#### **EVORA, DARRYL, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**EVORA, DARRYL, MD†**  
Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-22

**EVORA, DARRYL, MD†**  
Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-22

**KONING, JEFFREY, MD†**  
Provider ID: N/A

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-22

**KONING, JEFFREY, MD**  
Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**KONING, JEFFREY, MD†**  
Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-22

**KRUK, PETER, MD**  
Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**PUGMIRE, BRIAN, MD**  
Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**PUGMIRE, BRIAN, MD†**  
Provider ID: N/A

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

**PUGMIRE, BRIAN, MD†**  
Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

### **PEDIATRICS**

**ALLSUP, VICTORIA, MD**  
Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-23

**ALLSUP, VICTORIA, MD**  
Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-23

**ANDREE, GREGOR, MD**  
Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**ANDREE, GREGOR, MD**  
Provider ID: N/A

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Effective as of 01-SEP-22

**DOAN STEPHENS, CRYSTAL,  
MD†**

Provider ID: N/A  
4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105  
Effective as of 01-SEP-22

**DOAN STEPHENS, CRYSTAL,  
MD†**  
Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**GIBONEY, JENNIFER, MD**  
Provider ID: N/A

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Effective as of 01-FEB-23

**GIBONEY, JENNIFER, MD**  
Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-FEB-23

**GROBMAN, LILLIAN, MD†**  
Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-22

**KARMAKAR, KANKA, MD**  
Provider ID: N/A

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Teleservice  
Effective as of 01-JAN-21

**MARC AURELE, KRISHELLE,  
MD**  
Provider ID: N/A

7910 FROST ST STE 230  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

**SONG, RICHARD, MD**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

7910 FROST ST STE 230  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

#### **SUTTNER, DENISE, MD**

Provider ID: N/A

7910 FROST ST STE 230  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

#### **WEISS, KATHERINE, MD**

Provider ID: N/A

7910 FROST ST STE 230  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

#### **ZAHEER, AARON, MD†**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Effective as of 01-SEP-22

#### **ZAHEER, AARON, MD†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

### ***PHYS MED/ REHAB PAIN MEDICINE***

#### **KATZEN, SETH, DO**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-24

#### **KATZEN, SETH, DO**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-MAY-23

#### **KOLODGE, GAVIN, DO**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-JUN-23

#### **RICHARDSON, HENRY, MD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-JUN-23

### ***PHYSICAL MEDICINE / REHABILITATION***

#### **BULLOCK, ANDREW, DO**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-APR-24

#### **BULLOCK, ANDREW, DO†**

Provider ID: N/A

1855 1ST AVE STE 200  
SAN DIEGO, CA 92101  
Effective as of 01-JUL-22

#### **BULLOCK, ANDREW, DO†**

Provider ID: N/A

1855 1ST AVE STE 200  
SAN DIEGO, CA 92101  
Effective as of 01-JAN-21

#### **CHANG, ENOCH, MD**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-23

#### **CHANG, ENOCH, MD**

Provider ID: N/A

6719 ALVARADO RD STE

200

SAN DIEGO, CA 92120  
Effective as of 01-AUG-23

#### **GAVRILYUK, OLEG, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2302  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

#### **GAVRILYUK, OLEG, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2302  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-20

#### **KATZEN, SETH, DO**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

#### **KATZEN, SETH, DO**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-22

#### **KOLODGE, GAVIN, DO**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-23

#### **SCOTT, ROBERT, MD**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

## CI. List of Network Providers

### Specialty Care Physician

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#### **TAHAEI, SEYED, MD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Teleservice

Effective as of 01-OCT-22

#### **PHYSICIANS ASSISTANT**

#### **ABRAHAMSEN, KELSEY, PA**

Provider ID: N/A

3737 MORAGA AVE STE  
B103  
SAN DIEGO, CA 92117

Effective as of 01-JAN-21

#### **ABRAHAMSEN, KELSEY, PA**

Provider ID: N/A

555 W C ST STE 102  
SAN DIEGO, CA 92101

Effective as of 01-JAN-21

#### **ABRAHAMSEN, KELSEY, PA**

Provider ID: N/A

4142 ADAMS AVE STE 102  
SAN DIEGO, CA 92116

Effective as of 01-APR-22

#### **ALBRIGHT, KELSEY, PA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

#### **ALYAS, ALISIA, PA**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUN-21

#### **ALYAS, ALISIA, PA**

Provider ID: N/A

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUN-21

#### **ANDERSON, MATTHEW, PA**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Effective as of 01-FEB-24

#### **ANDERSON, CARLEY, PA†**

Provider ID: N/A

11865 CARMEL MOUNTAIN  
RD STE 1104  
SAN DIEGO, CA 92128

Effective as of 01-DEC-21

#### **ARMENTA, JORGE, PA**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-MAY-21

#### **ARROYO, VANIA, PA**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Effective as of 01-MAR-23

#### **BASIN, NATALIE, PA†**

Provider ID: N/A

12843 EL CAMINO REAL  
STE 203  
SAN DIEGO, CA 92130

Teleservice

Effective as of 01-FEB-21

#### **BEITTER, KEERSTIN, PA†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Effective as of 01-MAR-22

#### **BRAMBILA, YELENA, PA**

Provider ID: N/A

6386 ALVARADO CT STE  
101

SAN DIEGO, CA 92120

Effective as of 01-DEC-21

#### **BRAVO, RICARDO, PA**

Provider ID: N/A

3490 PALM AVE  
SAN DIEGO, CA 92154

Effective as of 01-JUL-23

#### **BROWN, COLLEEN, PA**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-APR-24

#### **CRITES, LAURA, PA**

Provider ID: N/A

3737 MORAGA AVE STE  
B103

SAN DIEGO, CA 92117

Teleservice

Effective as of 01-SEP-22

#### **DANESHVAR, ABRAHAM, PA†**

Provider ID: N/A

9610 GRANITE RIDGE DR  
STE B

SAN DIEGO, CA 92123

Effective as of 01-SEP-22

#### **DARZI, MARIAM, PA**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Effective as of 01-OCT-23

#### **DOUGHERTY, CLARA, PA**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

## C1. List of Network Providers

### Specialty Care Physician

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#### **DOUGHERTY, CLARA, PA**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

#### **DOUGHERTY, CLARA, PA**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **DOUGHERTY, CLARA, PA**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **DOUGHERTY, CLARA, PA**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

#### **DU, SARAH, PA**

Provider ID: N/A

5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-APR-24

#### **ENCE, EMILY, PA**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **ESTES, SAMANTHA, PA†**

Provider ID: N/A

3969 4TH AVE STE 208

SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **ESTES, SAMANTHA, PA†**

Provider ID: N/A

3969 4TH AVE STE 208  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-23

#### **GUTH, CARA, PA†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-JAN-24

#### **GUTH, CARA, PA†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-JUL-21

#### **GUZMAN, HORTENCIA, PA**

Provider ID: N/A

3490 PALM AVE  
SAN DIEGO, CA 92154  
Effective as of 01-JUL-23

#### **HABBOUSH, RANA, PA**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

#### **HABBOUSH, RANA, PA**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

#### **HARMEYER, JENNA, PA**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-OCT-23

#### **HARRIS, CHRISTINA, PA**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-APR-24

#### **HAZAN, ALISON, PA**

Provider ID: N/A

12843 EL CAMINO REAL  
STE 203  
SAN DIEGO, CA 92130  
Effective as of 01-DEC-21

#### **HIGGINS, JOSHUA, PA†**

Provider ID: N/A

203 W F ST  
SAN DIEGO, CA 92101  
Effective as of 01-JAN-22

#### **HIGUERA, EDITH, PA**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

#### **HIGUERA, EDITH, PA**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

#### **HO, HOANG HUU, PA**

Provider ID: N/A

4551 EL CAJON BLVD  
SAN DIEGO, CA 92115



## C1. List of Network Providers

### Specialty Care Physician

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Teleservice

Effective as of 01-OCT-23

#### **HO, HOANG HUU, PA**

Provider ID: N/A


 2418 ULRIC ST  
SAN DIEGO, CA 92111

Teleservice

Effective as of 01-OCT-23

#### **HUNTER, JACOB, PA**


Provider ID: N/A

 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-MAY-23


#### **HUNTER, JACOB, PA†**

Provider ID: N/A

 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23


#### **HUNTER, JACOB, PA†**

Provider ID: N/A

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

#### **KHALEGHI, MANI, PA†**

Provider ID: N/A

 5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **LEWIS, DEVON, PA**

Provider ID: N/A

 555 W C ST STE 102  
SAN DIEGO, CA 92101  
Teleservice

Effective as of 01-AUG-22

#### **LINDEMANN, CHRISTINA, PA†**


Provider ID: N/A

 4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121

Effective as of 01-AUG-21

#### **LONGOBARDO, FRANCESCA, PA†**

Provider ID: N/A

 9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

#### **MADAN, SAKSHI, PA†**

Provider ID: N/A


 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-AUG-22

#### **MARTIN, HALEY, PA**

Provider ID: N/A

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-24

#### **MERCER, KELLY, PA†**

Provider ID: N/A

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-APR-21

#### **MERCER, KELLY, PA†**

Provider ID: N/A

 4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-APR-21

#### **MOLINA, MYRNA, PA**

Provider ID: N/A

 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-APR-24

#### **MOORMAN, KRISTA, PA**

Provider ID: N/A

 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-MAR-23

#### **MURRAY, BREANNA, PA**

Provider ID: N/A


 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-FEB-21

#### **NELMS, MICHAEL, PA†**

Provider ID: N/A

 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **NGUYEN, THUY-VY, PA†**

Provider ID: N/A

 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-MAR-22

#### **NGUYEN, THUY-VY, PA†**

Provider ID: N/A


 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-NOV-23

#### **NGUYEN, THUY-VY, PA†**

Provider ID: N/A

 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-MAR-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **NGUYEN, THUY-VY, PA†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-NOV-23

#### **NGUYEN, THUY-VY, PA†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-AUG-22

#### **PELIO, DARREN, PA†**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Effective as of 01-SEP-22

#### **PELIO, DARREN, PA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-22

#### **PERREAULT, MARK, PA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

#### **PERREAULT, MARK, PA†**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-AUG-21

#### **PHAM, JENNIFER, PA**

Provider ID: N/A

3900 5TH AVE STE 220  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-OCT-23

#### **PHUNG, AIVI, PA†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

#### **PHUNG, AIVI, PA†**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

#### **PICKERING, OANA, PA**

Provider ID: N/A

555 W C ST STE 102  
SAN DIEGO, CA 92101

Effective as of 01-MAY-23

#### **POGGI, SARA, PA**

Provider ID: N/A

5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-APR-24

#### **POST, LACEY, PA**

Provider ID: N/A

12843 EL CAMINO REAL  
STE 203  
SAN DIEGO, CA 92130

Effective as of 01-DEC-21

#### **POTTER SMITH, SARAH, PA**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120

Effective as of 01-AUG-23

#### **PRIJATEL, SABRINA, PA**

Provider ID: N/A

3900 5TH AVE STE 110

SAN DIEGO, CA 92103

Effective as of 01-DEC-21

#### **PYLE, ALEXANDRA, PA**

Provider ID: N/A

9333 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Effective as of 01-JAN-24

#### **PYLE, ALEXANDRA, PA**

Provider ID: N/A

9333 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Effective as of 01-JAN-21

#### **QUIJANO, GLENN, PA†**

Provider ID: N/A

2100 5TH AVE STE 200  
SAN DIEGO, CA 92101

Teleservice

Effective as of 01-AUG-22

#### **RAI, GEORGINA, PA†**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

#### **RALL, EMILY, PA**

Provider ID: N/A

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Effective as of 01-JAN-21

#### **SCHOELLER, BIANCA, PA†**

Provider ID: N/A

3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

Effective as of 01-DEC-21


#### **SEBASTIAN, TRACY, PA†**

Provider ID: N/A

## C1. List of Network Providers


### Specialty Care Physician

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 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21


#### **SHARPE, NORMA, PA**

Provider ID: N/A

 316 25TH ST  
SAN DIEGO, CA 92102  
Teleservice  
Effective as of 01-JAN-23


#### **SHIVELY, JEANNINE, PA†**

Provider ID: N/A

 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-FEB-21


#### **SMITH, ALLISON, PA**

Provider ID: N/A

 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24


#### **SNYDER, AMANDA, PA**

Provider ID: N/A

 4033 3RD AVE STE 104  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-OCT-23


#### **SPEH, BRIAN, PA**

Provider ID: N/A

 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-MAR-24


#### **STIFF, TYLER, PA**

Provider ID: N/A

 5395 RUFFIN RD STE 201  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-APR-24


#### **SUPERNAW, AMY, PA†**

Provider ID: N/A

 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-FEB-21


#### **TAYLOR, RYAN, PA**

Provider ID: N/A

 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24


#### **TAYLOR, RYAN, PA**

Provider ID: N/A

 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-23


#### **TAYLOR, RYAN, PA**

Provider ID: N/A

 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-23


#### **TRIMLETT, COLLEEN, PA**

Provider ID: N/A

 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-MAY-21


#### **VALENCIA, JESUS, PA**

Provider ID: N/A

 995 GATEWAY CENTER  
WAY STE 202  
SAN DIEGO, CA 92102  
Teleservice  
Effective as of 01-NOV-23

#### **VANOCKER, KARI, PA**

Provider ID: N/A

 3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-MAR-23


#### **WAHLIN, TAMARA, PA**

Provider ID: N/A

 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-JUN-23


#### **WAHLIN, TAMARA, PA**

Provider ID: N/A

 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-23


#### **WAHLIN, TAMARA, PA**

Provider ID: N/A

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23


#### **WALSH, HEATHER, PA†**

Provider ID: N/A

 3969 4TH AVE STE 208  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21


#### **WEBB, SHANNON, PA**

Provider ID: N/A

 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-MAR-24

#### **WEBB, SHANNON, PA**

Provider ID: N/A

 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-MAY-23

#### **WEIR, JACQUELINE, PA†**

**C1. List of Network Providers**  
**Specialty Care Physician**

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Provider ID: N/A  
 9909 MIRA MESA BLVD  
 STE 200  
 SAN DIEGO, CA 92131  
 Effective as of 01-APR-21

**WEIR, JACQUELINE, PA†**  
 Provider ID: N/A  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Effective as of 01-APR-21

**WEIR, JACQUELINE, PA†**  
 Provider ID: N/A  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 Effective as of 01-APR-21

**WILAND, WINONA, PA**  
 Provider ID: N/A  
 5405 OBERLIN DR STE 2  
 SAN DIEGO, CA 92121  
 Teleservice  
 Effective as of 01-JUN-23

**WRIGHT, DEREK, PA**  
 Provider ID: N/A  
 3434 MIDWAY DR STE 2001  
 SAN DIEGO, CA 92110  
 Teleservice  
 Effective as of 01-NOV-23

**WRIGHT, DEREK, PA**  
 Provider ID: N/A  
 3434 MIDWAY DR STE 2001  
 SAN DIEGO, CA 92110  
 Teleservice  
 Effective as of 01-JUL-23

**WRIGHT, DEREK, PA**  
 Provider ID: N/A  
 3434 MIDWAY DR STE 2001  
 SAN DIEGO, CA 92110  
 Teleservice

Effective as of 01-AUG-23

**PODIATRIST**

**ALMIRANTE, MARIA, DPM**  
 Provider ID: N/A  
 1016 OUTER RD  
 SAN DIEGO, CA 92154  
 Effective as of 01-JUL-22

**ALMIRANTE, MARIA, DPM**  
 Provider ID: N/A  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 Effective as of 01-JUL-22

**ALMIRANTE, MARIA, DPM**  
 Provider ID: N/A  
 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 Effective as of 01-JUL-22

**ALMIRANTE, MARIA, DPM**  
 Provider ID: N/A  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Effective as of 01-JUL-22

**BROOKSHIER, TRENT, DPM**  
 Provider ID: N/A  
 3989 32ND ST  
 SAN DIEGO, CA 92104  
 Teleservice  
 Effective as of 01-DEC-23

**BUI, JOSEPH, DPM**  
 Provider ID: N/A  
 11205 VIA CARROZA  
 SAN DIEGO, CA 92124\*  
 Effective as of 01-APR-23

**BUI, JOSEPH, DPM**  
 Provider ID: N/A  
 5354 UNIVERSITY AVE STE

2  
 SAN DIEGO, CA 92105  
 Effective as of 01-AUG-23

**COLLINS, MICHAEL, DPM†**  
 Provider ID: N/A  
 9333 GENESEE AVE STE  
 350A  
 SAN DIEGO, CA 92121  
 Effective as of 01-SEP-22

**COLLINS, MICHAEL, DPM†**  
 Provider ID: N/A  
 9333 GENESEE AVE STE  
 350  
 SAN DIEGO, CA 92121  
 Effective as of 01-NOV-15

**COLLINS, MICHAEL, DPM†**  
 Provider ID: N/A  
 9333 GENESEE AVE STE  
 350  
 SAN DIEGO, CA 92121  
 Effective as of 01-APR-23

**COLLINS, MICHAEL, DPM†**  
 Provider ID: N/A  
 9333 GENESEE AVE STE  
 350A  
 SAN DIEGO, CA 92121  
 Effective as of 01-AUG-23

**COLLINS, MICHAEL, DPM†**  
 Provider ID: N/A  
 9333 GENESEE AVE STE  
 350  
 SAN DIEGO, CA 92121  
 Effective as of 01-JAN-21

**COLLINS, MICHAEL, DPM†**  
 Provider ID: N/A  
 9333 GENESEE AVE STE  
 350A  
 SAN DIEGO, CA 92121  
 Effective as of 01-JAN-21

## C1. List of Network Providers

### Specialty Care Physician

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**CULLEN, BENJAMIN, DPM†**

Provider ID: N/A

2650 CAMINO DEL RIO N  
STE 101

SAN DIEGO, CA 92108

Effective as of 01-APR-17

**FOYGELMAN, ALEKSANDR,  
DPM†**

Provider ID: N/A

4712 EL CAJON BLVD STE D  
SAN DIEGO, CA 92115

Effective as of 01-JAN-21

**FOYGELMAN, ALEKSANDR,  
DPM†**

Provider ID: N/A

4712 EL CAJON BLVD STE D  
SAN DIEGO, CA 92115

Effective as of 01-JAN-21

**FOYGELMAN, ALEKSANDR,  
DPM†**

Provider ID: N/A

4712 EL CAJON BLVD STE D  
SAN DIEGO, CA 92115

Effective as of 01-JAN-24

**FOYGELMAN, ALEKSANDR,  
DPM†**

Provider ID: N/A

4712 EL CAJON BLVD STE D  
SAN DIEGO, CA 92115

Effective as of 01-JUL-22

**JOLLEY, WALTER, DPM**

Provider ID: N/A

5222 BALBOA AVE STE 41  
SAN DIEGO, CA 92117

Effective as of 01-APR-15

**JOLLEY, WALTER, DPM**

Provider ID: N/A

5222 BALBOA AVE STE 41  
SAN DIEGO, CA 92117

Effective as of 01-SEP-20

**LEE, RYAN, DPM†**

Provider ID: N/A

2650 CAMINO DEL RIO N  
STE 101

SAN DIEGO, CA 92108

Effective as of 01-APR-17

**QUINN, MICHAEL, DPM†**

Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A

SAN DIEGO, CA 92108

Effective as of 01-FEB-07

**QUINN, MICHAEL, DPM†**

Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A

SAN DIEGO, CA 92108

Effective as of 01-JUL-17

**RICE, BRITTANY, DPM†**

Provider ID: N/A

2650 CAMINO DEL RIO N  
STE 200

SAN DIEGO, CA 92108

Effective as of 01-OCT-17

**TOUMA, ELIE, DPM**

Provider ID: N/A

6719 ALVARADO RD STE  
303

SAN DIEGO, CA 92120

Effective as of 01-APR-23

**VALLONE, ROBERT, DPM†**

Provider ID: N/A

3363 4TH AVE  
SAN DIEGO, CA 92103

Effective as of 01-SEP-17

**WILSON, MATTHEW, DPM†**

Provider ID: N/A

5555 RESERVOIR DR STE  
104

SAN DIEGO, CA 92120

Effective as of 01-FEB-22

**PREVENTATIVE MEDICINE  
GENERAL**

**HERR, RAYMOND, MD**

Provider ID: N/A

3737 MORAGA AVE STE  
B103

SAN DIEGO, CA 92117

Teleservice

Effective as of 01-MAR-23

**JACKSON, CODY, MD**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-SEP-22

**JACKSON, CODY, MD**

Provider ID: N/A

6386 ALVARADO CT STE  
101

SAN DIEGO, CA 92120

Teleservice

Effective as of 01-SEP-22

**NAJAR, FAUZI, MD**

Provider ID: N/A

3490 PALM AVE  
SAN DIEGO, CA 92154

Effective as of 01-JUL-23

**ROMERO, CAMILA, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-DEC-23

## CI. List of Network Providers

### Specialty Care Physician

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#### **ROMERO, CAMILA, MD**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **ROMERO, CAMILA, MD**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **STERN, ANNA, MD**

Provider ID: N/A

4142 ADAMS AVE STE 102  
SAN DIEGO, CA 92116  
Effective as of 01-JAN-21

### ***PSYCHIATRY***

#### **BEVINS, ELIZABETH, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **BEVINS, ELIZABETH, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-21

#### **BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100  
SAN DIEGO, CA 92121

Effective as of 01-SEP-21

#### **BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

#### **BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

#### **BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-21

#### **BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-21

#### **BOBO, JERRY, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

#### **BOBO, JERRY, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

#### **CHAUHAN, SMIT, MD†**

Provider ID: N/A

7850 VISTA HILL AVE  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-22

#### **CHAUHAN, SMIT, MD†**

Provider ID: N/A

7850 VISTA HILL AVE  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-22

#### **FANOUS, ASHRAF, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-23

#### **FANOUS, ASHRAF, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-23

#### **FITZGERALD, MICHAEL, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-APR-22

#### **FITZGERALD, MICHAEL, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-APR-22

#### **GLEICHMAN, JULIA, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **GLEICHMAN, JULIA, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **GUTFLAIS, ERIC, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **GUTFLAIS, ERIC, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **HANAGAMI, CORI, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

#### **HANAGAMI, CORI, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-23

#### **HANAGAMI, CORI, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

#### **HANAGAMI, CORI, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

#### **HANAGAMI, CORI, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

#### **HANAGAMI, CORI, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-23

#### **HERSEVOORT, SHAWN, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-23

#### **HERSEVOORT, SHAWN, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

#### **HERSEVOORT, SHAWN, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-23

#### **HERSEVOORT, SHAWN, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

#### **HOLLEMAN, KEVIN, DO**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123

Effective as of 01-APR-23

#### **HOLLEMAN, KEVIN, DO**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-APR-23

#### **JOHN, TANNER, MD**

Provider ID: N/A

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
Teleservice  
Effective as of 01-OCT-23

#### **JOHN, TANNER, MD**

Provider ID: N/A

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
Teleservice  
Effective as of 01-OCT-23

#### **JOSHI, YASH, MD**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **JOSHI, YASH, MD**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **KARANJIA, NAVAZ, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **KARANJIA, NAVAZ, MD<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **KARANJIA, NAVAZ, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

#### **KARANJIA, NAVAZ, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-SEP-15

#### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUN-22

#### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-SEP-15

#### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUN-22

#### **KARRIS, BIANCA, MD**

Provider ID: N/A

📍 8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-23

#### **KARRIS, BIANCA, MD**

Provider ID: N/A

📍 8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-23

#### **KEIFER, JASON, MD**

Provider ID: N/A

📍 4452 PARK BLVD STE 302  
SAN DIEGO, CA 92116  
Effective as of 01-APR-23

#### **KEIFER, JASON, MD**

Provider ID: N/A

📍 4452 PARK BLVD STE 302  
SAN DIEGO, CA 92116  
Effective as of 01-APR-23

#### **LEDBETTER, ALEX, DO**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-24

#### **LEDBETTER, ALEX, DO**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-24

#### **LEVINE, REED, MD**

Provider ID: N/A

📍 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-FEB-24

#### **LEVINE, REED, MD**

Provider ID: N/A

📍 3434 MIDWAY DR STE 2001

SAN DIEGO, CA 92110

Effective as of 01-FEB-24

#### **LI, XIA, MD†**

Provider ID: N/A

📍 16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-AUG-21

#### **LI, XIA, MD†**

Provider ID: N/A

📍 16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-AUG-21

#### **MIRON, JEAN-PHILIPPE, MD**

Provider ID: N/A

📍 16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-MAR-24

#### **MIRON, JEAN-PHILIPPE, MD**

Provider ID: N/A

📍 16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-MAR-24

#### **MOORE, SHAVON, MD†**

Provider ID: N/A

📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

#### **MOORE, SHAVON, MD†**

Provider ID: N/A

📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

#### **MORRIS, RAPHAEL, MD**

Provider ID: N/A



## CI. List of Network Providers

### Specialty Care Physician

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12264 EL CAMINO REAL  
STE 202  
SAN DIEGO, CA 92130  
Effective as of 01-NOV-22

#### **MORRIS, RAPHAEL, MD**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 203  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

#### **MORRIS, RAPHAEL, MD**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 203  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

#### **MORRIS, RAPHAEL, MD**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 202  
SAN DIEGO, CA 92130  
Effective as of 01-NOV-22

#### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUL-22

#### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

#### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

10672 WEXFORD ST STE

280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUL-22

#### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

#### **PARASHAR, ANUSHREE, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123

Effective as of 01-MAR-23

#### **PARASHAR, ANUSHREE, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123

Effective as of 01-MAR-23

#### **PARASHAR, ANUSHREE, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123

Effective as of 01-MAR-23

#### **PARASHAR, ANUSHREE, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123

Effective as of 01-MAR-23

#### **PLOESSER, MARKUS, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108

Effective as of 01-SEP-22

#### **PLOESSER, MARKUS, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106

SAN DIEGO, CA 92108

Effective as of 01-NOV-23

#### **PLOESSER, MARKUS, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106

SAN DIEGO, CA 92108

Effective as of 01-NOV-23

#### **PLOESSER, MARKUS, MD**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101

Effective as of 01-FEB-23

#### **PLOESSER, MARKUS, MD**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101

Effective as of 01-FEB-23

#### **PLOESSER, MARKUS, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106

SAN DIEGO, CA 92108

Effective as of 01-SEP-22

#### **PLOESSER, MARKUS, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106

SAN DIEGO, CA 92108

Effective as of 01-NOV-23

#### **PLOESSER, MARKUS, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106

SAN DIEGO, CA 92108

Effective as of 01-NOV-23

## C1. List of Network Providers

### Specialty Care Physician

---

#### **PLOESSER, MARKUS, MD**

Provider ID: N/A

📍 1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-FEB-23

#### **PLOESSER, MARKUS, MD**

Provider ID: N/A

📍 1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-FEB-23

#### **QAYOUMI, WALI, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **QAYOUMI, WALI, MD†**

Provider ID: N/A

📍 4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-21

#### **QAYOUMI, WALI, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **QAYOUMI, WALI, MD†**

Provider ID: N/A

📍 4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-21

#### **RIBEIRO CALDAS DOMINGUES, ISABEL, MD†**

Provider ID: N/A

📍 350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-21

#### **RIBEIRO CALDAS DOMINGUES, ISABEL, MD†**

Provider ID: N/A

📍 350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-21

#### **SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A

📍 4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-23

#### **SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A

📍 4175 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-23

#### **SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A

📍 4185 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-23

#### **SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A

📍 4187 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-23

#### **SALGUERO GALLAND, MARIO, MD†**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-SEP-21

#### **SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A

📍 4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-23

#### **SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A

📍 4175 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-23

#### **SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A

📍 4185 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-23

#### **SALGUERO GALLAND, MARIO, MD†**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-SEP-21

#### **SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A

📍 4187 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

## C1. List of Network Providers Specialty Care Physician

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Effective as of 01-JUN-23

### **TADROS, EMAD, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 102  
SAN DIEGO, CA 92103

Effective as of 01-JAN-23

### **TADROS, EMAD, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 102  
SAN DIEGO, CA 92103

Effective as of 01-FEB-07

### **TADROS, EMAD, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 102  
SAN DIEGO, CA 92103

Effective as of 01-FEB-07

### **TADROS, EMAD, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 102  
SAN DIEGO, CA 92103

Effective as of 01-JAN-23

### **TUASON, NORBERTO, MD†**

Provider ID: N/A

📍 438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108

Teleservice

Effective as of 01-NOV-23

### **TUASON, NORBERTO, MD†**

Provider ID: N/A

📍 438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108

Teleservice

Effective as of 01-NOV-23

### **WEISSMAN, CORY, MD†**

Provider ID: N/A

📍 16918 DOVE CANYON RD

STE 100

SAN DIEGO, CA 92127

Effective as of 01-DEC-21

### **WEISSMAN, CORY, MD†**

Provider ID: N/A

📍 16918 DOVE CANYON RD  
STE 100

SAN DIEGO, CA 92127

Effective as of 01-DEC-21

### **YAGUDAYEVA, RAISA, DO†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-22

### **YAGUDAYEVA, RAISA, DO†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-22

## ***PSYCHIATRY CHILD***

### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280

SAN DIEGO, CA 92131

Teleservice

Effective as of 01-SEP-15

### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280

SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUN-22

### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280

SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280

SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280

SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUN-22

### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280

SAN DIEGO, CA 92131

Teleservice

Effective as of 01-SEP-15

### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280

SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUL-22

### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280

SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

## CI. List of Network Providers

### Specialty Care Physician

---

#### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

#### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUL-22

#### ***PSYCHIATRY SLEEP MEDICINE***

#### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

📍 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

#### ***PSYCHOLOGIST***

#### **BADER, RACHEL, PSYD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-JUN-23

#### **BADER, RACHEL, PSYD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-JUN-23

#### **BAHENA-COLLEY, SANDRA,**

#### **PSYD†**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-APR-21

#### **BAHENA-COLLEY, SANDRA, PSYD†**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-APR-21

#### **BHAJU, JESHMIN, PhD†**

Provider ID: N/A

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

#### **BHAJU, JESHMIN, PhD†**

Provider ID: N/A

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

#### **CARBONELL, SONIA, PSYD†**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUL-21

#### **CARBONELL, SONIA, PSYD†**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUL-21

#### **ESTRADA PATINO, ANGELA, PSYD**

Provider ID: N/A

📍 4080 CENTRE ST STE 104  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-23

#### **ESTRADA PATINO, ANGELA, PSYD**

Provider ID: N/A

📍 4080 CENTRE ST STE 104  
SAN DIEGO, CA 92103

Effective as of 01-MAR-23

#### **GALANT, DANIEL, PhD**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-APR-21

#### **GALANT, DANIEL, PhD**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-APR-21

#### **GOMEZ, JUANITA, PhD†**

Provider ID: N/A

📍 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

Effective as of 01-AUG-22

#### **GOMEZ, JUANITA, PhD†**

Provider ID: N/A

📍 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

Effective as of 01-AUG-22

#### **JOHNSON, ARIKA, PSYD†**

Provider ID: N/A

📍 4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Effective as of 01-NOV-22

#### **JOHNSON, ARIKA, PSYD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

---

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**JOHNSON, ARIKA, PSYD†**  
Provider ID: N/A

4189 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**JOHNSON, ARIKA, PSYD†**  
Provider ID: N/A

4185 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**JOHNSON, ARIKA, PSYD†**  
Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**JOHNSON, ARIKA, PSYD†**  
Provider ID: N/A

4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**JOHNSON, ARIKA, PSYD†**  
Provider ID: N/A

4185 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**JOHNSON, ARIKA, PSYD†**  
Provider ID: N/A

4189 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**MINASSIAN, ARPI, PhD†**  
Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**MINASSIAN, ARPI, PhD†**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**MIRANDA, CYNTHIA, PhD†**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-APR-21

**MIRANDA, CYNTHIA, PhD†**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-APR-21

**PARK, JESSIE, PSYD†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

**PARK, JESSIE, PSYD†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

**TARLE, STEPHANIE, PhD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-DEC-23

**TARLE, STEPHANIE, PhD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-DEC-23

**VANFOSSEN, BRIAN, PhD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Teleservice  
Effective as of 01-SEP-22

**VANFOSSEN, BRIAN, PhD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Teleservice  
Effective as of 01-NOV-23

**VANFOSSEN, BRIAN, PhD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Teleservice  
Effective as of 01-NOV-23

**VANFOSSEN, BRIAN, PhD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Teleservice  
Effective as of 01-SEP-22

### ***PULMONARY DISEASES***

**BAILEY, JACOB, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**BAILEY, JACOB, MD**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

**BAO, GANG, MD†**

## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

6699 ALVARADO RD STE  
2306  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

#### **LE, HUAN, MD†**

Provider ID: N/A

5507 EL CAJON BLVD STE  
C  
SAN DIEGO, CA 92115  
Teleservice  
Effective as of 01-JUL-22

#### **LE, HUAN, MD†**

Provider ID: N/A

5507 EL CAJON BLVD STE  
C  
SAN DIEGO, CA 92115  
Teleservice  
Effective as of 01-JAN-21

#### **LE, HUAN, MD†**

Provider ID: N/A

5507 EL CAJON BLVD STE  
C  
SAN DIEGO, CA 92115  
Teleservice  
Effective as of 01-JAN-21

#### **LE, HUAN, MD†**

Provider ID: N/A

5507 EL CAJON BLVD STE  
C  
SAN DIEGO, CA 92115  
Teleservice  
Effective as of 01-JAN-14

#### **MCGUIRE, WILLIAM, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **MUNOZ PINEDA, JORGE, MD**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

#### **MUNOZ PINEDA, JORGE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **MUNOZ PINEDA, JORGE, MD**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **PEARCE, ALEX, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **RANCHES, GREGORY, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-20

#### **RANCHES, GREGORY, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-APR-19

#### **RANCHES, GREGORY, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
508  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-20

#### **RESNIKOFF, PAMELA, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-22

#### **SPITZ, BRADLEY, MD**

Provider ID: N/A

501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

#### **SPITZ, BRADLEY, MD**

Provider ID: N/A

501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

#### **WONG, STEVEN, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-APR-19

#### **WONG, STEVEN, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-APR-19

#### ***RADIATION ONCOLOGY***

#### **BRUGGEMAN, ANDREW, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-MAR-21

#### **BRUGGEMAN, ANDREW, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

---

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**BRUGGEMAN, ANDREW, MD**  
Provider ID: N/A

3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**CARMONA, RUBEN, MD**  
Provider ID: N/A

7901 FROST ST  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**COLEMAN, LORI, MD†**  
Provider ID: N/A

3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**FULLER, DONALD, MD†**  
Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**FULLER, DONALD, MD†**  
Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**FULLER, DONALD, MD†**  
Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**FULLER, DONALD, MD†**  
Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103

Effective as of 01-JUL-22

**FULLER, DONALD, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**FULLER, DONALD, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**FULLER, DONALD, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

**HATTANGADI GLUTH, JONA,  
MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**HOOPES, DAVID, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**HOOPES, DAVID, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-SEP-22

**IJAZ, TAHIR, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103

SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

**IJAZ, TAHIR, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**IJAZ, TAHIR, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**IJAZ, TAHIR, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103\*  
Effective as of 01-SEP-15

**IJAZ, TAHIR, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**IJAZ, TAHIR, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**IJAZ, TAHIR, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**JABBARI, SIAVASH, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
LEVEL 0  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-22

## C1. List of Network Providers

### Specialty Care Physician

---

#### **MACEWAN, IAIN, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

#### **MELL, LOREN, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

#### **MURPHY, KEVIN, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

#### **PEJAVAR, SUNANDA, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **SANDHU, AJAY, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

#### **SHARABI, ANDREW, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

#### **SHIRAZI, REZA, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103

SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **SHIRAZI, REZA, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **SHIRAZI, REZA, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

#### **SHIRAZI, REZA, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

#### **SHIRAZI, REZA, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

#### **SHIRAZI, REZA, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

#### **SHIRAZI, REZA, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

#### **SIMPSON, DANIEL, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

#### **STRAKA, CHRISTOPHER, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-APR-23

#### **STRAKA, CHRISTOPHER, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-JAN-21

#### **TYE, KAREN, MD**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-SEP-23

#### **TYE, KAREN, MD**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-JUN-23

#### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-SEP-22

#### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123



## C1. List of Network Providers

### Specialty Care Physician

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Teleservice

Effective as of 01-JUL-21

#### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

📄 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-MAY-21

#### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

📄 3366 5TH AVE  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-JUL-21

#### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

📄 3366 5TH AVE  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-MAY-21

#### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

📄 3366 5TH AVE  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-SEP-22

#### **VOLPP, PAUL, MD†**

Provider ID: N/A

📄 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

#### **WEINSTEIN, GEOFFREY, MD†**

Provider ID: N/A

📄 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

#### **WHITE, EVAN, MD†**

Provider ID: N/A

📄 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127

Teleservice

Effective as of 01-NOV-22

#### **YORK, JOHN, MD**

Provider ID: N/A

📄 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-23

#### **YORK, JOHN, MD**

Provider ID: N/A

📄 330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-DEC-23

### ***RADIOLOGY DIAGNOSTIC***

#### **AGANOVIC, LEJLA, MD**

Provider ID: N/A

📄 408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

#### **AGANOVIC, LEJLA, MD**

Provider ID: N/A

📄 8929 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Effective as of 01-APR-23

#### **AGANOVIC, LEJLA, MD**

Provider ID: N/A

📄 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

#### **ANDERSON, GREGORY, MD†**

Provider ID: N/A

📄 3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123

Effective as of 01-AUG-22

#### **ANDERSON, GREGORY, MD†**

Provider ID: N/A

📄 3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123

Effective as of 01-AUG-23

#### **ANDERSON, GREGORY, MD**

Provider ID: N/A

📄 9095 RIO SAN DIEGO DR  
STE 150

SAN DIEGO, CA 92108

Effective as of 01-OCT-23

#### **BOLAR, DIVYA, MD**

Provider ID: N/A

📄 408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

#### **BOLAR, DIVYA, MD**

Provider ID: N/A

📄 8929 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Effective as of 01-APR-23

#### **BOLAR, DIVYA, MD**

Provider ID: N/A

📄 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

#### **BOSWELL, GILBERT, MD**

Provider ID: N/A

📄 330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

#### **BOSWELL, GILBERT, MD**

Provider ID: N/A

📄 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

## CI. List of Network Providers

### Specialty Care Physician

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#### **BRANCH, CODY, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

#### **BRANCH, CODY, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **BROUHA, SHARON, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **BROUHA, SHARON, MD**

Provider ID: N/A

📍 408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **BROUHA, SHARON, MD**

Provider ID: N/A

📍 8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

#### **BUI, KEVIN, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

#### **BUI, KEVIN, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **BUI, KEVIN, MD†**

Provider ID: N/A

📍 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

#### **CARSWELL, AIMEE, MD**

Provider ID: N/A

📍 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **CARSWELL, AIMEE, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **CARSWELL, AIMEE, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **CHANG, JENNIFER, MD**

Provider ID: N/A

📍 408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **CHANG, JENNIFER, MD**

Provider ID: N/A

📍 8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

#### **CHANG, JENNIFER, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **CHEN, KAREN, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

#### **CHENG, KAREN, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **CHENG, KAREN, MD†**

Provider ID: N/A

📍 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

#### **CHENG, KAREN, MD**

Provider ID: N/A

📍 8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

#### **CHENG, KAREN, MD**

Provider ID: N/A

📍 408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **CHENG, KAREN, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

#### **CHO, AARON, MD**

Provider ID: N/A

📍 408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **CHO, AARON, MD**

Provider ID: N/A

📍 8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

## C1. List of Network Providers

### Specialty Care Physician

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**CHO, AARON, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**CHUNG, CHRISTINE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**CHUNG, CHRISTINE, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**CHUNG, CHRISTINE, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**COOPER, JAMES, MD†**

Provider ID: N/A

3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-22

**DORROS, STEPHEN, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**DORROS, STEPHEN, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**DORROS, STEPHEN, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**EAJAZI, ALIREZA, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**EAJAZI, ALIREZA, MD†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**EGHTEDARI, MOHAMMAD, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**EGHTEDARI, MOHAMMAD, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**EGHTEDARI, MOHAMMAD, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**FARID, NIKDOKHT, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**FARID, NIKDOKHT, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**FARID, NIKDOKHT, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**FAZELI, SOUDABEH, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**FAZELI, SOUDABEH, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**FAZELI, SOUDABEH, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**FLISZAR, EVELYNE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**FLISZAR, EVELYNE, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**FLISZAR, EVELYNE, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN

## C1. List of Network Providers Specialty Care Physician

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SAN DIEGO, CA 92122  
Effective as of 01-APR-23

### **FOWLER, KATHRYN, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122  
Effective as of 01-APR-23

### **FOWLER, KATHRYN, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

### **GENTILI, AMILCARE, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

### **GENTILI, AMILCARE, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122  
Effective as of 01-APR-23

### **GENTILI, AMILCARE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

### **HAHN, LEWIS, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

### **HAHN, LEWIS, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122  
Effective as of 01-APR-23

### **HAHN, MICHAEL, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122  
Effective as of 01-APR-23

### **HAHN, LEWIS, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

### **HAHN, MICHAEL, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

### **HANDWERKER, JASON, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

### **HANDWERKER, JASON, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122  
Effective as of 01-APR-23

### **HANDWERKER, JASON, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

### **HAWLEY, DANIEL, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

### **HAWLEY, DANIEL, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

### **HAWLEY, DANIEL, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

### **HOROWITZ, MICHAEL, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

### **HOROWITZ, MICHAEL, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122  
Effective as of 01-APR-23

### **HOROWITZ, MICHAEL, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

### **HSIAO, ALBERT, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

### **HSIAO, ALBERT, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122  
Effective as of 01-APR-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **HSIAO, ALBERT, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **HUANG, BRADY, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **HUANG, BRADY, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

#### **HUANG, BRADY, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **HUGHES, TUDOR, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **JACOBS, KATHLEEN, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **JACOBS, KATHLEEN, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

#### **JACOBS, KATHLEEN, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **JACOBSON, JON, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **JACOBSON, JON, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **JACOBSON, JON, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **JAFFRAY, PAUL, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **JAFFRAY, PAUL, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **JAFFRAY, PAUL, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **KANSAGRA, AKASH, MD**

Provider ID: N/A

11199 SORRENTO VALLEY

RD STE 203

SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

#### **KAROW, DAVID, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

#### **KAROW, DAVID, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **KAROW, DAVID, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **KAROW, DAVID, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **KAROW, DAVID, MD†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **KARUNAMUNI, JENNIFER, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **KARUNAMUNI, JENNIFER, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

## C1. List of Network Providers

### Specialty Care Physician

---

Effective as of 01-APR-23

#### **KIM, ERIC, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

#### **KIM, ERIC, MD†**

Provider ID: N/A

📍 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

#### **KLIGERMAN, SETH, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

#### **KLIGERMAN, SETH, MD**

Provider ID: N/A

📍 408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

#### **KLIGERMAN, SETH, MD**

Provider ID: N/A

📍 8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-APR-23

#### **KONDILI, DHIMITER, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

#### **KONDILI, DHIMITER, MD†**

Provider ID: N/A

📍 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

#### **LAKE, MENORE, MD**

Provider ID: N/A

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

#### **LAKE, MENORE, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

#### **LEE, ROLAND, MD**

Provider ID: N/A

📍 408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

#### **LEE, ROLAND, MD**

Provider ID: N/A

📍 8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-APR-23

#### **LEE, ROLAND, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

#### **LIM, VIVIAN, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

#### **LIM, VIVIAN, MD**

Provider ID: N/A

📍 8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-APR-23

#### **LIM, VIVIAN, MD**

Provider ID: N/A

📍 408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

#### **MAREK BYKOWSKI, JULIE, MD**

Provider ID: N/A

📍 408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

#### **MAREK BYKOWSKI, JULIE, MD**

Provider ID: N/A

📍 8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-APR-23

#### **MAREK BYKOWSKI, JULIE, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

#### **MARKS, ROBERT, MD**

Provider ID: N/A

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

#### **MARKS, ROBERT, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

#### **MCDONALD, MARIN, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-FEB-22

#### **MCDONALD, MARIN, MD**

Provider ID: N/A

📍 408 DICKINSON ST

## C1. List of Network Providers

### Specialty Care Physician

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SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **MCDONALD, MARIN, MD**

Provider ID: N/A  
8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

#### **MCDONALD, MARIN, MD†**

Provider ID: N/A  
330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

#### **MCDONALD, MARIN, MD**

Provider ID: N/A  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **MCNAMEE, CAIRINE, MD**

Provider ID: N/A  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **MCNAMEE, CAIRINE, MD†**

Provider ID: N/A  
330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

#### **MCNAMEE, CAIRINE, MD**

Provider ID: N/A  
8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

#### **MCNAMEE, CAIRINE, MD**

Provider ID: N/A  
408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

#### **MCNAMEE, CAIRINE, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

#### **MURPHY, PAUL, MD**

Provider ID: N/A  
408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **MURPHY, PAUL, MD**

Provider ID: N/A  
8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

#### **MURPHY, PAUL, MD**

Provider ID: N/A  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **NORBASH, ALEXANDER, MD**

Provider ID: N/A  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **NORBASH, ALEXANDER, MD**

Provider ID: N/A  
8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

#### **NORBASH, ALEXANDER, MD**

Provider ID: N/A  
408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **OBOYLE, MARY, MD**

Provider ID: N/A  
408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **OBOYLE, MARY, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

#### **OBOYLE, MARY, MD**

Provider ID: N/A  
8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

#### **OBOYLE, MARY, MD†**

Provider ID: N/A  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-FEB-22

#### **OBOYLE, MARY, MD†**

Provider ID: N/A  
330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

#### **OBOYLE, MARY, MD**

Provider ID: N/A  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **OJEDA-FOURNIER, HAYDEE, MD**

Provider ID: N/A  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

## C1. List of Network Providers

### Specialty Care Physician

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**OJEDA-FOURNIER, HAYDEE, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**OJEDA-FOURNIER, HAYDEE, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**PATHRIA, MINI, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**PATHRIA, MINI, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**PATHRIA, MINI, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**RAKOW-PENNER, REBECCA, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**RAKOW-PENNER, REBECCA, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**RAKOW-PENNER, REBECCA, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-SEP-20

**RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-SEP-22

**RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-JAN-21

**RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102\*  
Effective as of 01-JUL-23

**RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102

Effective as of 01-AUG-21

**RESNICK, DONALD, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**RESNICK, DONALD, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**RESNICK, DONALD, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**RITCHIE, DAVID, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**RITCHIE, DAVID, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**SADAT, SAYED, DO**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**SADAT, SAYED, DO**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24



## CI. List of Network Providers

### Specialty Care Physician

---

**SADAT, SAYED, DO**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**SAMPATH, SRIHARI, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**SAMPATH, SRINATH, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**SAMPATH, SRIHARI, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**SAMPATH, SRINATH, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**SANTILLAN, CYNTHIA, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**SANTILLAN, CYNTHIA, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**SEARLEMAN, ADAM, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**SEARLEMAN, ADAM, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**SLATER, JERRY, MD†**

Provider ID: N/A

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**SLATER, JERRY, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**SMITAMAN, EDWARD, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**SMITAMAN, EDWARD, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**SMITAMAN, EDWARD, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**SPENGLER, NATHAN, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**SPENGLER, NATHAN, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**SPENGLER, NATHAN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**STRAKA, CHRISTOPHER, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-FEB-21

**SWEET, JASON, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-MAR-24

**TAMAYO-MURILLO,****DORATHY, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**TAMAYO-MURILLO,****DORATHY, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

## C1. List of Network Providers

### Specialty Care Physician

---

**TAMAYO-MURILLO,  
DORATHY, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**THOMPSON, COLE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**THOMPSON, COLE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**THOMPSON, COLE, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**UNSDORFER, KYLE, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**UNSDORFER, KYLE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**VAHDOT, NOUSHIN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**VAHDOT, NOUSHIN, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-SEP-22

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-SEP-22

**WONG, FELIX, MD†**

Provider ID: N/A

3939 RUFFIN RD  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-22

**WONG, FELIX, MD†**

Provider ID: N/A

3939 RUFFIN RD  
SAN DIEGO, CA 92123  
Effective as of 01-AUG-23

**WONG, FELIX, MD**

Provider ID: N/A

9095 RIO SAN DIEGO DR  
STE 150  
SAN DIEGO, CA 92108  
Effective as of 01-OCT-23

**YORK, VINCENT, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**YORK, JOHN, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**YORK, VINCENT, MD†**

Provider ID: N/A

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**ZINK BRODY, GORDON, MD**

Provider ID: N/A

9095 RIO SAN DIEGO DR  
STE 150  
SAN DIEGO, CA 92108  
Effective as of 01-OCT-23

**ZINK BRODY, GORDON, MD†**

Provider ID: N/A

3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-DEC-21

**ZINK BRODY, GORDON, MD†**

Provider ID: N/A

3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-23

### ***REGISTERED DIETITIAN / NUTRITIONIST***

**BRECKON, SAMANTHA, RD**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-APR-24

**BUNDY, KATHLEEN, RD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

## CI. List of Network Providers

### Specialty Care Physician

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#### **CALLAWAY, MALLORY, RD**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-MAR-22

#### **DRIVICK, VALERIE, RD**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice

Effective as of 01-APR-21

#### **DRIVICK, VALERIE, RD**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice

Effective as of 01-SEP-22

#### **FISHER, JENNIFER, RD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-21

#### **FISHER, JENNIFER, RD**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-JAN-24

#### **FISHER, JENNIFER, RD**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

#### **GONZALEZ, KRISTEN, RDN**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

#### **RUBENSTEIN, KELLY, RD**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-JAN-24

#### **RUBENSTEIN, KELLY, RD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

#### **SALCEDO, CARLA, RD**

Provider ID: N/A

4910 DIRECTORS PL  
SAN DIEGO, CA 92121

Effective as of 01-JAN-24

#### **SALCEDO, ALEXANDRA, RD**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

#### **SALCEDO, CARLA, RD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JAN-24

#### **VALDEZ, KELLY, RD**

Provider ID: N/A

4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

#### **VERGARA RODRIGUEZ, DIANA, RD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

#### **REGISTERED PHYSICAL THERAPIST**

#### **ALLOS, ALEXANDER, PT**

Provider ID: N/A

4445 EASTGATE MALL STE  
105  
SAN DIEGO, CA 92121

Effective as of 01-NOV-23

#### **BOUTELLE, DAVID, PT**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 120  
SAN DIEGO, CA 92131

Effective as of 01-JAN-24

#### **BOUTELLE, BARBARA, PT**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 120  
SAN DIEGO, CA 92131

Effective as of 01-JAN-24

#### **BOUTELLE, DAVID, PT**

Provider ID: N/A

9888 CARMEL MOUNTAIN  
RD STE D  
SAN DIEGO, CA 92129

Effective as of 01-JAN-24

#### **BOUTELLE, BARBARA, PT**

Provider ID: N/A

9888 CARMEL MOUNTAIN  
RD STE D  
SAN DIEGO, CA 92129

Effective as of 01-JAN-24

#### **CORTEZ, AARON, PT†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JUN-21

## CI. List of Network Providers

### Specialty Care Physician

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#### **DANG, KAYLEE, PT†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-21

#### **FARRAR, COURTNEY, PT†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-DEC-22

#### **FARRAR, COURTNEY, PT†**

Provider ID: N/A

7525 METROPOLITAN DR  
STE 302  
SAN DIEGO, CA 92108  
Teleservice  
Effective as of 01-JAN-21

#### **FERRER, MIRON, PT**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **FUREY, CINDY, PT**

Provider ID: N/A

5555 RESERVOIR DR STE  
300  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

#### **FUREY, CINDY, PT**

Provider ID: N/A

5677 OBERLIN DR STE 106  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

#### **GRIMES, KELLY, PT**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-23

#### **HARRAH, WILLIAM, PT**

Provider ID: N/A

9333 GENESEE AVE STE  
350B  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

#### **JOHNSON, KENNADY, PT**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAR-24

#### **MONROE, MAX, PT**

Provider ID: N/A

11750 SORRENTO VALLEY  
RD STE 130  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

#### **OKINAGA, PATRICK, PT**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-24

#### **OKINAGA, PATRICK, PT**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **PAPA, AMY, PT**

Provider ID: N/A

4445 EASTGATE MALL STE  
103  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

#### **PAPA, AMY, PT**

Provider ID: N/A

4445 EASTGATE MALL STE  
103  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

#### **PERRONE, AIMEE, PT**

Provider ID: N/A

4445 EASTGATE MALL STE  
103  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

#### **PHILLIP, OMARI, PT†**

Provider ID: N/A

4445 EASTGATE MALL STE  
103  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-21

#### **ROSS, JENNY, PT**

Provider ID: N/A

7525 METROPOLITAN DR  
SAN DIEGO, CA 92108  
Effective as of 01-JAN-23

#### **TITH, JENNY, PT**

Provider ID: N/A

4445 EASTGATE MALL STE  
103  
SAN DIEGO, CA 92121  
Effective as of 01-MAY-22

#### **TSAI, CINDY, PT**

Provider ID: N/A

3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-23

#### **TSAI, CINDY, PT**

Provider ID: N/A

3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111  
Effective as of 01-JUN-23

#### **VANDEWIELE, EMILY, PT†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-OCT-21

## C1. List of Network Providers

### Specialty Care Physician

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#### **VASQUEZ, BENJAMIN, PT**

Provider ID: N/A

4910 DIRECTORS PL  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

#### **RHEUMATOLOGY**

#### **HUYNH, DOQUYEN, MD**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

#### **HUYNH, DOQUYEN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

#### **KHANNA, SURABHI, MD**

Provider ID: N/A

4282 GENESEE AVE STE  
202  
SAN DIEGO, CA 92117  
Effective as of 01-NOV-23

#### **PRESS, RAYMOND, MD†**

Provider ID: N/A

3965 5TH AVE STE 430  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-19

#### **SLEEP MEDICINE**

#### **BAO, GANG, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2306  
SAN DIEGO, CA 92120  
Effective as of 01-JUN-21

#### **DOMBROWSKY, JOSEPH, MD**

Provider ID: N/A

5471 KEARNY VILLA RD STE

202

SAN DIEGO, CA 92123  
Effective as of 01-APR-24

#### **FINCH, CHRISTINA, MD**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **FINCH, CHRISTINA, MD**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

#### **FLEMING, WESLEY, MD†**

Provider ID: N/A

5471 KEARNY VILLA RD STE  
202  
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-APR-22

#### **SPEECH PATHOLOGIST**

#### **AROCHO-SALGADO, MIRELIS, SP**

Provider ID: N/A

11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-22

#### **AROCHO-SALGADO, MIRELIS, SP**

Provider ID: N/A

9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JUN-22

#### **AROCHO-SALGADO, MIRELIS, SP**

Provider ID: N/A

11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-22

#### **AROCHO-SALGADO, MIRELIS, SP**

Provider ID: N/A

9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JUN-22

#### **BLUMENFELD, LIZA, SP**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **CALDERON MORALES, ASTRID, SP**

Provider ID: N/A

11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
Effective as of 01-APR-24

#### **CALDERON MORALES, ASTRID, SP**

Provider ID: N/A

9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-APR-24

#### **CALDERON MORALES, ASTRID, SP**

Provider ID: N/A

7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111  
Effective as of 01-APR-24

#### **CLARK, MELISSA, SP**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

7510 CLAIREMONT MESA  
BLVD STE 102  
SAN DIEGO, CA 92111  
Effective as of 01-APR-22

#### **CLARK, MELISSA, SP**

Provider ID: N/A

9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-APR-22

#### **CLARK, MELISSA, SP**

Provider ID: N/A

9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-APR-22

#### **CLARK, MELISSA, SP**

Provider ID: N/A

7510 CLAIREMONT MESA  
BLVD STE 102  
SAN DIEGO, CA 92111  
Effective as of 01-APR-22

#### **CLARK, MELISSA, SP**

Provider ID: N/A

11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
Effective as of 01-APR-22

#### **CLARK, MELISSA, SP**

Provider ID: N/A

11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
Effective as of 01-APR-22

#### **DOCKTER, ANDI, SP†**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

#### **GONZALEZ MELENDEZ, ADALICE, SP**

Provider ID: N/A

11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-22

#### **GONZALEZ MELENDEZ, ADALICE, SP**

Provider ID: N/A

7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111  
Effective as of 01-JUN-22

#### **GONZALEZ MELENDEZ, ADALICE, SP**

Provider ID: N/A

9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JUN-22

#### **KOUKEYAN, KARIN, SP**

Provider ID: N/A

7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111  
Teleservice

Effective as of 01-JAN-23

#### **KOUKEYAN, KARIN, SP**

Provider ID: N/A

9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

#### **KOUKEYAN, KARIN, SP**

Provider ID: N/A

11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-23

#### **NAPOLEAN, REBECCA, SP**

Provider ID: N/A

7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111  
Effective as of 01-JUN-22

#### **NAPOLEAN, REBECCA, SP**

Provider ID: N/A

7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111  
Effective as of 01-JUN-22

#### **SCHIEDERMAYER, BENJAMIN, SP†**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-22

#### **THOMPSON, DANIELLE, SP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **THOMPSON, DANIELLE, SP**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-24

#### **WALSH, ERIN, SP**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**CI. List of Network Providers**  
**Specialty Care Physician**

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***SURGERY COLON***  
***SURGERY***

**EISENSTEIN, SAMUEL, MD<sup>†</sup>**

Provider ID: N/A

📍 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-DEC-21

**EISENSTEIN, SAMUEL, MD<sup>†</sup>**

Provider ID: N/A

📍 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

**EISENSTEIN, SAMUEL, MD<sup>†</sup>**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-21

**ISHO, MATHEW, MD<sup>†</sup>**

Provider ID: N/A

📍 4060 4TH AVE STE 510  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

**ISHO, MATHEW, MD<sup>†</sup>**

Provider ID: N/A

📍 4060 4TH AVE STE 510  
SAN DIEGO, CA 92103

Effective as of 01-SEP-15

**ISHO, MATHEW, MD<sup>†</sup>**

Provider ID: N/A

📍 4060 4TH AVE STE 510  
SAN DIEGO, CA 92103

Effective as of 01-NOV-11

**LOPEZ, NICOLE, MD<sup>†</sup>**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-21

**LOPEZ, NICOLE, MD<sup>†</sup>**

Provider ID: N/A

📍 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

**PARRY, LISA, MD<sup>†</sup>**

Provider ID: N/A

📍 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

**PARRY, LISA, MD<sup>†</sup>**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-APR-21

**RAMAMOORTHY, SONIA, MD<sup>†</sup>**

Provider ID: N/A

📍 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

**TOMAN, JEFFREY, MD<sup>†</sup>**

Provider ID: N/A

📍 4060 4TH AVE STE 510  
SAN DIEGO, CA 92103

Effective as of 01-SEP-15

***SURGERY CRITICAL CARE***

**ADAMS, LAURA, MD<sup>†</sup>**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

**OLSON, ERIK, MD<sup>†</sup>**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

**VENTRO, GEORGE, MD<sup>†</sup>**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

***SURGERY GENERAL***

**ALVORD, PAUL, MD<sup>†</sup>**

Provider ID: N/A

📍 4033 3RD AVE STE 204  
SAN DIEGO, CA 92103

Effective as of 01-JAN-19

**ARMANI, AVA, MD<sup>†</sup>**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUL-21

**BARNES, RYAN, DO<sup>†</sup>**

Provider ID: N/A

📍 7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

**BATRA, MUNISH, MD**

Provider ID: N/A

📍 12264 EL CAMINO REAL  
STE 101  
SAN DIEGO, CA 92130

Effective as of 01-SEP-17

**BATRA, MUNISH, MD**

Provider ID: N/A

📍 12264 EL CAMINO REAL  
STE 101  
SAN DIEGO, CA 92130

Effective as of 01-SEP-17

**BATRA, MUNISH, MD**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

12264 EL CAMINO REAL  
STE 101  
SAN DIEGO, CA 92130  
Effective as of 01-SEP-17

#### **BATRA, MUNISH, MD**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 101  
SAN DIEGO, CA 92130  
Effective as of 01-SEP-17

#### **BENCH, SHAWN, MD†**

Provider ID: N/A

7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **BRODERICK, RYAN, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

#### **BRODERICK, RYAN, MD†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

#### **CASILLAS BERUMEN, SERGIO, MD**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Effective as of 01-FEB-24

#### **CASILLAS BERUMEN, SERGIO, MD**

Provider ID: N/A

6719 ALVARADO RD STE  
303

SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **ELLNER, JULIE, MD**

Provider ID: N/A

2878 CAMINO DEL RIO S  
STE 303  
SAN DIEGO, CA 92108  
Effective as of 01-OCT-21

#### **FARINAS, LEAH, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2309  
SAN DIEGO, CA 92120  
Effective as of 01-OCT-20

#### **GIURGIU, DAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 440  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

#### **HALLDORSON, JEFFREY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **HALLDORSON, JEFFREY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-DEC-17

#### **HALLDORSON, JEFFREY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-18

#### **HALLDORSON, JEFFREY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123

Effective as of 01-JUL-22

#### **HALLDORSON, JEFFREY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **HART, MARQUIS, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **HART, MARQUIS, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-21

#### **HART, MARQUIS, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

#### **HORGAN, SANTIAGO, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

#### **HORGAN, SANTIAGO, MD**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

#### **JACOBSEN, GARTH, MD†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21



## C1. List of Network Providers

### Specialty Care Physician

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#### **JACOBSEN, GARTH, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

#### **JACOBSEN, GARTH, MD†**

Provider ID: N/A

4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-21

#### **JINDAL, RISHI, MD†**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 101  
SAN DIEGO, CA 92130  
Effective as of 01-AUG-18

#### **JINDAL, RISHI, MD†**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 101  
SAN DIEGO, CA 92130  
Effective as of 01-AUG-18

#### **JINDAL, RISHI, MD†**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 101  
SAN DIEGO, CA 92130  
Effective as of 01-AUG-18

#### **KING, JUSTIN, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2309  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

#### **KOSOY, DANIEL, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123

Effective as of 01-SEP-22

#### **LANGENBERG, BRET, DO†**

Provider ID: N/A

4033 3RD AVE STE 204  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-19

#### **MOLDOVAN, STEFAN, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120  
Teleservice  
Effective as of 01-MAR-24

#### **MOLDOVAN, STEFAN, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120  
Teleservice  
Effective as of 01-MAR-24

#### **MUELLER, GEORGE, MD†**

Provider ID: N/A

7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **POLLACK, LARRY, MD†**

Provider ID: N/A

7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **PRICE, ERIN, MD†**

Provider ID: N/A

4060 4TH AVE STE 440  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-20

#### **SANDLER, BRYAN, MD†**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

#### **SANDLER, BRYAN, MD†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

#### **SISE, MICHAEL, MD†**

Provider ID: N/A

550 WASHINGTON ST STE  
641  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-23

#### **WOODWARD, STEPHANIE, MD†**

Provider ID: N/A

7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **ZORN, GEORGE, MD†**

Provider ID: N/A

4060 4TH AVE STE 330  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-14

### ***SURGERY GENERAL VASCULAR***

#### **DIEFFENBACH, BRYAN, MD**

Provider ID: N/A

550 WASHINGTON ST STE  
641  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **MORENO MARTINEZ, ENRIQUE, MD†**

Provider ID: N/A

6719 ALVARADO RD STE

## C1. List of Network Providers Specialty Care Physician

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303  
SAN DIEGO, CA 92120  
Teleservice  
Effective as of 01-MAR-24

**SALLOUM, ALEXANDER, MD**  
Provider ID: N/A  
📍 6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-24

**SALLOUM, ALEXANDER, MD**  
Provider ID: N/A  
📍 6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115  
Effective as of 01-JUN-23

**SALLOUM, ALEXANDER, MD†**  
Provider ID: N/A  
📍 6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-23

**SALLOUM, ALEXANDER, MD†**  
Provider ID: N/A  
📍 6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120  
Teleservice  
Effective as of 01-MAR-24

**SALLOUM, ALEXANDER, MD†**  
Provider ID: N/A  
📍 6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120  
Teleservice  
Effective as of 01-MAR-24

**SISE, MICHAEL, MD†**  
Provider ID: N/A  
📍 550 WASHINGTON ST STE

641  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-14

**SISE, MICHAEL, MD†**  
Provider ID: N/A  
📍 550 WASHINGTON ST STE  
641  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

### ***SURGERY HAND***

**RICKARDS, ENASS, MD†**  
Provider ID: N/A  
📍 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

### ***SURGERY HAND ORTHOPEDIC***

**STEPHENSON, SAMUEL, MD†**  
Provider ID: N/A  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

### ***SURGERY NEUROLOGICAL***

**AMMIRATI, MARIO, MD†**  
Provider ID: N/A  
📍 11199 SORRENTO VALLEY  
RD STE 203  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-21

**FLORES, BRUNO, MD†**  
Provider ID: N/A  
📍 11199 SORRENTO VALLEY  
RD STE 203  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-23

**FLORES, BRUNO, MD†**  
Provider ID: N/A  
📍 5395 RUFFIN RD STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-APR-22

**FLORES, BRUNO, MD†**  
Provider ID: N/A  
📍 5395 RUFFIN RD STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-21

**GOEL, GUNJAN, MD†**  
Provider ID: N/A  
📍 3750 CONVOY ST STE 301  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-19

**LEVINE, REED, MD**  
Provider ID: N/A  
📍 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-FEB-24

**OSTRUP, RICHARD, MD†**  
Provider ID: N/A  
📍 3750 CONVOY ST STE 301  
SAN DIEGO, CA 92111\*  
Effective as of 01-SEP-20

**UDANI, VIKRAM, MD**  
Provider ID: N/A  
📍 11199 SORRENTO VALLEY  
RD STE 203  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-23

**ZACHARIAH, MARCUS, MD**  
Provider ID: N/A  
📍 3750 CONVOY ST STE 301  
SAN DIEGO, CA 92111  
Effective as of 01-MAY-23

### ***SURGERY ORTHOPEDIC***

## CI. List of Network Providers

### Specialty Care Physician

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#### **ABITBOL, JEAN JACQUES, MD†**

Provider ID: N/A

7625 MESA COLLEGE DR  
STE 315A  
SAN DIEGO, CA 92111  
Effective as of 01-JUN-22

#### **ANDRY, JAMES, MD**

Provider ID: N/A

7910 FROST ST STE 340  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-24

#### **ANDRY, JAMES, MD**

Provider ID: N/A

7910 FROST ST STE 340  
SAN DIEGO, CA 92123\*  
Effective as of 01-MAR-24

#### **BAWA, MANEESH, MD†**

Provider ID: N/A

4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

#### **BEHR, CHRISTOPHER, MD†**

Provider ID: N/A

4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

#### **BLAIS, MICAH, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

#### **BOURLAND, BRYAN, DO**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-23

#### **BOURLAND, BRYAN, DO**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121\*  
Effective as of 01-SEP-23

#### **BRERETON, DANIEL, DO†**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-22

#### **BUKATA, SUSAN, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-21

#### **BUKATA, SUSAN, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **BURNIKEL, DAVID, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

#### **BURNIKEL, DAVID, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-23

#### **BURNIKEL, DAVID, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-23

#### **CAGE, DORI NEILL, MD†**

Provider ID: N/A

8008 FROST ST STE 403  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-14

#### **CHOI, JIHOON, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **DAVID, TAL, MD†**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

#### **DOWNING, KRISTOPHER, MD**

Provider ID: N/A

7910 FROST ST STE 340  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-24

#### **DOWNING, KRISTOPHER, MD**

Provider ID: N/A

7910 FROST ST STE 340  
SAN DIEGO, CA 92123\*  
Effective as of 01-MAR-24

#### **DUTTON, PASCUAL, MD**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-24

#### **DUTTON, PASCUAL, MD**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-24

## CI. List of Network Providers

### Specialty Care Physician

---

#### **DUTTON, PASCUAL, MD**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

#### **DUTTON, PASCUAL, MD**

Provider ID: N/A

5395 RUFFIN RD STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-23

#### **DUTTON, PASCUAL, MD**

Provider ID: N/A

5395 RUFFIN RD STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **DUTTON, PASCUAL, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 401  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **FLOOD, DAVID, MD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-DEC-22

#### **GOEB, YANNICK, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **GROTTING, JOHN, MD**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-24

#### **GROTTING, JOHN, MD**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-24

#### **GROTTING, JOHN, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 401  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **GROTTING, JOHN, MD†**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

#### **GROTTING, JOHN, MD†**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

#### **GROTTING, JOHN, MD†**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

#### **HOFMEISTER, ERIC, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 401  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

#### **JAIN, RINA, MD†**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111

Effective as of 01-JAN-21

#### **KANSARA, DEVANSHU, MD†**

Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-MAY-22

#### **KANSARA, DEVANSHU, MD†**

Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-JUN-22

#### **KASIR, RAFID, MD**

Provider ID: N/A

4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **KIM, PAUL, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-14

#### **KIM, PAUL, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

#### **KIMBALL, MICHAEL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21


#### **KIMBALL, MICHAEL, MD†**

Provider ID: N/A


## C1. List of Network Providers

### Specialty Care Physician


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 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-14


**KIMBALL, MICHAEL, MD†**  
Provider ID: N/A

 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21


**KIMBALL, MICHAEL, MD†**  
Provider ID: N/A

 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21


**KIMBALL, MICHAEL, MD†**  
Provider ID: N/A

 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-20


**KIMBALL, MICHAEL, MD†**  
Provider ID: N/A

 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-23

**KOLODGE, GAVIN, DO†**  
Provider ID: N/A


 9339 GENESEE AVE STE  
150  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**KOLODGE, GAVIN, DO**  
Provider ID: N/A

 3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-23


**KRUEGER, VAN, MD**

Provider ID: N/A

 4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121\*  
Effective as of 01-OCT-23


**KRUEGER, VAN, MD**

Provider ID: N/A

 4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-23


**KUSNEZOV, NICHOLAS, MD**

Provider ID: N/A

 7910 FROST ST STE 340  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-APR-24

**LENIHAN, MICHAEL, MD**

Provider ID: N/A

 3444 KEARNY VILLA RD  
STE 401  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23


**MACK, GREGORY, MD**

Provider ID: N/A

 8008 FROST ST STE 403  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-15

**MCCANDLESS, JEREMY, MD†**

Provider ID: N/A

 4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-17

**MCKNIGHT, BRADEN, MD**

Provider ID: N/A


 7910 FROST ST STE 340  
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-APR-24


**MOHLER, LESTER, MD†**

Provider ID: N/A

 7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-JAN-14

**MOHLER, LESTER, MD†**

Provider ID: N/A

 7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-FEB-07


**MULDOON, MICHAEL, MD†**

Provider ID: N/A

 3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-23


**MULDOON, MICHAEL, MD†**

Provider ID: N/A

 3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-21


**MYER, JONATHAN, MD†**

Provider ID: N/A

 4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**MYER, JONATHAN, MD†**

Provider ID: N/A

 4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

**POMERANTZ, MICHAEL, MD**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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3444 KEARNY VILLA RD  
STE 401  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

**RAISZADEH, RAMIN, MD†**  
Provider ID: N/A

6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-23

**RAISZADEH, RAMIN, MD†**  
Provider ID: N/A

6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

**RICKARDS, ENASS, MD†**  
Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

**RICKARDS, ENASS, MD†**  
Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

**RICKARDS, ENASS, MD†**  
Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-23

**RICKARDS, ENASS, MD†**  
Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

**RICKARDS, ENASS, MD†**  
Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-17

**ROBKER, JERRICK, DO†**  
Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

**ROBKER, JERRICK, DO†**  
Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-MAY-22

**ROSENFELD, ALAN, MD†**  
Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**ROSENFELD, ALAN, MD†**  
Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-15

**ROSENFELD, ALAN, MD†**  
Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**ROSENFELD, ALAN, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**ROSENFELD, ALAN, MD†**  
Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

**ROSENFELD, ALAN, MD†**  
Provider ID: N/A

9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

**ROSENFELD, ALAN, MD†**  
Provider ID: N/A

9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121\*  
Effective as of 01-SEP-20

**SCHULTZ, JEFFREY, MD†**  
Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-JAN-14

**SCHULTZ, JEFFREY, MD†**  
Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-FEB-07

**SCHULTZEL, MARK, MD†**  
Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-NOV-21

#### **SHAH, KALPIT, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **SHILLITO, MATTHEW, MD†**

Provider ID: N/A

📍 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-AUG-23

#### **SHILLITO, MATTHEW, MD†**

Provider ID: N/A

📍 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-23

#### **SHILLITO, MATTHEW, MD†**

Provider ID: N/A

📍 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

#### **SIROTA, MICHAEL, MD†**

Provider ID: N/A

📍 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

#### **SIROTA, MICHAEL, MD†**

Provider ID: N/A

📍 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-AUG-23

#### **SULLIVAN, THOMAS, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **SUN, MICHAEL, MD**

Provider ID: N/A

📍 7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-DEC-23

#### **TANAKA, SCOTT, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-17

#### **TASTO, JAMES, MD†**

Provider ID: N/A

📍 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

#### **TASTO, JAMES, MD†**

Provider ID: N/A

📍 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120\*  
Effective as of 01-AUG-23

#### **TASTO, JAMES, MD†**

Provider ID: N/A

📍 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-23

#### **TAYLOR, MARIO, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

#### **TAYLOR, MARIO, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

#### **TAYYAB, NEIL, MD†**

Provider ID: N/A

📍 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-16

#### **TAYYAB, NEIL, MD†**

Provider ID: N/A

📍 9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

#### **TAYYAB, NEIL, MD†**

Provider ID: N/A

📍 9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

#### **TAYYAB, NEIL, MD†**

Provider ID: N/A

📍 9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

#### **TAYYAB, NEIL, MD†**

Provider ID: N/A

📍 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

#### **TRADONSKY, STEVEN, MD†**

Provider ID: N/A

📍 7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-SEP-15

#### **TRADONSKY, STEVEN, MD†**

Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108

Effective as of 01-JAN-14

#### **URBAND, LINDSEY, MD†**

Provider ID: N/A

8008 FROST ST STE 403  
SAN DIEGO, CA 92123

Effective as of 01-JUL-19

#### **WHEATLEY, BENJAMIN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

#### **WHEATLEY, BENJAMIN, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

#### **YOUNGBLOOD, SCOT, MD**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120

Effective as of 01-OCT-23

#### **YOUNGBLOOD, SCOT, MD**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111

Effective as of 01-OCT-23

#### **YOUNGBLOOD, SCOT, MD**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111

Effective as of 01-NOV-23

#### **YOUNGBLOOD, SCOT, MD**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-OCT-23

#### **YOUNGBLOOD, SCOT, MD**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-OCT-23

#### **YOUNGBLOOD, SCOT, MD**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-NOV-23

### ***SURGERY PLASTIC***

#### **APOSTOLIDES, JOHN, MD**

Provider ID: N/A

1322 SCOTT ST STE 102  
SAN DIEGO, CA 92106

Effective as of 01-AUG-15

#### **BATRA, MUNISH, MD**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 101  
SAN DIEGO, CA 92130

Effective as of 01-MAR-02

#### **CHAO, JAMES, MD†**

Provider ID: N/A

8901 ACTIVITY RD  
SAN DIEGO, CA 92126

Effective as of 01-JUL-15

#### **GOSMAN, AMANDA, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

#### **GOSMAN, AMANDA, MD†**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-NOV-21

#### **HANDLER, BARRY, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2305  
SAN DIEGO, CA 92120

Effective as of 01-SEP-22

#### **KUPFER, DAVID, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-14

#### **NGUYEN, KHANG, MD**

Provider ID: N/A

6610 FLANDERS DR STE 101  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-23

### ***SURGERY THORACIC***

#### **HEMP, JAMES, MD†**

Provider ID: N/A

4033 3RD AVE STE 210  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

#### **HUDSON, JESSICA, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

### ***SURGICAL ONCOLOGY***



## C1. List of Network Providers

### Specialty Care Physician

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#### **CHEN, STEVEN, MD†**

Provider ID: N/A

8901 ACTIVITY RD  
SAN DIEGO, CA 92126  
Effective as of 01-JUL-15

#### **MEHTSUN, WINTA, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-22

### **UROLOGY**

#### **ABITBOL, JEAN JACQUES, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 202  
SAN DIEGO, CA 92123\*  
Effective as of 01-NOV-21

#### **ANGER, JENNIFER, MD†**

Provider ID: N/A

4520 EXECUTIVE DR STE  
360  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-21

#### **ANGER, JENNIFER, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

#### **BASTUBA, MARTIN, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2207  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

#### **BUTLER, PHILIP, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **BUTLER, PHILIP, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **BUTLER, PHILIP, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **BUTLER, PHILIP, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

#### **CHEN, TONY, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

#### **COHEN, EDWARD, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD

STE 201

SAN DIEGO, CA 92123  
Effective as of 01-SEP-21

#### **COHEN, EDWARD, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-NOV-22

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **DATO, PAUL, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-FEB-24

#### **DATO, PAUL, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **DICKS, BRIAN, MD†**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

#### **DICKS, BRIAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

#### **DICKS, BRIAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

#### **DICKS, BRIAN, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

#### **DICKS, BRIAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **DICKS, BRIAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **DICKS, BRIAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **DICKS, BRIAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 310

SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

#### **DICKS, BRIAN, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-FEB-24

#### **DICKS, BRIAN, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **HOLDEN, MARC, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-OCT-22

#### **HOLDEN, MARC, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-SEP-22

#### **HOLDEN, MARC, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

#### **HOLDEN, MARC, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **HOLDEN, MARC, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **JUMA, SAAD, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **JUMA, SAAD, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

#### **JUMA, SAAD, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-FEB-24

#### **KATZ, JONATHAN, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-23

#### **KEILLER, DANNY, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

#### **KEILLER, DANNY, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **KEILLER, DANNY, MD†**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **KEILLER, DANNY, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

#### **NEUSTEIN, PAUL, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **NEUSTEIN, PAUL, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

#### **NEUSTEIN, PAUL, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

#### **NGUYEN, HUNG, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

#### **NGUYEN, HUNG, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

#### **NGUYEN, HUNG, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

#### **NGUYEN, HUNG, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Teleservice

Effective as of 01-JAN-24

#### **NGUYEN, HUNG, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Teleservice

Effective as of 01-NOV-22

#### **NGUYEN, HUNG, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Teleservice

Effective as of 01-SEP-21

#### **PE, MARK-RALLY, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

#### **PE, MARK-RALLY, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **PE, MARK-RALLY, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

#### **ROBERTS, JAMES, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

#### **ROBERTS, JAMES, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **ROBERTS, JAMES, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **ROBERTS, JAMES, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

#### **SAIDIAN, AVA, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **SALEM, CAROL, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-07

## C1. List of Network Providers

### Specialty Care Physician

---

**SALEM, CAROL, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**SALEM, CAROL, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**SALEM, CAROL, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-19

**SALEM, CAROL, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**SALEM, CAROL, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**SALEM, CAROL, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**SALEM, CAROL, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**SALEM, CAROL, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

**SALEM, CAROL, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**SALMASI, AMIRALI, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

**SALMASI, AMIRALI, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**SALMASI, AMIRALI, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**SALMASI, AMIRALI, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

**SANTOMAURO, MICHAEL, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-AUG-23

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-21

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JUN-21

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-22

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-22

**SHEETZ, TYLER, MD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**UNTERBERG, STEPHEN, MD†**  
Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-NOV-21

**UNTERBERG, STEPHEN, MD†**  
Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-AUG-21

**UNTERBERG, STEPHEN, MD†**  
Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-DEC-21

**UNTERBERG, STEPHEN, MD†**  
Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JAN-21

**UNTERBERG, STEPHEN, MD†**  
Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-SEP-22

**UNTERBERG, STEPHEN, MD†**  
Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Effective as of 01-SEP-21

**UNTERBERG, STEPHEN, MD†**  
Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-DEC-21

**UNTERBERG, STEPHEN, MD†**  
Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-21

**UNTERBERG, STEPHEN, MD†**  
Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-SEP-22

**VAPNEK, EVAN, MD†**  
Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

**VAPNEK, EVAN, MD†**  
Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**VAPNEK, EVAN, MD†**  
Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**VAPNEK, EVAN, MD†**

Provider ID: N/A

4033 3RD AVE STE 400  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**VAPNEK, EVAN, MD**  
Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**VAPNEK, EVAN, MD†**  
Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-21

**VAPNEK, EVAN, MD†**  
Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-21

**VAPNEK, EVAN, MD†**  
Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**VAPNEK, EVAN, MD†**  
Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**VAPNEK, EVAN, MD†**  
Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**C1. List of Network Providers**  
**Specialty Care Physician**

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**VAPNEK, EVAN, MD**

Provider ID: N/A

📍 230 PROSPECT PL STE 210  
SAN DIEGO, CA 92118  
Effective as of 01-JAN-24

**WANG, LUKE, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**YUH, BENJAMIN, MD†**

Provider ID: N/A

📍 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**YUH, BENJAMIN, MD†**

Provider ID: N/A

📍 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

***ADDICTIVE MEDICINE***

**NAFICY, K, MD†**

Provider ID: N/A

📍 30448 RANCHO VIEJO RD  
STE 150  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-MAY-21

***CLINICAL***

***NEUROPSYCHOLOGIST***

**HOCHBERGER, WILLIAM, PhD**

Provider ID: N/A

📍 29122 RANCHO VIEJO RD  
STE 102G

SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-24

**HOCHBERGER, WILLIAM, PhD**

Provider ID: N/A

📍 29122 RANCHO VIEJO RD  
STE 102G  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-24

**KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A

📍 30320 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

**KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A

📍 30320 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

***EMERGENCY MEDICINE***

**FAHIM, ASHRAF, MD**

Provider ID: N/A

📍 27372 CALLE ARROYO  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-24

**REZVAN, KAVEH, DO†**

Provider ID: N/A

📍 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

***FAMILY PRACTICE***

**LEWIS, GEORGE, MD**

Provider ID: N/A

📍 31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

**LEWIS, GEORGE, MD**

Provider ID: N/A

📍 31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

**LEWIS, GEORGE, MD**

Provider ID: N/A

📍 31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

**OBZEJTA, NATALIA, MD†**

Provider ID: N/A

📍 31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-22

**OBZEJTA, NATALIA, MD†**

Provider ID: N/A

📍 31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-22

**OBZEJTA, NATALIA, MD†**

Provider ID: N/A

📍 31001 RANCHO VIEJO RD

## C1. List of Network Providers

### Specialty Care Physician

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STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-APR-22

#### **PETERSON, TYLER, DO**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

#### **PETERSON, TYLER, DO**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

#### **PETERSON, TYLER, DO**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

#### **RAD, SHERVIN, MD**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-24

#### **RAD, SHERVIN, MD**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-24

#### **RAD, SHERVIN, MD**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-24

#### **TAKHAR, JASMINE, DO**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

#### **TAKHAR, JASMINE, DO**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

#### **TAKHAR, JASMINE, DO**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

### ***INTERNAL MEDICINE***

#### **CARABULEA, GABRIEL, MD**

Provider ID: N/A

30250 RANCHO VIEJO RD  
STE C  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-MAY-23

#### **CARABULEA, GABRIEL, MD**

Provider ID: N/A

30250 RANCHO VIEJO RD

STE C  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-MAY-23

#### **KALE, RAHUL, MD<sup>†</sup>**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-SEP-19

#### **KOHLI, SANJIVAN, MD<sup>†</sup>**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

#### **KOHLI, SANJIVAN, MD<sup>†</sup>**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

#### **KOHLI, SANJIVAN, MD<sup>†</sup>**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-17

#### **SOONG, YEN-HUI, MD<sup>†</sup>**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-NOV-22

## CI. List of Network Providers

### Specialty Care Physician

---

#### **SOONG, YEN-HUI, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-NOV-22

#### **INTERNAL MEDICINE**

#### **CRITICAL CARE MEDICINE**

#### **KALE, RAHUL, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-17

#### **KALE, RAHUL, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

#### **KALE, RAHUL, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

#### **KOHLI, SANJIVAN, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-SEP-19

#### **REZVAN, KAVEH, DO†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-20

#### **NEPHROLOGY**

#### **LEE, BRIAN, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

#### **LEE, BRIAN, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

#### **LEE, BRIAN, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

#### **LEE, BRIAN, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

#### **LEE, BRIAN, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,

CA 92675

Effective as of 01-JUN-22

#### **LEE, BRIAN, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

#### **PANG, JASON, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-14

#### **PANG, JASON, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-NOV-14

#### **OPHTHALMOLOGY**

#### **KIM, ESTHER, MD**

Provider ID: N/A

31451 RANCHO VIEJO RD  
STE 101  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

#### **KIM, ESTHER, MD**

Provider ID: N/A

31451 RANCHO VIEJO RD  
STE 101  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23



**C1. List of Network Providers**  
**Specialty Care Physician**

---

**WILLIAMS, MARK, MD**

Provider ID: N/A

31451 RANCHO VIEJO RD  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

**WILLIAMS, MARK, MD**

Provider ID: N/A

31451 RANCHO VIEJO RD  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

**WILLIAMS, MARK, MD**

Provider ID: N/A

31451 RANCHO VIEJO RD  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

**PODIATRIST**

**ANGAROLA, JEFF, DPM**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-22

**ANGAROLA, JEFF, DPM**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-22

**ANGAROLA, JEFF, DPM**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-22

**PSYCHIATRY**

**KURKJIAN, AZAD, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-MAY-18

**KURKJIAN, AZAD, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-MAY-18

**PSYCHIATRY CHILD**

**KURKJIAN, AZAD, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-MAY-18

**KURKJIAN, AZAD, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-MAY-18

**PSYCHOLOGIST**

**HANSINK, RAYMOND, PhD†**

Provider ID: N/A

30290 RANCHO VIEJO RD  
STE 104  
SAN JUAN CAPISTRANO,

CA 92675

Effective as of 01-DEC-20

**HANSINK, RAYMOND, PhD†**

Provider ID: N/A

30290 RANCHO VIEJO RD  
STE 104  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-20

**HANSINK, RAYMOND, PhD†**

Provider ID: N/A

30290 RANCHO VIEJO RD  
STE 104  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-20

**HANSINK, RAYMOND, PhD†**

Provider ID: N/A

30290 RANCHO VIEJO RD  
STE 104  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-20

**KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A

30320 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

**KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A

30320 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

**KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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30320 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

#### **KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A

30320 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

#### **SEIDER, TALIA, PhD**

Provider ID: N/A

29122 RANCHO VIEJO RD  
STE 102G  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-24

#### **SEIDER, TALIA, PhD**

Provider ID: N/A

29122 RANCHO VIEJO RD  
STE 102G  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-24

#### **SEIDER, TALIA, PhD**

Provider ID: N/A

29122 RANCHO VIEJO RD  
STE 102G  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-24

#### **SEIDER, TALIA, PhD**

Provider ID: N/A

29122 RANCHO VIEJO RD  
STE 102G  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-24

#### ***PULMONARY DISEASES***

#### **KALE, RAHUL, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-17

#### **KALE, RAHUL, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-18

#### **KALE, RAHUL, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-NOV-19

#### **KOHLI, SANJIVAN, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-20

#### **KOHLI, SANJIVAN, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-17

#### **KOHLI, SANJIVAN, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD

STE 200

SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-18

#### **PATEL, JAY, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-NOV-22

#### **PATEL, JAY, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-JUN-23

#### **PATEL, JAY, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-DEC-22

#### **PATEL, JAY, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-NOV-22

#### **PATEL, JAY, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD

**C1. List of Network Providers**  
**Specialty Care Physician**

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STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Teleservice  
 Effective as of 01-DEC-22

**PATEL, JAY, MD†**  
 Provider ID: N/A  
 30230 RANCHO VIEJO RD  
 STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Teleservice  
 Effective as of 01-OCT-22

**REZVAN, KAVEH, DO†**  
 Provider ID: N/A  
 30230 RANCHO VIEJO RD  
 STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Effective as of 01-AUG-18

**REZVAN, KAVEH, DO†**  
 Provider ID: N/A  
 30230 RANCHO VIEJO RD  
 STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Effective as of 01-AUG-18

**REZVAN, KAVEH, DO†**  
 Provider ID: N/A  
 30230 RANCHO VIEJO RD  
 STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Effective as of 01-OCT-20

**SOONG, YEN-HUI, MD†**  
 Provider ID: N/A  
 30230 RANCHO VIEJO RD  
 STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675

Effective as of 01-MAY-21  
**SOONG, YEN-HUI, MD†**  
 Provider ID: N/A  
 30230 RANCHO VIEJO RD  
 STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Effective as of 01-JAN-23

**SOONG, YEN-HUI, MD†**  
 Provider ID: N/A  
 30230 RANCHO VIEJO RD  
 STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Effective as of 01-FEB-21

**SOONG, YEN-HUI, MD†**  
 Provider ID: N/A  
 30230 RANCHO VIEJO RD  
 STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Effective as of 01-FEB-21

**SOONG, YEN-HUI, MD†**  
 Provider ID: N/A  
 30230 RANCHO VIEJO RD  
 STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Effective as of 01-DEC-20

**YEAM, INCHEL, MD†**  
 Provider ID: N/A  
 31001 RANCHO VIEJO RD  
 STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Effective as of 01-DEC-23

**YEAM, INCHEL, MD†**  
 Provider ID: N/A  
 31001 RANCHO VIEJO RD

STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Effective as of 01-OCT-16

**YEAM, INCHEL, MD†**  
 Provider ID: N/A  
 31001 RANCHO VIEJO RD  
 STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Effective as of 01-OCT-16

**YEAM, INCHEL, MD†**  
 Provider ID: N/A  
 31001 RANCHO VIEJO RD  
 STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Effective as of 01-JUL-21

**YEAM, INCHEL, MD†**  
 Provider ID: N/A  
 31001 RANCHO VIEJO RD  
 STE 200  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Effective as of 01-JUL-21

***SURGERY HAND***

**SOHN, ROGER, MD†**  
 Provider ID: N/A  
 31920 DEL OBISPO ST STE  
 170  
 SAN JUAN CAPISTRANO,  
 CA 92675  
 Effective as of 01-SEP-20

**SOHN, ROGER, MD†**  
 Provider ID: N/A  
 31920 DEL OBISPO ST STE  
 170  
 SAN JUAN CAPISTRANO,  
 CA 92675

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-SEP-20

#### ***SURGERY ORTHOPEDIC***

#### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

#### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

#### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

#### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

#### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

#### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

#### **HUO, KEUN-HENG, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
92675  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

#### **HUO, KEUN-HENG, MD**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

#### **HUO, KEUN-HENG, MD**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

#### **HUO, KEUN-HENG, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
92675  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

#### **HUO, KEUN-HENG, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
92675  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

#### **HUO, KEUN-HENG, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
92675  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

#### **KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-23

#### **KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-23

#### **KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-MAR-23

#### **KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

#### **LEE, RICHARD, MD**

Provider ID: N/A

30230 RANCHO VIEJO RD

## C1. List of Network Providers

### Specialty Care Physician

---

STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-JAN-21

#### **SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-SEP-21

#### **SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-SEP-21

#### **SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

#### **SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-FEB-20

#### **SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-FEB-20

#### **SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-FEB-20

#### **SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-FEB-20

#### **SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

### **CARDIAC**

### **ELECTROPHYSIOLOGY**

#### **LERNER, JONATHAN, MD**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-JUL-23

#### **SHAH, ABHISHEK, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-JAN-23

### **CARDIOVASCULAR DISEASE**

#### **CARLSON, STEVEN, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-SEP-22

#### **CARLSON, STEVEN, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-APR-21

#### **CARLSON, STEVEN, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-JAN-21

#### **DO, HULBERT, MD**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-OCT-23

#### **MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-SEP-22

#### **NARAYANAN, MEENA, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-SEP-22

#### **NARAYANAN, MEENA, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-APR-21

#### **PARIKH, MILIND, DO†**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-SEP-22

#### **SARSAM, LUAY, MD**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-JUL-23

#### **SARSAM, LUAY, MD**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-JUL-23

#### **SHAH, KULIN, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-JAN-23

#### **SHAH, ABHISHEK, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-SEP-22

#### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-JAN-23

### **CERTIFIED**

### **ACUPUNCTURIST**

#### **GONZALEZ, ANDRES, LAC**

Provider ID: N/A

1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-MAY-23

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **ANDREW, SHIRLEY, NP†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-SEP-22

#### **FAIQ, JAMILA, NP†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-JAN-21

#### **FAIQ, JAMILA, NP†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-NOV-22

#### **FODDA, RAMI, NPF**

Provider ID: N/A

1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
Effective as of 01-FEB-23

#### **KOHOUT, KATHRYN, NP†**

Provider ID: N/A

150 VALPREDA RD  
SAN MARCOS, CA 92069  
Effective as of 01-SEP-22

#### **KROCHMAL, RACHEL, NP**

Provider ID: N/A

120 CRAVEN RD STE 101  
SAN MARCOS, CA 92078  
Effective as of 01-OCT-23

#### **MAROSOK, MICHELLE, NP**

Provider ID: N/A

838 NORDAHL RD STE 300

SAN MARCOS, CA 92069

Teleservice

Effective as of 01-NOV-23

#### **MAROSOK, MICHELLE, NP**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-MAR-24

#### **MOONEY, PATRICIA, NP†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-JUL-21

#### **MOONEY, PATRICIA, NP†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-MAY-21

#### **MWAURA, WAIRIMU, NP†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-JUN-21

#### **MWAURA, WAIRIMU, NP†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-SEP-22

#### **PARSONS, MEKRAE, NP**

Provider ID: N/A

150 VALPREDA RD  
SAN MARCOS, CA 92069  
Effective as of 01-DEC-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **VAHDAT, VALERIE, NP†**

Provider ID: N/A

📍 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069  
Effective as of 01-NOV-22

#### **VICK, ALINA, NP**

Provider ID: N/A

📍 314 S TWIN OAKS VALLEY  
RD STE 114  
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-NOV-23

#### **WILLEY, MARTI, NP†**

Provider ID: N/A

📍 838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-JUN-21

### ***CERTIFIED REGISTERED NURSE MIDWIFE***

#### **BELANGER, TANYA, CRNM†**

Provider ID: N/A

📍 150 VALPREDA RD  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-22

#### **MATEO, MARIE, CRNM†**

Provider ID: N/A

📍 150 VALPREDA RD  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-22

### ***CHIROPRACTOR***

#### **HINES, TAYTE, DC**

Provider ID: N/A

📍 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069  
Effective as of 01-JAN-24

#### **JEPPESEN, LANCE, DC**

Provider ID: N/A

📍 1146 SAN MARINO DR STE L  
SAN MARCOS, CA 92078  
Effective as of 01-JAN-01

#### **MAUSER, JILL ELLEN, DC**

Provider ID: N/A

📍 1146 SAN MARINO DR  
SAN MARCOS, CA 92078  
Effective as of 01-JUN-21

#### **TRAINER, JASON, DC†**

Provider ID: N/A

📍 150 VALPREDA RD  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-22

#### **TRAINER, JASON, DC**

Provider ID: N/A

📍 1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-MAR-24

### ***DERMATOLOGY***

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

📍 838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-DEC-21

#### **GILBOA, RUTH, MD†**

Provider ID: N/A

📍 838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-AUG-21

#### **SIRICHOTIRATANA, MELISSA, MD†**

Provider ID: N/A

📍 838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-JAN-23

#### **VENKAT, ARUN, MD†**

Provider ID: N/A

📍 838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-22

#### **VENKAT, ARUN, MD†**

Provider ID: N/A

📍 838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-AUG-20

#### **VENKAT, ARUN, MD†**

Provider ID: N/A

📍 838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-SEP-22

#### **VENKAT, ARUN, MD†**

Provider ID: N/A

📍 838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-MAR-17

### ***FAMILY PRACTICE***

#### **NATH, DEVARSHI, MD**

Provider ID: N/A

📍 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
Effective as of 01-FEB-23

### ***HEMATOLOGY / ONCOLOGY***

#### **BESSUDO, ALBERTO, MD†**

Provider ID: N/A

📍 838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Teleservice

Effective as of 01-NOV-21

#### **BESSUDO, ALBERTO, MD†**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-JAN-21

#### **KOSMO, MICHAEL, MD†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-JAN-21

#### **MARJON, PHILIP, MD**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-APR-24

#### **SINCLAIR, JAMES, MD†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Effective as of 01-JAN-21

#### **SULLIVAN, JESSICA, DO†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Effective as of 01-OCT-22

### ***INTERNAL MEDICINE***

#### **NARAYANAN, MEENA, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078\*

Effective as of 01-JAN-21

#### **PONIACHIK, SAMUEL, MD**

Provider ID: N/A

1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078

Effective as of 01-JUN-23

### ***INTERVENTIONAL CARDIOLOGY***

#### **DO, HULBERT, MD†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-AUG-22

#### **JOHN, ALAN, MD**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-MAY-23

#### **MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-JAN-21

#### **PARIKH, MILIND, DO†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-SEP-22

#### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-MAY-23

#### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-DEC-22

#### **SHAH, KULIN, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-APR-23

#### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-APR-23

#### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-SEP-22

### ***LICENSED CLINICAL***

### ***SOCIAL WORKER***

#### **MARTINEZ, NORAYMA, LCSW†**

Provider ID: N/A

1510 E MISSION RD STE  
RV035  
SAN MARCOS, CA 92069

Effective as of 01-NOV-22

### ***MEDICAL ONCOLOGY***

#### **FRAKES, LAURIE, MD†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-OCT-22

#### **FRAKES, LAURIE, MD†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-JAN-21

#### **MCCLAY, EDWARD, MD†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069



## C1. List of Network Providers Specialty Care Physician

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Effective as of 01-FEB-21

### **NEPHROLOGY**

#### **AFSHAR, MASOUD, MD†**

Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-OCT-23

#### **AFSHAR, MASOUD, MD†**

Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-MAY-22

#### **KAYAL, ANAS, MD†**

Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078

Effective as of 01-MAY-22

#### **KAYAL, ANAS, MD†**

Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078

Effective as of 01-OCT-23

### **NEUROLOGY**

#### **ANDER, AZIZ, MD†**

Provider ID: N/A

838 NORDAHL RD STE 310  
SAN MARCOS, CA 92069

Effective as of 01-NOV-21

#### **ANDER, AZIZ, MD†**

Provider ID: N/A

838 NORDAHL RD STE 310

SAN MARCOS, CA 92069

Effective as of 01-JUL-22

#### **FARHIDVASH, FARIBA, MD†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Effective as of 01-DEC-22

#### **GRATIANNE, ROBERTO, MD†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Effective as of 01-JUN-22

#### **GUPTA, MONIKA, MD†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Effective as of 01-JUN-22

#### **HOSSEIN ZADEH MALEKI, ANA, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-MAR-24

#### **HOSSEIN ZADEH MALEKI, ANA, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-MAR-24

#### **HUISA-GARATE, BRANKO, MD†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Effective as of 01-JUN-22

#### **HUISA-GARATE, BRANKO, MD†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Effective as of 01-MAR-24

#### **KAYAL, ANAS, MD†**

Provider ID: N/A

334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-SEP-22

#### **MAREK, MAKSYM, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-MAR-24

#### **MAREK, MAKSYM, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-OCT-23

#### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-MAR-24

#### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-AUG-23

#### **OLENSKI, KLARI, DO†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JUN-22

#### **PHAM, ALISE, DO**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-AUG-23

#### **PHAM, ALISE, DO**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-MAR-24

#### **SILVER, BRENT, MD†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-DEC-22

#### **SORIA LOPEZ, JOSE, MD†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Effective as of 01-JUN-22

#### **WU, MELANIE, DO†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Effective as of 01-JAN-23

### ***OBSTETRICS / GYNECOLOGY***

#### **CIZMAR, BRANISLAV, MD**

Provider ID: N/A

120 CRAVEN RD STE 101  
SAN MARCOS, CA 92078

Effective as of 01-JAN-24

#### **POUNTNEY, MARLENE, MD†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-APR-14

#### **POUNTNEY, MARLENE, MD†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

### ***OPHTHALMOLOGY***

#### **GARFF, KEVIN, MD†**

Provider ID: N/A

100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069

Effective as of 01-MAR-24

#### **GUAN, HOWARD, MD**

Provider ID: N/A

100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069

Effective as of 01-FEB-24

#### **PRESTERA, TORY, MD†**

Provider ID: N/A

100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

#### **PRESTERA, TORY, MD†**

Provider ID: N/A

100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069

Effective as of 01-JAN-21

#### **PRESTERA, TORY, MD†**

Provider ID: N/A

100 N RANCHO SANTA FE

RD STE 126

SAN MARCOS, CA 92069

Effective as of 01-JAN-21

### ***PEDIATRICS***

#### **LUM HO, RACHEL, MD**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-NOV-23

#### **QUINTERO, CAROLYN, MD**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-NOV-23

### ***PHYSICIANS ASSISTANT***

#### **BASIN, NATALIE, PA**

Provider ID: N/A

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-AUG-23

#### **BECKER, JANTIMA, PA**

Provider ID: N/A

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-APR-24

#### **BERNARDO, RACHELLE, PA**

Provider ID: N/A

1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

Effective as of 01-FEB-23

#### **ESCALANTE, JUVY, PA**

Provider ID: N/A

2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

Effective as of 01-FEB-23

## C1. List of Network Providers

### Specialty Care Physician

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#### **POLLEY, SHANNON, PA**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069  
Effective as of 01-MAR-23

#### **SERING, MALIA, PA†**

Provider ID: N/A

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-SEP-22

### ***PODIATRIST***

#### **FARMER, STEVEN, DPM**

Provider ID: N/A

2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069  
Effective as of 01-JAN-24

#### **FARMER, STEVEN, DPM**

Provider ID: N/A

2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069  
Effective as of 01-APR-24

### ***PSYCHIATRY***

#### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-MAR-24

#### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-AUG-23

#### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-MAR-24

#### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-AUG-23

#### **PHAM, ALISE, DO**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-AUG-23

#### **PHAM, ALISE, DO**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-MAR-24

#### **PHAM, ALISE, DO**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-AUG-23

#### **PHAM, ALISE, DO**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-MAR-24

### ***PSYCHOLOGIST***

#### **CARLTON PENN, CORNELIA, PhD**

Provider ID: N/A

1510 E MISSION RD SPC  
RV035  
SAN MARCOS, CA 92069  
Effective as of 01-NOV-22

#### **CARLTON PENN, CORNELIA, PhD**

Provider ID: N/A

1510 E MISSION RD SPC  
RV035  
SAN MARCOS, CA 92069  
Effective as of 01-NOV-22

#### **LOVE, YVONNE, PSYD**

Provider ID: N/A

2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-23

#### **LOVE, YVONNE, PSYD**

Provider ID: N/A

2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-23

### ***REGISTERED PHYSICAL THERAPIST***

#### **BOUTELLE, DAVID, PT**

Provider ID: N/A

935 W SAN MARCOS BLVD  
STE 102  
SAN MARCOS, CA 92078  
Effective as of 01-JAN-24

#### **BOUTELLE, BARBARA, PT**

Provider ID: N/A

935 W SAN MARCOS BLVD  
STE 102  
SAN MARCOS, CA 92078  
Effective as of 01-JAN-24

#### **SPURRELL, KATHRYN, PT**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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2115 MONTIEL RD STE 103  
SAN MARCOS, CA 92069  
Effective as of 01-JAN-24

#### **RHEUMATOLOGY**

##### **AL NAHLAWI, BASMA, MD†**

Provider ID: N/A

334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078  
Teleservice  
Effective as of 01-JUL-22

##### **AL NAHLAWI, BASMA, MD†**

Provider ID: N/A

334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078  
Teleservice  
Effective as of 01-SEP-22

##### **AL NAHLAWI, BASMA, MD†**

Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078  
Effective as of 01-OCT-23

##### **AL NAHLAWI, BASMA, MD†**

Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078  
Effective as of 01-MAY-22

##### **AL NAHLAWI, BASMA, MD†**

Provider ID: N/A

334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078  
Teleservice  
Effective as of 01-OCT-21

##### **DIKRANIAN, ARA, MD**

Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210

SAN MARCOS, CA 92078  
Effective as of 01-MAR-24

#### **ANESTHESIOLOGY**

##### **FONTANA, LOUIS, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

#### **CARDIOVASCULAR DISEASE**

##### **AIZIN, VITALI, MD†**

Provider ID: N/A

4630 BORDER VILLAGE RD  
STE H  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-21

##### **AIZIN, VITALI, MD†**

Provider ID: N/A

4630 BORDER VILLAGE RD  
STE H  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **CELIZ, ADRIANA, NP†**

Provider ID: N/A

3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

##### **DRISCOLL, SUSAN, NP†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

##### **HACINAS, REYNALDO, NP†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

##### **KANTAS, PARIS, NP†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-MAY-22

##### **LIEBER, CAROL, NP†**

Provider ID: N/A

1601 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

##### **VAZQUEZ-ERLBECK, MARTHA, NP**

Provider ID: N/A

3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-DEC-21

#### **FAMILY PRACTICE**

##### **ALVAREZ-ESTRADA, MIGUEL, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-DEC-22

##### **ARRIETA, NOEMI, DO**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-APR-23

##### **CORONADO, MYRNA, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173\*  
Teleservice

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-APR-23

#### **CORONADO, MYRNA, MD**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173\*

Teleservice

Effective as of 01-APR-23

#### **DALUGDUGAN, ESTHER, MD**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-NOV-23

#### **ESTRADA, JOHANNA, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-JUL-22

#### **ROJAS, STEVEN, MD**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-MAY-23

#### **STALEY, MICHAELA, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173\*

Effective as of 01-NOV-23

#### **VAN PRATT LEVIN, AISHA, MD**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JAN-24

### **GENERAL PRACTICE**

#### **GARCIA-SANDOVAL, DAMARIS, MD**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-NOV-23

### **INFECTIOUS DISEASE**

#### **ALDOUS, JEANNETTE, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

#### **PROMER, KATHERINE, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-APR-23

### **INTERNAL MEDICINE**

#### **HURST, MICHAEL, DO†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-SEP-22

#### **LAMANTIA, MICHELE, MD**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173\*

Effective as of 01-AUG-23

#### **PROMER, KATHERINE, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-SEP-22

### **LICENSED CLINICAL**

### **SOCIAL WORKER**

#### **JENNINGS, AMY, LCSW†**

Provider ID: N/A

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-SEP-22

#### **LAD, NIKISHA, LCSW**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Effective as of 01-APR-24

#### **LOPEZ, MARIBEL, LCSW**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-APR-23

#### **WINSHIP, KATHERINE, LCSW**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Effective as of 01-APR-24

### **MARRIAGE FAMILY THERAPIST**

#### **ALVAREZ, IRAIDA, MFT**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-DEC-22

#### **BALTRUS, JUSTINE, MFT**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-NOV-22

#### **BURCIAGA, HENRY, MFT**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Effective as of 01-FEB-24

## C1. List of Network Providers

### Specialty Care Physician

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#### **ESTAVILLO, SAUL, MFT**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Effective as of 01-OCT-22

#### **JIMENEZ, NANCY, MFT**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Effective as of 01-FEB-24

### ***NEONATAL / PERINATAL MEDICINE***

#### **GOMEZ, DANIELA, MD**

Provider ID: N/A

4004 BEYER BLVD STE 400  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-OCT-22

#### **GOMEZ, DANIELA, MD**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-OCT-22

### ***NEPHROLOGY***

#### **SOLTERO, RICARDO, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JAN-21

### ***OBSTETRICS / GYNECOLOGY***

#### **BERGGREN, ERICA, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-SEP-21

#### **CARR, MIANDA, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JAN-21

#### **DANESHMAND, SHAHRAM, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-SEP-21

#### **DANESHMAND, SHAHRAM, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173\*

Teleservice

Effective as of 01-JUL-22

#### **DINH, MY, DO†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173\*

Effective as of 01-JUL-22

#### **GOLDSTEIN, EDWARD, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

#### **GOLDSTEIN, EDWARD, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JAN-21

#### **MAJERSKI GONZALEZ, MANDY, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-JUN-21

#### **MENDEZ, DIEGO, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-NOV-21

### ***OCCUPATIONAL THERAPIST***

#### **BROWN, JOHNNY, OT**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

### ***OPHTHALMOLOGY***

#### **DE SILVA, NIHAL, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

### ***PEDIATRICS***

#### **DILLON, BENEDICT, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173\*

Effective as of 01-JAN-21

#### **TAYLOR, TASHA, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

## CI. List of Network Providers

### Specialty Care Physician

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#### **PHYSICIANS ASSISTANT**

##### **BUCKNER, JOSEPH, PA**

Provider ID: N/A

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-22

##### **HARMIS, NATASHA, PA†**

Provider ID: N/A

📍 3364 BEYER BLVD STE 102  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-MAY-21

##### **MARTINEZ MURGUIA, IRENE, PA**

Provider ID: N/A

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-24

##### **PORTO MADURSKI, KRISTINE, PA†**

Provider ID: N/A

📍 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

##### **ROSENBLATT, SHERI, PA†**

Provider ID: N/A

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

##### **SMITH, DOUGLAS, PA†**

Provider ID: N/A

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-MAY-21

##### **SUNA SITTO, MOHEEN, PA†**

Provider ID: N/A

📍 3364 BEYER BLVD STE 102  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-FEB-21

##### **TRUJILLO, MIGUEL, PA†**

Provider ID: N/A

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

#### **PODIATRIST**

##### **MANCHEL, BRUCE, DPM†**

Provider ID: N/A

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

##### **MANCHEL, BRUCE, DPM†**

Provider ID: N/A

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

#### **PSYCHIATRY**

##### **BERGGREN, ERICA, MD†**

Provider ID: N/A

📍 4050 BEYER BLVD  
SAN YSIDRO, CA 92173\*  
Effective as of 01-JUL-22

##### **BERGGREN, ERICA, MD†**

Provider ID: N/A

📍 4050 BEYER BLVD  
SAN YSIDRO, CA 92173\*  
Effective as of 01-JUL-22

##### **CRAWFORD-DAY, ANN, MD**

Provider ID: N/A

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

##### **CRAWFORD-DAY, ANN, MD**

Provider ID: N/A

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

##### **FONTANA, LOUIS, MD†**

Provider ID: N/A

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

##### **FONTANA, LOUIS, MD†**

Provider ID: N/A

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

##### **JAMES, CHRISTINE, DO**

Provider ID: N/A

📍 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-24

##### **JAMES, CHRISTINE, DO**

Provider ID: N/A

📍 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-24

##### **OJHA, PRITI, MD**

Provider ID: N/A

📍 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-JUN-23

##### **OJHA, PRITI, MD**

Provider ID: N/A

📍 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-JUN-23

#### **SPEECH PATHOLOGIST**

##### **HILL, CARLA, SP†**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-MAY-22

#### ***SURGERY ORTHOPEDIC***

**ROSENFELD, ALAN, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JAN-21

#### ***UROLOGY***

**SALEM, CAROL, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JAN-21

#### ***CHIROPRACTOR***

**KELCHNER, MATTHEW, DC†**

Provider ID: N/A

120 TOWN CENTER PKWY  
SANTEE, CA 92071

Effective as of 01-DEC-22

#### ***GASTROENTEROLOGY***

**REDDY, ANANTHRAM, MD†**

Provider ID: N/A

9456 CUYAMACA ST STE  
102  
SANTEE, CA 92071

Effective as of 01-JAN-21

**REDDY, ANANTHRAM, MD†**

Provider ID: N/A

9456 CUYAMACA ST STE  
102  
SANTEE, CA 92071

Effective as of 01-JUL-22

#### ***INTERNAL MEDICINE***

**CORBIN, DAVID, MD†**

Provider ID: N/A

120 TOWN CENTER PKWY  
SANTEE, CA 92071

Teleservice

Effective as of 01-NOV-23

#### ***LICENSED CLINICAL***

#### ***SOCIAL WORKER***

**MEAGHER, RAISHELLE, LCSW**

Provider ID: N/A

120 TOWN CENTER PKWY  
SANTEE, CA 92071

Teleservice

Effective as of 01-NOV-23

#### ***PEDIATRICS***

**IKE, ERICA, DO†**

Provider ID: N/A

120 TOWN CENTER PKWY  
SANTEE, CA 92071

Effective as of 01-JAN-21

#### ***PHYSICIANS ASSISTANT***

**ROSENBLATT, SHERI, PA†**

Provider ID: N/A

120 TOWN CENTER PKWY  
SANTEE, CA 92071

Teleservice

Effective as of 01-OCT-21

#### ***PSYCHIATRY***

**CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A

8770 CUYAMACA ST STE 4  
SANTEE, CA 92071

Effective as of 01-MAY-22

**CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A

8770 CUYAMACA ST STE 4  
SANTEE, CA 92071

Effective as of 01-MAY-22

#### ***RADIOLOGY DIAGNOSTIC***

**MOORE, BRIAN, MD†**

Provider ID: N/A

9640 MISSION GORGE RD  
STE H

SANTEE, CA 92071

Effective as of 01-JAN-21

**VENKATESH, VIJAY, MD†**

Provider ID: N/A

9640 MISSION GORGE RD  
STE H

SANTEE, CA 92071

Effective as of 01-SEP-22

#### ***REGISTERED PHYSICAL***

#### ***THERAPIST***

**BOUTELLE, DAVID, PT**

Provider ID: N/A

9830 PROSPECT AVE STE A  
SANTEE, CA 92071

Effective as of 01-JAN-21

**BOUTELLE, BARBARA, PT**

Provider ID: N/A

9830 PROSPECT AVE STE A  
SANTEE, CA 92071

Effective as of 01-JAN-24

#### ***DERMATOLOGY***

**AGUIRRE, KRISTEN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D

SOLANA BEACH, CA 92075

Effective as of 01-JUN-22



**C1. List of Network Providers**  
**Specialty Care Physician**

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**AGUIRRE, KRISTEN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-JAN-23

**GILBOA, RUTH, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-JUN-22

**GILBOA, RUTH, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-JUL-22

**GILBOA, RUTH, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE 8  
 SOLANA BEACH, CA 92075  
 Effective as of 01-FEB-21

**GILBOA, RUTH, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-AUG-08

**ROSS, ANDREW, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-AUG-20

**ROSS, ANDREW, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-SEP-22

**ROSS, ANDREW, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-JUL-22

**ROSS, ANDREW, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-JUN-22

**SIRICHOTIRATANA, MELISSA, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-JAN-23

**THIELE, JENS, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-JUN-22

**THIELE, JENS, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-SEP-09

**TSE, YARDY, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D

SOLANA BEACH, CA 92075  
 Effective as of 01-JUN-22

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-SEP-22

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-MAR-16

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE 8  
 SOLANA BEACH, CA 92075  
 Effective as of 01-FEB-21

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-JUL-22

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE D  
 SOLANA BEACH, CA 92075  
 Effective as of 01-MAR-16

**ENDOCRINOLOGY**  
**METABOLISM DIABETES**

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
 STE 8

## C1. List of Network Providers

### Specialty Care Physician

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SOLANA BEACH, CA 92075  
Effective as of 01-JUL-22

#### **ARGOUD, GEORGES, MD†**

Provider ID: N/A

📍 530 LOMAS SANTA FE DR  
STE 8

SOLANA BEACH, CA 92075  
Effective as of 01-MAR-15

#### **ARGOUD, GEORGES, MD†**

Provider ID: N/A

📍 530 LOMAS SANTA FE DR  
STE 8

SOLANA BEACH, CA 92075  
Effective as of 01-JAN-21

#### **ARGOUD, GEORGES, MD†**

Provider ID: N/A

📍 530 LOMAS SANTA FE DR  
STE 8

SOLANA BEACH, CA 92075  
Effective as of 01-MAR-15

#### **ARGOUD, GEORGES, MD†**

Provider ID: N/A

📍 530 LOMAS SANTA FE DR  
STE 8

SOLANA BEACH, CA 92075  
Effective as of 01-JAN-21

#### **ARGOUD, GEORGES, MD†**

Provider ID: N/A

📍 530 LOMAS SANTA FE DR  
STE 8

SOLANA BEACH, CA 92075\*  
Effective as of 01-JAN-24

### ***PHYSICIANS ASSISTANT***

#### **BOYDSTON, EMILY, PA**

Provider ID: N/A

📍 380 STEVENS AVE STE 310  
SOLANA BEACH, CA 92075

Teleservice

Effective as of 01-APR-24

#### **GIBSON, JULIA, PA**

Provider ID: N/A

📍 380 STEVENS AVE STE 310  
SOLANA BEACH, CA 92075

Effective as of 01-MAY-23

#### **LEE, MYUNGHEE, PA**

Provider ID: N/A

📍 530 LOMAS SANTA FE DR  
STE 8

SOLANA BEACH, CA 92075  
Teleservice

Effective as of 01-NOV-23

#### **ROBINSON, JENELLE, PA**

Provider ID: N/A

📍 530 LOMAS SANTA FE DR  
STE 8

SOLANA BEACH, CA 92075  
Effective as of 01-NOV-23

### ***CERTIFIED NURSE***

### ***PRACTITIONER***

#### **CISTRONE, MONICA, NPF**

Provider ID: N/A

📍 9239 CAMPO RD STE A  
SPRING VALLEY, CA 91977

Teleservice

Effective as of 01-JUL-23

#### **GORDON, DANIELLE, NP†**

Provider ID: N/A

📍 9239 CAMPO RD STE A  
SPRING VALLEY, CA 91977

Teleservice

Effective as of 01-MAR-22

### ***ALLERGY IMMUNOLOGY***

#### **BROWN, HOSEA, MD†**

Provider ID: N/A

📍 26960 CHERRY HILLS  
BLVD STE D

SUN CITY, CA 92586  
Effective as of 01-FEB-22

### ***AUDIOLOGIST***

#### **ACEVEDO-FREY, SYLVIA, AuD**

Provider ID: N/A

📍 28071 BRADLEY RD  
SUN CITY, CA 92586

Effective as of 01-JUN-23

### ***CARDIOVASCULAR DISEASE***

#### **AGGARWAL, SAURABH, MD†**

Provider ID: N/A

📍 26962 CHERRY HILLS  
BLVD STE A

SUN CITY, CA 92586  
Effective as of 01-DEC-21

#### **SARSAM, SINAN, MD†**

Provider ID: N/A

📍 26960 CHERRY HILLS  
BLVD STE C

SUN CITY, CA 92586  
Effective as of 01-JUN-21

### ***CERTIFIED NURSE***

### ***PRACTITIONER***

#### **SHIH, LU-HSUN, NP**

Provider ID: N/A

📍 26960 CHERRY HILLS  
BLVD STE A

SUN CITY, CA 92586  
Effective as of 01-APR-24

### ***GASTROENTEROLOGY***

#### **RAGHUWANSHI, NAISHADH, MD†**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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26960 CHERRY HILLS  
BLVD  
SUN CITY, CA 92586  
Effective as of 01-FEB-11

#### **RAGHUWANSHI, NAISHADH, MD<sup>†</sup>**

Provider ID: N/A

26960 CHERRY HILLS  
BLVD  
SUN CITY, CA 92586  
Effective as of 01-SEP-09

#### **MARRIAGE FAMILY THERAPIST**

#### **PORTER, TERRY, MFT<sup>†</sup>**

Provider ID: N/A

28125 BRADLEY RD STE 220  
SUN CITY, CA 92586  
Effective as of 01-JAN-23

#### **PORTER, TERRY, MFT<sup>†</sup>**

Provider ID: N/A

28125 BRADLEY RD STE 220  
SUN CITY, CA 92586  
Effective as of 01-JAN-23

#### **NEPHROLOGY**

#### **ISHAK, SALAM, MD<sup>†</sup>**

Provider ID: N/A

28125 BRADLEY RD STE 270  
SUN CITY, CA 92586  
Effective as of 01-SEP-12

#### **ISHAK, SALAM, MD<sup>†</sup>**

Provider ID: N/A

28125 BRADLEY RD STE 270  
SUN CITY, CA 92586  
Effective as of 01-JUN-12

#### **OPHTHALMOLOGY**

#### **JACOBSON, ARTHUR, MD<sup>†</sup>**

Provider ID: N/A

29826 HAUN RD STE 100  
SUN CITY, CA 92586  
Effective as of 01-JUL-23

#### **LEE, JOHN, MD<sup>†</sup>**

Provider ID: N/A

28125 BRADLEY RD STE 189  
SUN CITY, CA 92586  
Effective as of 01-FEB-11

#### **OPTOMETRIST**

#### **LANE, KEVIN, OD<sup>†</sup>**

Provider ID: N/A

29826 HAUN RD STE 100  
SUN CITY, CA 92586  
Effective as of 01-JUL-23

#### **RADIOLOGY DIAGNOSTIC**

#### **BURROUGHS, GLORIA, MD<sup>†</sup>**

Provider ID: N/A

26870 CHERRY HILLS  
BLVD  
SUN CITY, CA 92586  
Effective as of 01-OCT-17

#### **BURROUGHS, GLORIA, MD<sup>†</sup>**

Provider ID: N/A

26870 CHERRY HILLS  
BLVD  
SUN CITY, CA 92586  
Effective as of 01-OCT-17

#### **BURROUGHS, GLORIA, MD<sup>†</sup>**

Provider ID: N/A

26870 CHERRY HILLS  
BLVD  
SUN CITY, CA 92586  
Effective as of 01-OCT-17

#### **ALLERGY IMMUNOLOGY**

#### **GUPTA, SAMEER, MD<sup>†</sup>**

Provider ID: N/A

41715 WINCHESTER RD STE  
206  
TEMECULA, CA 92590  
Effective as of 01-JAN-16

#### **GUPTA, SAMEER, MD<sup>†</sup>**

Provider ID: N/A

41715 WINCHESTER RD STE  
206  
TEMECULA, CA 92590  
Effective as of 01-JUL-23

#### **GUPTA, SAMEER, MD<sup>†</sup>**

Provider ID: N/A

41715 WINCHESTER RD STE  
206  
TEMECULA, CA 92590  
Effective as of 01-DEC-21

#### **GUPTA, SAMEER, MD<sup>†</sup>**

Provider ID: N/A

41715 WINCHESTER RD STE  
206  
TEMECULA, CA 92590  
Effective as of 01-FEB-15

#### **ANESTHESIOLOGY**

#### **DORAISWAMY, ARUL, MD<sup>†</sup>**

Provider ID: N/A

28975 OLD TOWN FRONT  
ST STE 200  
TEMECULA, CA 92590  
Effective as of 01-JUL-17

#### **DORAISWAMY, ARUL, MD<sup>†</sup>**

Provider ID: N/A

28975 OLD TOWN FRONT  
ST STE 200  
TEMECULA, CA 92590  
Effective as of 01-JUL-17


#### **GUIANG, RAINIER, MD<sup>†</sup>**

Provider ID: N/A

## C1. List of Network Providers


### Specialty Care Physician

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 27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-SEP-19


#### **HYUN, SUZANNE, MD**

Provider ID: N/A

 27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-MAR-24


#### **JEDAMSKI, WALDTRAUT, MD**

Provider ID: N/A

 28975 OLD TOWN FRONT  
ST STE 200  
TEMECULA, CA 92590  
Effective as of 01-OCT-19


#### **KANU, ABDUL, MD**

Provider ID: N/A

 27699 JEFFERSON AVE  
TEMECULA, CA 92590  
Teleservice  
Effective as of 01-AUG-20

#### **PANG, GARY, MD†**

Provider ID: N/A

 27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-MAR-24

### ***ANESTHESIOLOGY PAIN MANAGEMENT***

#### **CHEN, HAMILTON, MD†**

Provider ID: N/A

 27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-SEP-19


#### **CHEN, HAMILTON, MD†**

Provider ID: N/A

 27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-SEP-19


#### **CHEN, HAMILTON, MD**

Provider ID: N/A

 27450 YNEZ RD STE 202  
TEMECULA, CA 92591  
Effective as of 01-SEP-23


#### **DADACHANJI, CYRUS, MD**

Provider ID: N/A

 27699 JEFFERSON AVE STE  
305  
TEMECULA, CA 92590  
Effective as of 01-JUL-23


#### **DORAISWAMY, ARUL, MD†**

Provider ID: N/A

 28975 OLD TOWN FRONT  
ST STE 200  
TEMECULA, CA 92590  
Effective as of 01-JUL-17


#### **GUIANG, RAINIER, MD**

Provider ID: N/A

 27450 YNEZ RD STE 202  
TEMECULA, CA 92591  
Effective as of 01-SEP-23


#### **GUIANG, RAINIER, MD†**

Provider ID: N/A

 27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-MAR-24


#### **LEIER, TIM, MD**

Provider ID: N/A

 27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-MAY-18


#### **LEIER, TIM, MD**

Provider ID: N/A

 27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-SEP-19


#### **LEIER, TIM, MD**

Provider ID: N/A

 27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-JUN-21

#### **MOELLER-BERTRAM, TOBIAS, MD†**


Provider ID: N/A

 27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-JUN-18

### ***CARDIOVASCULAR DISEASE***


#### **ALFAY, WISAM, MD**

Provider ID: N/A

 28780 SINGLE OAK DR STE  
290  
TEMECULA, CA 92590  
Effective as of 01-JAN-22


#### **ALFAY, WISAM, MD**

Provider ID: N/A

 27450 YNEZ RD STE 109  
TEMECULA, CA 92591  
Effective as of 01-MAR-22


#### **AMIN, JATIN, MD†**

Provider ID: N/A

 31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

#### **ATTIA, NADER, DO†**

Provider ID: N/A

 31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

**C1. List of Network Providers**  
**Specialty Care Physician**

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**ATTIA, NADER, DO†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 103  
 TEMECULA, CA 92592  
 Effective as of 01-JUL-22

**ATTIA, NADER, DO†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 103  
 TEMECULA, CA 92592  
 Effective as of 01-JUN-23

**BISWAS, MIMI, MD**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 103  
 TEMECULA, CA 92592  
 Effective as of 01-JUN-23

**COX, JEREMY, DO**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 103  
 TEMECULA, CA 92592  
 Effective as of 01-MAR-24

**COX, JEREMY, DO**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 103  
 TEMECULA, CA 92592  
 Effective as of 01-MAR-24

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 103  
 TEMECULA, CA 92592  
 Effective as of 01-MAY-21

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 103  
 TEMECULA, CA 92592

Effective as of 01-JUN-23

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 103  
 TEMECULA, CA 92592

Effective as of 01-JUN-23

**PATANKAR, KAUSTUBH, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 103  
 TEMECULA, CA 92592

Effective as of 01-FEB-22

**SANGODKAR, SANDEEP, DO**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 103  
 TEMECULA, CA 92592

Effective as of 01-JUN-23

**SARSAM, SINAN, MD†**

Provider ID: N/A

27450 YNEZ RD STE 109  
 TEMECULA, CA 92591  
 Effective as of 01-MAR-22

**SARSAM, SINAN, MD†**

Provider ID: N/A

27450 YNEZ RD STE 109  
 TEMECULA, CA 92591  
 Effective as of 01-MAR-22

**CERTIFIED  
 ACUPUNCTURIST**

**LEE, KYUNG, LAC**

Provider ID: N/A

27455 TIERRA ALTA WAY  
 STE A

TEMECULA, CA 92590  
 Effective as of 01-MAR-21

**LEE, KYUNG, LAC**

Provider ID: N/A

27455 TIERRA ALTA WAY  
 STE A  
 TEMECULA, CA 92590  
 Effective as of 01-MAR-21

**WACHNER, KRISTELYN, LAC†**

Provider ID: N/A

41840 ENTERPRISE CIR N  
 TEMECULA, CA 92590  
 Effective as of 01-OCT-22

**WACHNER, KRISTELYN, LAC†**

Provider ID: N/A

41840 ENTERPRISE CIR N  
 TEMECULA, CA 92590  
 Effective as of 01-OCT-22

**CERTIFIED NURSE  
 PRACTITIONER**

**AGORRILLA, MARIA, NP**

Provider ID: N/A

44274 GEORGE CUSHMAN  
 CT STE 212  
 TEMECULA, CA 92592  
 Effective as of 01-OCT-23

**ALVAREZ, ARMANDA, NP**

Provider ID: N/A

27555 YNEZ RD STE 102  
 TEMECULA, CA 92591  
 Effective as of 01-FEB-24

**BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE  
 MISSIONES STE 202  
 TEMECULA, CA 92592  
 Effective as of 01-MAY-22

## C1. List of Network Providers

### Specialty Care Physician

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#### **BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

#### **BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

#### **BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### **BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### **DONLON, RYAN, NPF**

Provider ID: N/A

31150 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

#### **DONLON, RYAN, NPF**

Provider ID: N/A

31150 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

#### **DONLON, RYAN, NPF**

Provider ID: N/A

31150 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

#### **DONLON, RYAN, NPF**

Provider ID: N/A

31150 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

#### **GEISINGER, TERESA, NP**

Provider ID: N/A

31625 DE PORTOLA RD STE 101  
TEMECULA, CA 92592  
Effective as of 01-APR-23

#### **HARTMAN, JULIE, NPF**

Provider ID: N/A

31170 TEMECULA PKWY STE 100  
TEMECULA, CA 92592  
Effective as of 01-SEP-23

#### **HASAN, BUSHRA, NP**

Provider ID: N/A

31170 TEMECULA PKWY STE 100  
TEMECULA, CA 92592  
Effective as of 01-OCT-22

#### **HLAVAC, SANDRA, NP**

Provider ID: N/A

31625 DE PORTOLA RD STE 101  
TEMECULA, CA 92592  
Effective as of 01-APR-24

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

44605 AVENIDA DE MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

44605 AVENIDA DE

MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-OCT-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

44605 AVENIDA DE MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### **LIRA, SHANNON, NPF**

Provider ID: N/A

31625 DE PORTOLA RD STE 101  
TEMECULA, CA 92592  
Effective as of 01-FEB-24

#### **LUCACI, BIANCA, NP**

Provider ID: N/A

27555 YNEZ RD STE 400  
TEMECULA, CA 92591  
Effective as of 01-SEP-22

#### **ONUOHA, NOJA, NP†**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591\*  
Effective as of 01-NOV-22

#### **ONUOHA, NOJA, NP†**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591\*  
Effective as of 01-NOV-22

#### **SMITH, PAIGE, NP**

Provider ID: N/A

27555 YNEZ RD STE 400  
TEMECULA, CA 92591  
Effective as of 01-OCT-23

#### **THOMAS, STEPHEN, NPF†**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592

Effective as of 01-AUG-22

#### **THOMAS, STEPHEN, NPF<sup>†</sup>**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592

Effective as of 01-MAR-21

#### **THOMAS, STEPHEN, NPF<sup>†</sup>**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592

Effective as of 01-OCT-23

#### **ZELEDON, JAIME, NP**

Provider ID: N/A

27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590

Effective as of 01-MAY-18

### **CHIROPRACTOR**

#### **BARTZ, PAUL, DC<sup>†</sup>**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-JUL-22

#### **FARSHLER, ANTHONY, DC<sup>†</sup>**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-NOV-23

#### **FARSHLER, ANTHONY, DC<sup>†</sup>**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-JUL-22

#### **MYREN, DONALD, DC**

Provider ID: N/A

26790 YNEZ CT STE 2B  
TEMECULA, CA 92591

Effective as of 01-JUN-23

#### **MYREN, DONALD, DC**

Provider ID: N/A

26790 YNEZ CT STE 2B  
TEMECULA, CA 92591

Effective as of 01-JUN-23

### **DERMATOLOGY**

#### **JACOBS, RANDOLPH, MD**

Provider ID: N/A

40971 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-DEC-18

#### **JACOBS, RANDOLPH, MD**

Provider ID: N/A

40971 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-JUL-97

#### **KHERADMANT, SHIVA, DO<sup>†</sup>**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592

Effective as of 01-JAN-22

#### **KHERADMANT, SHIVA, DO<sup>†</sup>**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592

Effective as of 01-DEC-21

#### **KHERADMANT, SHIVA, DO<sup>†</sup>**

Provider ID: N/A

44605 AVENIDA DE

MISSIONES STE 202  
TEMECULA, CA 92592

Effective as of 01-DEC-21

#### **KHERADMANT, SHIVA, DO<sup>†</sup>**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592

Effective as of 01-DEC-21

#### **KHERADMANT, SHIVA, DO<sup>†</sup>**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592

Effective as of 01-DEC-21

#### **KHERADMANT, SHIVA, DO<sup>†</sup>**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592

Effective as of 01-APR-22

#### **KHERADMANT, SHIVA, DO<sup>†</sup>**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592

Effective as of 01-APR-22

#### **MITCHELL, JESSE, MD<sup>†</sup>**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592

Effective as of 01-FEB-22

#### **MITCHELL, JESSE, MD<sup>†</sup>**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592

Effective as of 01-JUL-21

## C1. List of Network Providers

### Specialty Care Physician

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#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592

Effective as of 01-JUL-21

#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592

Effective as of 01-OCT-20

#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592

Effective as of 01-OCT-20

#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592

Effective as of 01-OCT-20

#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592

Effective as of 01-OCT-20

#### **MUNYON, THOMAS, MD†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592

Teleservice

Effective as of 01-MAR-24

#### **ROSS, ANDREW, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 102  
TEMECULA, CA 92592

Effective as of 01-JUL-22

#### **SAIED, NAGI, MD**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592

Teleservice

Effective as of 01-NOV-23

### ***EMERGENCY MEDICINE***

#### **ELLIS, JOHN, MD†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-SEP-22

#### **WARD, NICHOLAS, MD†**

Provider ID: N/A

31700 TEMECULA PKWY  
TEMECULA, CA 92592

Effective as of 01-MAR-21

#### **WARD, NICHOLAS, MD†**

Provider ID: N/A

31700 TEMECULA PKWY  
TEMECULA, CA 92592

Effective as of 01-MAR-21

#### **WARD, NICHOLAS, MD†**

Provider ID: N/A

31700 TEMECULA PKWY  
TEMECULA, CA 92592

Effective as of 01-MAR-21

### ***ENDOCRINOLOGY***

### ***METABOLISM DIABETES***

#### **JOO, KATHY, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 134  
TEMECULA, CA 92591

Effective as of 01-JUL-23

#### **JOO, KATHY, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 134  
TEMECULA, CA 92591

Effective as of 01-JUN-16

#### **JOO, KATHY, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 134  
TEMECULA, CA 92591

Effective as of 01-JUN-16

#### **JOO, KATHY, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 134  
TEMECULA, CA 92591

Effective as of 01-JUN-16

#### **JOU, BILL, MD**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 205  
TEMECULA, CA 92592

Effective as of 01-FEB-17

#### **JOU, BILL, MD**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 205  
TEMECULA, CA 92592

Effective as of 01-FEB-17

### ***FAMILY PRACTICE***

### ***SPORTS MEDICINE***

#### **CHEUNG, SUNNY, MD**


Provider ID: N/A



## C1. List of Network Providers


### Specialty Care Physician

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 28780 SINGLE OAK DR STE 270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23


#### **CHEUNG, SUNNY, MD**

Provider ID: N/A

 28780 SINGLE OAK DR STE 270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23


#### **CHEUNG, SUNNY, MD**

Provider ID: N/A

 28780 SINGLE OAK DR STE 270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **CHEUNG, SUNNY, MD**


Provider ID: N/A

 28780 SINGLE OAK DR STE 270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

### ***GASTROENTEROLOGY***


#### **ARDIGO, GREGORY, MD**

Provider ID: N/A

 29645 RANCHO CALIFORNIA RD STE 209  
TEMECULA, CA 92591  
Effective as of 01-AUG-23


#### **DINH, JACK, MD**

Provider ID: N/A

 29645 RANCHO CALIFORNIA RD STE 209  
TEMECULA, CA 92591  
Effective as of 01-AUG-23

#### **KEMMERLY, THOMAS, MD**


Provider ID: N/A

 29645 RANCHO

CALIFORNIA RD STE 209  
TEMECULA, CA 92591  
Effective as of 01-AUG-23


#### **SAUNDERS, ANGELA, DO†**

Provider ID: N/A

 31625 DE PORTOLA RD SUITE 101  
TEMECULA, CA 92592  
Effective as of 01-MAR-24


#### **SAUNDERS, ANGELA, DO†**

Provider ID: N/A

 31625 DE PORTOLA RD SUITE 101  
TEMECULA, CA 92592  
Effective as of 01-DEC-22


#### **SAUNDERS, ANGELA, DO†**

Provider ID: N/A

 31625 DE PORTOLA RD SUITE 101  
TEMECULA, CA 92592  
Effective as of 01-NOV-23


#### **SAUNDERS, ANGELA, DO†**

Provider ID: N/A

 31625 DE PORTOLA RD SUITE 101  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

#### **TEYMOORIAN, ARIAN, MD**

Provider ID: N/A

 29645 RANCHO CALIFORNIA RD STE 209  
TEMECULA, CA 92591  
Effective as of 01-AUG-23

### ***HEMATOLOGY / ONCOLOGY***

#### **BASERI, BABAK, MD†**


Provider ID: N/A

 31515 RANCHO PUEBLO RD

STE 202  
TEMECULA, CA 92592  
Effective as of 01-JUL-21


#### **BASERI, BABAK, MD†**

Provider ID: N/A

 31515 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-JUL-21


#### **BASERI, BABAK, MD†**

Provider ID: N/A

 31515 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-24


#### **MARJON, PHILIP, MD†**

Provider ID: N/A

 31515 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22


#### **SAUNDERS, PHILLIP, DO†**

Provider ID: N/A

 31515 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-20


#### **SAUNDERS, PHILLIP, DO†**

Provider ID: N/A

 31515 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-20

#### **SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A

 31515 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

## CI. List of Network Providers

### Specialty Care Physician

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#### **INTERNAL MEDICINE**

##### **AL HARASH, ABDALHAMID, MD†**

Provider ID: N/A

31565 RANCHO PUEBLO RD STE 205  
TEMECULA, CA 92592  
Effective as of 01-OCT-22

##### **AL HARASH, ABDALHAMID, MD†**

Provider ID: N/A

31565 RANCHO PUEBLO RD STE 205  
TEMECULA, CA 92592  
Effective as of 01-OCT-22

##### **AL HARASH, ABDALHAMID, MD†**

Provider ID: N/A

31565 RANCHO PUEBLO RD STE 205  
TEMECULA, CA 92592  
Effective as of 01-OCT-22

##### **ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

##### **ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

##### **ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201

TEMECULA, CA 92592  
Effective as of 01-NOV-20

##### **ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-NOV-20

##### **ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

##### **ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-JAN-22

##### **COX, JEREMY, DO**

Provider ID: N/A

31515 RANCHO PUEBLO RD STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

##### **HADDADIN, HASSAN, MD†**

Provider ID: N/A

27699 JEFFERSON AVE STE 204  
TEMECULA, CA 92590  
Effective as of 01-SEP-22

##### **HADDADIN, HASSAN, MD†**

Provider ID: N/A

27699 JEFFERSON AVE STE 204  
TEMECULA, CA 92590  
Effective as of 01-SEP-22

##### **HADDADIN, HASSAN, MD†**

Provider ID: N/A

27699 JEFFERSON AVE STE 204  
TEMECULA, CA 92590  
Effective as of 01-SEP-22

##### **JACOBS, NATALIA, MD**

Provider ID: N/A

40971 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-MAY-23

##### **WHITE, XUANHA, DO†**

Provider ID: N/A

44605 AVENIDA DE MISSIONES STE 206  
TEMECULA, CA 92592  
Effective as of 01-FEB-22

##### **YU, JERRY, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

##### **YU, JERRY, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-AUG-18

##### **YU, JERRY, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

##### **YU, JERRY, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201

## CI. List of Network Providers Specialty Care Physician

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TEMECULA, CA 92592  
Effective as of 01-JUL-18

### **YU, JERRY, MD†**

Provider ID: N/A

📍 31537 RANCHO PUEBLO  
RD STE 201

TEMECULA, CA 92592  
Effective as of 01-JUL-18

### **INTERNAL MEDICINE CRITICAL CARE MEDICINE**

### **SALEK, MUNIF, MD†**

Provider ID: N/A

📍 27699 JEFFERSON AVE STE  
204

TEMECULA, CA 92590  
Effective as of 01-FEB-22

### **SALEK, MUNIF, MD†**

Provider ID: N/A

📍 27699 JEFFERSON AVE STE  
204

TEMECULA, CA 92590  
Effective as of 01-FEB-22

### **SALEK, MUNIF, MD†**

Provider ID: N/A

📍 27699 JEFFERSON AVE STE  
204

TEMECULA, CA 92590  
Effective as of 01-FEB-22

### **VEGA, RICARDO, MD†**

Provider ID: N/A

📍 27699 JEFFERSON AVE STE  
204

TEMECULA, CA 92590  
Effective as of 01-JAN-22

### **VEGA, RICARDO, MD†**

Provider ID: N/A

📍 27699 JEFFERSON AVE STE  
204

TEMECULA, CA 92590  
Effective as of 01-MAR-22

### **INTERVENTIONAL CARDIOLOGY**

### **MESSENGER, BRADLEY, MD**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD  
STE 103

TEMECULA, CA 92592  
Effective as of 01-JUN-23

### **PATANKAR, KAUSTUBH, MD†**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD  
STE 103

TEMECULA, CA 92592  
Effective as of 01-JUN-23

### **SEAMAN, CHRISTOPHER, MD**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD  
STE 103

TEMECULA, CA 92592  
Effective as of 01-JUN-23

### **LICENSED CLINICAL SOCIAL WORKER**

### **CARTWRIGHT, SHANIQUA, LCSW**

Provider ID: N/A

📍 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-NOV-23

### **JONES, VALORIA, LCSW**

Provider ID: N/A

📍 29645 RANCHO  
CALIFORNIA RD STE 213

TEMECULA, CA 92591  
Effective as of 01-JUL-23

### **JONES, VALORIA, LCSW**

Provider ID: N/A

📍 29645 RANCHO  
CALIFORNIA RD STE 213

TEMECULA, CA 92591

Effective as of 01-JUL-23

### **JONES, VALORIA, LCSW**

Provider ID: N/A

📍 29645 RANCHO  
CALIFORNIA RD STE 213

TEMECULA, CA 92591

Effective as of 01-JUL-23

### **LURINKS GARCIA, MARIA, LCSW**

Provider ID: N/A

📍 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-JAN-21

### **ROBLEDO, DAMIAN, LCSW**

Provider ID: N/A

📍 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-APR-23

### **THOMAS, PAULA, LCSW**

Provider ID: N/A

📍 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-APR-23

### **VALDEZ-HERNANDEZ, ISRAEL, LCSW†**

Provider ID: N/A

📍 29645 RANCHO  
CALIFORNIA RD STE 213

TEMECULA, CA 92591

Effective as of 01-JAN-23

### **VALDEZ-HERNANDEZ, ISRAEL, LCSW†**

Provider ID: N/A

📍 29645 RANCHO

## CI. List of Network Providers

### Specialty Care Physician

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CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-APR-23

#### **VALDEZ-HERNANDEZ, ISRAEL, LCSW†**

Provider ID: N/A

☞ 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-JAN-23

#### **VALDEZ-HERNANDEZ, ISRAEL, LCSW†**

Provider ID: N/A

☞ 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-APR-23

### **NEPHROLOGY**

#### **ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

☞ 31565 RANCHO PUEBLO  
RD STE 205  
TEMECULA, CA 92592  
Effective as of 01-JAN-20

#### **CHANG, DAVID, MD†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

#### **CHANG, DAVID, MD†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

#### **CHANG, DAVID, MD†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

#### **CHANG, DAVID, MD†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

#### **CHANG, DAVID, MD†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

#### **CHANG, DAVID, MD†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

#### **CHANG, DAVID, MD†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-APR-15

#### **CHANG, DAVID, MD†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592

Effective as of 01-DEC-23

#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-AUG-20

#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

☞ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

#### **YAN, ERIC, MD†**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592

Teleservice

Effective as of 01-MAY-20

#### **YAN, ERIC, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592

Teleservice

Effective as of 01-JUL-23

#### **YAN, ERIC, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592

Teleservice

Effective as of 01-JUL-23

#### **YAN, ERIC, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592

Teleservice

Effective as of 01-JUL-18

#### **YAN, ERIC, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592

Teleservice

Effective as of 01-JUL-18

#### **YAN, ERIC, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592

Teleservice

Effective as of 01-JUL-18

### **NEUROLOGY**

#### **CHOUDRY, BILAL, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592

Effective as of 01-MAY-23

#### **CHOUDRY, BILAL, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592

Effective as of 01-JUN-21

#### **DELANEY, MICHAEL, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592

Teleservice

Effective as of 01-MAR-21

#### **DELANEY, MICHAEL, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592

Teleservice

Effective as of 01-MAY-23

#### **DELANEY, MICHAEL, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592

Teleservice

Effective as of 01-OCT-21

#### **FARHIDVASH, FARIBA, MD†**

Provider ID: N/A

44045 MARGARITA RD STE 106

TEMECULA, CA 92592

Effective as of 01-NOV-22

#### **FARNSWORTH, WILLIAM, MD**

Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592

Effective as of 01-APR-24

#### **FARNSWORTH, WILLIAM, MD**

Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592

Effective as of 01-APR-24

#### **GRATIANNE, ROBERTO, MD†**

Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592

Effective as of 01-JUN-22

#### **GUPTA, MONIKA, MD†**

Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592

Effective as of 01-OCT-19

#### **HALL, JACOB, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592

Effective as of 01-OCT-21

#### **HALL, JACOB, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592

## C1. List of Network Providers

### Specialty Care Physician

---

Effective as of 01-MAY-23

#### **HALL, JACOB, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 104  
TEMECULA, CA 92592

Effective as of 01-JAN-21

#### **HOSSEIN ZADEH MALEKI, ANA, MD**

Provider ID: N/A

44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-FEB-24

#### **HUOTT, PATRICK, MD**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 104  
TEMECULA, CA 92592

Effective as of 01-FEB-24

#### **HUOTT, PATRICK, MD**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 104  
TEMECULA, CA 92592

Effective as of 01-FEB-24

#### **MAREK, MAKSYM, MD**

Provider ID: N/A

44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-DEC-23

#### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A

44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-JUL-23

#### **PHAM, ALISE, DO**

Provider ID: N/A

44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-DEC-23

#### **SAHAGIAN, GREGORY, MD**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 104  
TEMECULA, CA 92592

Effective as of 01-MAY-23

#### **SILVER, BRENT, MD†**

Provider ID: N/A

44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-NOV-22

#### **SORIA LOPEZ, JOSE, MD†**

Provider ID: N/A

44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-MAR-21

#### **TALANKI, VARUN, MD**

Provider ID: N/A

31565 RANCHO PUEBLO  
RD STE 205  
TEMECULA, CA 92592

Effective as of 01-DEC-22

#### **WU, MELANIE, DO†**

Provider ID: N/A

44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-JAN-20

#### **NEUROLOGY CHILD**

#### **OLENSKI, KLARI, DO†**

Provider ID: N/A

44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-MAR-22

#### **OBSTETRICS / GYNECOLOGY**

#### **ELFELT, TIMOTHY, MD†**

Provider ID: N/A

28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590

Effective as of 01-AUG-19

#### **GOMEZ, GUILLERMO, MD†**

Provider ID: N/A

27625 JEFFERSON AVE STE  
101  
TEMECULA, CA 92590

Effective as of 01-JUL-21

#### **GOMEZ, GUILLERMO, MD†**

Provider ID: N/A

27625 JEFFERSON AVE STE  
101  
TEMECULA, CA 92590

Effective as of 01-JUL-21

#### **NEAL, JAMES, MD†**

Provider ID: N/A

31170 TEMECULA PKWY  
STE 201  
TEMECULA, CA 92592

Effective as of 01-JUL-23

#### **RIZVI, SYED, MD†**

Provider ID: N/A

31493 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592

Effective as of 01-MAR-22

#### **OPHTHALMOLOGY**

## C1. List of Network Providers

### Specialty Care Physician

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#### **BAKHTIARY, PEJMAN, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-SEP-21

#### **BAKHTIARY, PEJMAN, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-SEP-21

#### **BEKENDAM, PETER, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

#### **BEKENDAM, PAMELA, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

#### **BEKENDAM, PETER, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-JUL-23

#### **BEKENDAM, PETER, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

#### **BEKENDAM, PAMELA, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

#### **BIRO, NICOLAS, MD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-JUN-23

#### **BIRO, NICOLAS, MD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-JUN-23

#### **BURNS, RICHARD, MD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-JUL-23

#### **BURNS, RICHARD, MD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-NOV-08

#### **BURNS, RICHARD, MD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-SEP-09

#### **CHING, ANDREA SHERYL, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-AUG-20

#### **CHOW, JASON, MD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

#### **ISSA, REDA, MD†**

Provider ID: N/A

41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590  
Effective as of 01-DEC-21

#### **JACOBSON, ARTHUR, MD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-JUL-23

#### **JACOBSON, ARTHUR, MD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-SEP-09

#### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

31950 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

#### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590  
Effective as of 01-FEB-24

#### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

**C1. List of Network Providers**  
**Specialty Care Physician**

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41900 WINCHESTER RD  
 STE 201  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-24

**LAZZARINI, THOMAS, MD**  
 Provider ID: N/A

41900 WINCHESTER RD  
 STE 201  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-24

**LAZZARINI, THOMAS, MD**  
 Provider ID: N/A

41900 WINCHESTER RD  
 STE 201  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-24

**LEE, JOHN, MD†**  
 Provider ID: N/A

41637 MARGARITA RD STE  
 100  
 TEMECULA, CA 92591  
 Effective as of 01-JUL-23

**LIN, THEODORE, MD†**  
 Provider ID: N/A

41900 WINCHESTER RD  
 STE 201  
 TEMECULA, CA 92590  
 Effective as of 01-SEP-17

**LIN, THEODORE, MD†**  
 Provider ID: N/A

41900 WINCHESTER RD  
 STE 201  
 TEMECULA, CA 92590  
 Effective as of 01-APR-24

**LIN, THEODORE, MD†**  
 Provider ID: N/A

41900 WINCHESTER RD  
 STE 201  
 TEMECULA, CA 92590

Effective as of 01-APR-24

**SATTERFIELD, KELLIE, MD**  
 Provider ID: N/A

41877 ENTERPRISE CIR N  
 STE 110  
 TEMECULA, CA 92590  
 Effective as of 01-DEC-23

**SAVAR, AARON, MD†**  
 Provider ID: N/A

41877 ENTERPRISE CIR N  
 STE 110  
 TEMECULA, CA 92590  
 Effective as of 01-AUG-20

**SAVAR, LOUIS, MD†**  
 Provider ID: N/A

41877 ENTERPRISE CIR N  
 STE 110  
 TEMECULA, CA 92590  
 Effective as of 01-AUG-20

**SAVAR, LOUIS, MD†**  
 Provider ID: N/A

41877 ENTERPRISE CIR N  
 STE 110  
 TEMECULA, CA 92590  
 Effective as of 01-NOV-20

**SAVAR, AARON, MD†**  
 Provider ID: N/A

41877 ENTERPRISE CIR N  
 STE 110  
 TEMECULA, CA 92590  
 Effective as of 01-NOV-20

**SHEILS, CATHERINE, MD**  
 Provider ID: N/A

41877 ENTERPRISE CIR N  
 STE 110  
 TEMECULA, CA 92590  
 Effective as of 01-JAN-24

**SHELTON, RAYMOND, MD**

Provider ID: N/A

41637 MARGARITA RD STE  
 100  
 TEMECULA, CA 92591  
 Effective as of 01-MAY-23

**SMITH, WILLIAM, MD†**  
 Provider ID: N/A

41877 ENTERPRISE CIR N  
 STE 110  
 TEMECULA, CA 92590  
 Effective as of 01-NOV-20

**SONI, NISHANT, MD†**  
 Provider ID: N/A

41877 ENTERPRISE CIR N  
 STE 110  
 TEMECULA, CA 92590  
 Effective as of 01-NOV-20

**SONI, NISHANT, MD†**  
 Provider ID: N/A

41877 ENTERPRISE CIR N  
 STE 110  
 TEMECULA, CA 92590  
 Effective as of 01-AUG-20

**SONI, NISHANT, MD†**  
 Provider ID: N/A

41877 ENTERPRISE CIR N  
 STE 110  
 TEMECULA, CA 92590  
 Effective as of 01-AUG-23

**SORENSEN, ROBERT, MD†**  
 Provider ID: N/A

31950 US HWY 79 S B7  
 TEMECULA, CA 92592  
 Effective as of 01-JUL-23

**WARNER, MICHAEL, MD†**  
 Provider ID: N/A

41637 MARGARITA RD STE  
 100  
 TEMECULA, CA 92591



## CI. List of Network Providers

### Specialty Care Physician

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Teleservice

Effective as of 01-JUL-23

#### **YUNG, EDWARD, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-NOV-20

#### **YUNG, EDWARD, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-AUG-20

#### **ZHOU, SIWEI, MD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592

Effective as of 01-JUL-23

### ***OPTOMETRIST***

#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592

Effective as of 01-JUL-23

#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592

Effective as of 01-DEC-23

#### **AZIZ AWAD AWADALLA, MARINAEMAD, OD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110

TEMECULA, CA 92590

Effective as of 01-FEB-22

#### **AZIZ AWAD AWADALLA, MARINAEMAD, OD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-JUN-23

#### **AZIZ AWAD AWADALLA, MARINAEMAD, OD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-FEB-22

#### **BARR, AUSTIN, OD**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

Effective as of 01-MAR-23

#### **BARR, AUSTIN, OD**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

Effective as of 01-NOV-22

#### **BARR, AUSTIN, OD**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

Effective as of 01-NOV-22

#### **BARR, AUSTIN, OD**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

Effective as of 01-NOV-22

#### **COLEMAN, BROOKE, OD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592

Effective as of 01-FEB-22

#### **COOPER, MICHAEL, OD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592

Effective as of 01-SEP-22

#### **FARAMARZI, FARNAZ, OD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-DEC-23

#### **FARAMARZI, FARNAZ, OD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-JUL-23

#### **FARAMARZI, FARNAZ, OD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-JUL-23

#### **FARAMARZI, FARNAZ, OD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-JUN-23

#### **LANE, KEVIN, OD†**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

Effective as of 01-JUL-23

#### **LANE, KEVIN, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

Effective as of 01-FEB-11

#### **LANE, KEVIN, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

Effective as of 01-SEP-09

#### **LARSON, BRETT, OD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592

Effective as of 01-AUG-20

#### **LARSON, BRETT, OD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592

Effective as of 01-FEB-22

#### **MC DIARMID, JOHN, OD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592

Effective as of 01-FEB-22

#### **MCINTYRE, DEBRA, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

TEMECULA, CA 92591

Effective as of 01-DEC-17

#### **MCINTYRE, DEBRA, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

Effective as of 01-DEC-17

#### **MCINTYRE, DEBRA, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

Effective as of 01-DEC-17

#### **MCINTYRE, DEBRA, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

Effective as of 01-JUL-23

#### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

Effective as of 01-JUL-23

#### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

Effective as of 01-JAN-22

### **OTOLARYNGOLOGY**

#### **GIAMMANCO, PIERRE, MD**

Provider ID: N/A

27455 TIERRA ALTA WAY  
STE A  
TEMECULA, CA 92590

Effective as of 01-SEP-22

#### **GIAMMANCO, PIERRE, MD**

Provider ID: N/A

27455 TIERRA ALTA WAY  
STE A  
TEMECULA, CA 92590

Effective as of 01-SEP-22

#### **TINT, DERRICK, MD†**

Provider ID: N/A

40285 WINCHESTER RD  
STE 104  
TEMECULA, CA 92591

Effective as of 01-AUG-21

### ***PHYSICAL MEDICINE / REHABILITATION***

#### **AILINANI, HARY, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590

Effective as of 01-MAY-21

#### **CHEN, HAMILTON, MD†**

Provider ID: N/A

27450 YNEZ RD STE 128  
TEMECULA, CA 92591

Effective as of 01-MAR-24

### ***PHYSICIANS ASSISTANT***

#### **ASHIER, SAURABH, PA†**

Provider ID: N/A

31573 RANCHO PUEBLO  
RD STE 210  
TEMECULA, CA 92592

Effective as of 01-AUG-22

#### **ASHIER, SAURABH, PA†**

Provider ID: N/A

31573 RANCHO PUEBLO  
RD STE 210

## C1. List of Network Providers

### Specialty Care Physician

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TEMECULA, CA 92592  
Effective as of 01-JUL-23

#### **ASHIER, SAURABH, PA†**

Provider ID: N/A

31573 RANCHO PUEBLO  
RD STE 210  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

#### **BAKER, ROBERT, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-MAR-24

#### **BAKER, ROBERT, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-MAR-24

#### **BAKER, ROBERT, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-MAR-24

#### **BAKER, ROBERT, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-MAR-24

#### **BAKER, ROBERT, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-MAR-24

#### **BASIN, NATALIE, PA**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 102  
TEMECULA, CA 92592

Teleservice

Effective as of 01-AUG-23

#### **CAGATAY, HARRIER, PA†**

Provider ID: N/A

27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

#### **FELIX, FRANCISCO, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-AUG-23

#### **FELIX, FRANCISCO, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-AUG-23

#### **LYNCH, GREGORY, PA†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

#### **LYNCH, GREGORY, PA†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

#### **LYNCH, GREGORY, PA†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

#### **MITCHELL, PAUL, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-JUN-18

#### **ROWAN, RYAN, PA†**

Provider ID: N/A

44054 MARGARITA RD STE  
1  
TEMECULA, CA 92592  
Effective as of 01-MAR-23

### ***PODIATRIST***

#### **NEGRON, RICARDO, DPM**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JUL-21

#### **NEGRON, RICARDO, DPM**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JUL-21

#### **NEGRON, RICARDO, DPM**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JUL-22

### ***PSYCHIATRY***

#### **ANDERSEN, CLAIRE, MD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-DEC-20

#### **ANDERSEN, CLAIRE, MD**

Provider ID: N/A

📄 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-DEC-20

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

📄 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-NOV-23

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

📄 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-AUG-22

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

📄 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-AUG-22

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

📄 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-NOV-23

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

📄 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-OCT-23

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

📄 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-AUG-22

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

📄 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-AUG-22

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

📄 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-OCT-23

#### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A

📄 44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-JUL-23

#### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A

📄 44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-JUL-23

#### **PERSAUD, PRIA, MD**

Provider ID: N/A

📄 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-AUG-20

#### **PERSAUD, PRIA, MD**

Provider ID: N/A

📄 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-AUG-20

#### **PHAM, ALISE, DO**

Provider ID: N/A

📄 44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-DEC-23

#### **PHAM, ALISE, DO**

Provider ID: N/A

📄 44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-DEC-23

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

📄 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-AUG-22

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

📄 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-SEP-23

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

📄 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-SEP-23

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

📄 29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591

**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-AUG-22

***PSYCHIATRY CHILD***

**ANDERSEN, CLAIRE, MD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
 TEMECULA, CA 92590

Effective as of 01-DEC-20

**ANDERSEN, CLAIRE, MD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
 TEMECULA, CA 92590

Effective as of 01-DEC-20

***PSYCHOLOGIST***

**THODE, LAURA, PSYD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
 TEMECULA, CA 92590

Effective as of 01-MAR-24

**THODE, LAURA, PSYD**

Provider ID: N/A

31720 TEMECULA PKWY  
 STE 200  
 TEMECULA, CA 92592

Effective as of 01-MAR-24

**THODE, LAURA, PSYD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
 TEMECULA, CA 92590

Effective as of 01-MAR-24

**THODE, LAURA, PSYD**

Provider ID: N/A

31720 TEMECULA PKWY  
 STE 200  
 TEMECULA, CA 92592

Effective as of 01-MAR-24

**WERNER, KRISTINE, PhD**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 201  
 TEMECULA, CA 92590

Effective as of 01-MAY-18

**WERNER, KRISTINE, PhD**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 201  
 TEMECULA, CA 92590

Effective as of 01-MAY-18

**WOODWORTH, JENNIFER,  
 PSYD**

Provider ID: N/A

43385 BUSINESS PARK DR  
 STE 110  
 TEMECULA, CA 92590

Effective as of 01-JAN-21

**WOODWORTH, JENNIFER,  
 PSYD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
 TEMECULA, CA 92590

Effective as of 01-JAN-21

**WOODWORTH, JENNIFER,  
 PSYD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
 TEMECULA, CA 92590

Effective as of 01-JAN-21

**WOODWORTH, JENNIFER,  
 PSYD**

Provider ID: N/A

43385 BUSINESS PARK DR  
 STE 110  
 TEMECULA, CA 92590

Effective as of 01-JAN-21

***PULMONARY DISEASES***

**CHUA, WILLY, MD**

Provider ID: N/A

44605 AVENIDA DE  
 MISSIONES STE 206  
 TEMECULA, CA 92592

Effective as of 01-APR-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 204  
 TEMECULA, CA 92590

Effective as of 01-APR-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 204  
 TEMECULA, CA 92590

Effective as of 01-APR-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 204  
 TEMECULA, CA 92590

Effective as of 01-JUL-22

**VEGA, RICARDO, MD†**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 204  
 TEMECULA, CA 92590

Effective as of 01-AUG-22

**VEGA, RICARDO, MD†**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 204  
 TEMECULA, CA 92590

Effective as of 01-AUG-22

**VEGA, RICARDO, MD†**

Provider ID: N/A

27699 JEFFERSON AVE STE

**C1. List of Network Providers**  
**Specialty Care Physician**

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204  
 TEMECULA, CA 92590  
 Effective as of 01-AUG-22

**REGISTERED PHYSICAL  
 THERAPIST**

**AGENA, CYAN, PT†**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 202  
 TEMECULA, CA 92590  
 Effective as of 01-NOV-21

**AGENA, CYAN, PT†**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 202  
 TEMECULA, CA 92590  
 Effective as of 01-NOV-21

**ATKINS, WILLIAM, PT**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 101  
 TEMECULA, CA 92592  
 Effective as of 01-JUN-23

**ATKINS, WILLIAM, PT**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 101  
 TEMECULA, CA 92592  
 Effective as of 01-JUN-23

**ATKINS, WILLIAM, PT**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 202  
 TEMECULA, CA 92590  
 Effective as of 01-JUN-23

**ATKINS, WILLIAM, PT**

Provider ID: N/A

27699 JEFFERSON AVE STE

202  
 TEMECULA, CA 92590  
 Effective as of 01-JUN-23

**BRYANS, BRIANNA, PT†**

Provider ID: N/A

29645 RANCHO  
 CALIFORNIA RD  
 TEMECULA, CA 92591  
 Effective as of 01-JAN-22

**BRYANS, BRIANNA, PT†**

Provider ID: N/A

29645 RANCHO  
 CALIFORNIA RD  
 TEMECULA, CA 92591  
 Effective as of 01-JAN-22

**BURRUEL, KAYLA, PT**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 202  
 TEMECULA, CA 92590  
 Effective as of 01-SEP-23

**BURRUEL, KAYLA, PT**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 202  
 TEMECULA, CA 92590  
 Effective as of 01-SEP-23

**BURRUEL, KAYLA, PT**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 101  
 TEMECULA, CA 92592  
 Effective as of 01-SEP-23

**BURRUEL, KAYLA, PT**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 101  
 TEMECULA, CA 92592  
 Effective as of 01-SEP-23

**ESTELLE, KIRA, PT**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 101  
 TEMECULA, CA 92592  
 Effective as of 01-MAY-23

**ESTELLE, KIRA, PT**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
 STE 101  
 TEMECULA, CA 92592  
 Effective as of 01-MAY-23

**ESTELLE, KIRA, PT**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 202  
 TEMECULA, CA 92590  
 Effective as of 01-MAY-23

**ESTELLE, KIRA, PT**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 202  
 TEMECULA, CA 92590  
 Effective as of 01-MAY-23

**HANSON, ADRIENNE, PT**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 202  
 TEMECULA, CA 92590  
 Effective as of 01-JUL-23

**HANSON, ADRIENNE, PT**

Provider ID: N/A

27699 JEFFERSON AVE STE  
 202  
 TEMECULA, CA 92590  
 Effective as of 01-JUL-23

**HANSON, ADRIENNE, PT**

Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-MAY-23	<b>ROLTSCH, IAN, PT</b> Provider ID: N/A	 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-JUN-21
<b>HANSON, ADRIENNE, PT</b> Provider ID: N/A	 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-MAY-23	<b>SIVA, ANDREW, PT†</b> Provider ID: N/A
 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-JUL-23	<b>ROLTSCH, IAN, PT</b> Provider ID: N/A	 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-JUN-21
<b>HORN, TREVOR, PT†</b> Provider ID: N/A	 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-MAY-23	<b>SIVA, ANDREW, PT†</b> Provider ID: N/A
 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-APR-20	<b>ROLTSCH, IAN, PT</b> Provider ID: N/A	 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-NOV-21
<b>HORN, TREVOR, PT†</b> Provider ID: N/A	 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-MAY-23	<b>SIVA, ANDREW, PT†</b> Provider ID: N/A
 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-APR-20	<b>SABIN, SCOTT, PT†</b> Provider ID: N/A	 29645 RANCHO CALIFORNIA RD STE 234 TEMECULA, CA 92591 Effective as of 01-NOV-21
<b>HORN, TREVOR, PT†</b> Provider ID: N/A	 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-FEB-19	<b>SIVA, ANDREW, PT†</b> Provider ID: N/A
 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-APR-20	<b>SABIN, SCOTT, PT†</b> Provider ID: N/A	 29645 RANCHO CALIFORNIA RD STE 234 TEMECULA, CA 92591 Effective as of 01-NOV-21
<b>HORN, TREVOR, PT†</b> Provider ID: N/A	 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-FEB-19	<b>SIVA, ANDREW, PT†</b> Provider ID: N/A
 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-APR-20	<b>SIVA, ANDREW, PT†</b> Provider ID: N/A	 29645 RANCHO CALIFORNIA RD STE 4 TEMECULA, CA 92591 Effective as of 01-JUN-21
<b>ROLTSCH, IAN, PT</b> Provider ID: N/A	 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-NOV-21	<b>SIVA, ANDREW, PT†</b> Provider ID: N/A
 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590	<b>SIVA, ANDREW, PT†</b>	 29645 RANCHO CALIFORNIA RD STE 4

## CI. List of Network Providers Specialty Care Physician

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TEMECULA, CA 92591  
Effective as of 01-JUN-21

### **VIZCARRA, DAVID, PT†**

Provider ID: N/A

📍 29645 RANCHO CALIFORNIA RD STE 234 TEMECULA, CA 92591  
Effective as of 01-JUN-20

### **VIZCARRA, DAVID, PT†**

Provider ID: N/A

📍 29645 RANCHO CALIFORNIA RD STE 234 TEMECULA, CA 92591  
Effective as of 01-JUN-20

### **VIZCARRA, DAVID, PT†**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592  
Effective as of 01-JUN-20

### **VIZCARRA, DAVID, PT†**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592  
Effective as of 01-JUN-20

## ***RHEUMATOLOGY***

### **AL HARASH, ABDALHAMID, MD†**

Provider ID: N/A

📍 31565 RANCHO PUEBLO RD STE 205 TEMECULA, CA 92592  
Effective as of 01-AUG-23

### **AL HARASH, ABDALHAMID, MD†**

Provider ID: N/A

📍 31565 RANCHO PUEBLO

RD STE 205 TEMECULA, CA 92592  
Effective as of 01-AUG-23

### **BRAVO, ARLENE, MD†**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD STE 203 TEMECULA, CA 92592  
Effective as of 01-APR-21

### **COLBURN, KEITH, MD†**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD STE 203 TEMECULA, CA 92592  
Effective as of 01-MAR-21

### **MEHTA, AMAL, MD†**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD STE 203 TEMECULA, CA 92592  
Effective as of 01-SEP-18

### **MEHTA, CHANDRAKANT, MD†**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD STE 203 TEMECULA, CA 92592  
Effective as of 01-SEP-18

### **MEHTA, AMAL, MD†**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD STE 203 TEMECULA, CA 92592  
Effective as of 01-JUL-23

### **MEHTA, CHANDRAKANT, MD†**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD STE 203 TEMECULA, CA 92592  
Effective as of 01-MAR-21

### **PHILLPOTTS, MARC, MD†**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD STE 203 TEMECULA, CA 92592  
Effective as of 01-JUL-21

### **RAMASWAMY, DHARMARAJAN, MD†**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD STE 203 TEMECULA, CA 92592  
Effective as of 01-SEP-18

### **TRIVEDI, JANKI, MD†**

Provider ID: N/A

📍 31515 RANCHO PUEBLO RD STE 203 TEMECULA, CA 92592  
Effective as of 01-SEP-18

## ***SPEECH PATHOLOGIST***

### **O'DORAN, KAYLA, SP**

Provider ID: N/A

📍 40764 WINCHESTER RD STE 590 TEMECULA, CA 92591  
Teleservice  
Effective as of 01-JUN-22

### **O'DORAN, KAYLA, SP**

Provider ID: N/A

📍 40764 WINCHESTER RD STE 590 TEMECULA, CA 92591  
Teleservice  
Effective as of 01-JUN-22

### **WIRTH, LAURA, SP**

Provider ID: N/A

📍 40764 WINCHESTER RD STE 590



## CI. List of Network Providers


### Specialty Care Physician

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TEMECULA, CA 92591  
Effective as of 01-JUN-22

#### **WIRTH, LAURA, SP**


Provider ID: N/A

 40764 WINCHESTER RD  
STE 590  
TEMECULA, CA 92591  
Effective as of 01-JUN-22

#### ***SURGERY COLON SURGERY***


#### **GORSKI, TITO, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22


#### **GORSKI, TITO, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-16

#### **GORSKI, TITO, MD†**


Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-15

#### ***SURGERY GENERAL***


#### **BARRERA, KAYLENE, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22


#### **BARRERA, KAYLENE, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22


#### **BARRERA, KAYLENE, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22


#### **BARRERA, KAYLENE, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22


#### **CORDERO, RAYMUND, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22


#### **CORDERO, RAYMUND, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-15


#### **CORDERO, RAYMUND, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-21

#### **CORDERO, RAYMUND, MD†**


Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-SEP-22


#### **DADA, STEPHEN, MD**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-23


#### **ESSIEN, FRANCIS, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22


#### **ESSIEN, FRANCIS, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22


#### **ESSIEN, FRANCIS, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-15


#### **ESSIEN, FRANCIS, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### **ESSIEN, FRANCIS, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-16

#### **ESSIEN, FRANCIS, MD†**

## C1. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-15

#### **GORSKI, YARA, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-16

#### **GORSKI, TITO, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-AUG-16

#### **GORSKI, TITO, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22

#### **GORSKI, YARA, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

#### **GORSKI, TITO, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

#### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202

TEMECULA, CA 92592

Effective as of 01-SEP-22

#### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22

#### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-17

#### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-AUG-16

#### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-16

#### **MAC, OLIVIA, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-22

#### **NAFIU, BOLAJI, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-19

#### **NAFIU, BOLAJI, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-20

#### **NAFIU, BOLAJI, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

#### **NOURI, SARVENAZ, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-NOV-22

#### **ROGHANI, REZA, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-MAR-23

#### **SHAPER, EMANUEL, MD**

Provider ID: N/A

31625 DE PORTOLA RD STE  
101

## C1. List of Network Providers

### Specialty Care Physician

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TEMECULA, CA 92592  
Effective as of 01-FEB-24

#### **TIU, BRIAN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202

TEMECULA, CA 92592  
Effective as of 01-SEP-22

#### **TIU, BRIAN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202

TEMECULA, CA 92592  
Effective as of 01-AUG-18

#### **VU, STEVE, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE  
305

TEMECULA, CA 92590  
Effective as of 01-APR-23

#### **VU, STEVE, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE  
305

TEMECULA, CA 92590  
Effective as of 01-APR-23

#### **VU, STEVE, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE  
305

TEMECULA, CA 92590  
Effective as of 01-APR-23

#### **VU, STEVE, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE  
305

TEMECULA, CA 92590  
Effective as of 01-APR-23

#### **WANG, NAN, MD†**

Provider ID: N/A

31573 RANCHO PUEBLO  
RD STE 210

TEMECULA, CA 92592  
Effective as of 01-AUG-22

#### **WANG, XIUJIE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202

TEMECULA, CA 92592  
Effective as of 01-DEC-21

#### **WANG, XIUJIE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202

TEMECULA, CA 92592  
Effective as of 01-SEP-19

#### **WANG, NAN, MD†**

Provider ID: N/A

31573 RANCHO PUEBLO  
RD STE 210

TEMECULA, CA 92592  
Effective as of 01-JUL-22

#### **WANG, XIUJIE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202

TEMECULA, CA 92592  
Effective as of 01-MAR-20

### ***SURGERY GENERAL VASCULAR***

#### **GORSKI, YARA, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202

TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### **GORSKI, YARA, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202

TEMECULA, CA 92592  
Effective as of 01-JUN-15

#### **GORSKI, YARA, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202

TEMECULA, CA 92592  
Effective as of 01-AUG-16

#### **GREWAL, PRABHJOT, MD†**

Provider ID: N/A

27290 MADISON AVE STE  
102

TEMECULA, CA 92590  
Effective as of 01-NOV-20

#### **GREWAL, PRABHJOT, MD†**

Provider ID: N/A

27290 MADISON AVE STE  
102

TEMECULA, CA 92590  
Effective as of 01-JUN-20

#### **KARMUR, AMIT, DO†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202

TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### **KARMUR, AMIT, DO†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202

TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### **NAFIU, BOLAJI, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO

## CI. List of Network Providers

### Specialty Care Physician

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RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### **NAFIU, BOLAJI, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-21

#### **TIU, BRIAN, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22

#### **TIU, BRIAN, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### **TIU, BRIAN, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### **WANG, XIUJIE, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

#### **WANG, XIUJIE, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

#### **WANG, XIUJIE, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

### ***SURGERY HAND***

#### **KIM, KEVIN, DO**

Provider ID: N/A  
28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **KIM, KEVIN, DO**

Provider ID: N/A  
28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **KIM, KEVIN, DO**

Provider ID: N/A  
28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **KIM, KEVIN, DO**

Provider ID: N/A  
28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **MONEYHON, MICHAEL, MD**

Provider ID: N/A  
28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **MONEYHON, MICHAEL, MD**

Provider ID: N/A  
28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **MONEYHON, MICHAEL, MD**

Provider ID: N/A  
28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **MONEYHON, MICHAEL, MD**

Provider ID: N/A  
28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **TRAN, TUAN, MD**

Provider ID: N/A  
28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-APR-23

#### **TRAN, TUAN, MD**

Provider ID: N/A  
28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-APR-23

#### **TRAN, TUAN, MD**

Provider ID: N/A  
28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-APR-23

#### **TRAN, TUAN, MD**

Provider ID: N/A  
28780 SINGLE OAK DR STE  
270

**C1. List of Network Providers**  
**Specialty Care Physician**

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TEMECULA, CA 92590  
 Effective as of 01-FEB-23

***SURGERY ORTHOPEDIC***

**ABITBOL, JEAN JACQUES, MD†**

Provider ID: N/A

28975 OLD TOWN FRONT  
 ST STE 200  
 TEMECULA, CA 92590  
 Effective as of 01-JUN-22

**AMERI, BIJAN, DO**

Provider ID: N/A

28780 SINGLE OAK DR STE  
 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**AMERI, BIJAN, DO**

Provider ID: N/A

28780 SINGLE OAK DR STE  
 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**AMERI, BIJAN, DO**

Provider ID: N/A

28780 SINGLE OAK DR STE  
 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**BIAMA, RICHARD, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**BIAMA, RICHARD, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
 270  
 TEMECULA, CA 92590

Effective as of 01-FEB-23

**BIAMA, RICHARD, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**BIAMA, RICHARD, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**ELLIS, JOHN, MD†**

Provider ID: N/A

40949 WINCHESTER RD  
 TEMECULA, CA 92591  
 Effective as of 01-SEP-22

**ELLIS, JOHN, MD†**

Provider ID: N/A

40949 WINCHESTER RD  
 TEMECULA, CA 92591  
 Effective as of 01-JUN-21

**ELLIS, JOHN, MD†**

Provider ID: N/A

40949 WINCHESTER RD  
 TEMECULA, CA 92591  
 Effective as of 01-JUL-23

**FOSTER, ANDREW DAVID, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**FOSTER, ANDREW DAVID, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
 270

TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**FOSTER, ANDREW DAVID, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**FOSTER, ANDREW DAVID, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**FRENCH, MICHAEL, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
 TEMECULA, CA 92591  
 Effective as of 01-DEC-22

**FRENCH, MICHAEL, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
 TEMECULA, CA 92591  
 Effective as of 01-JUL-23

**FRENCH, MICHAEL, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
 TEMECULA, CA 92591  
 Effective as of 01-OCT-22

**FRENCH, MICHAEL, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
 TEMECULA, CA 92591  
 Effective as of 01-JUL-21

**KELLEY, STEVEN, MD**

Provider ID: N/A

40949 WINCHESTER RD  
 TEMECULA, CA 92591

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JUL-23

#### **KELLEY, STEVEN, MD**

Provider ID: N/A

📄 40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-JUN-21

#### **KELLEY, STEVEN, MD**

Provider ID: N/A

📄 40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-DEC-22

#### **KELLEY, STEVEN, MD**

Provider ID: N/A

📄 40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-DEC-22

#### **LE, VU, MD**

Provider ID: N/A

📄 28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-FEB-23

#### **LE, VU, MD**

Provider ID: N/A

📄 28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-FEB-23

#### **LE, VU, MD**

Provider ID: N/A

📄 28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-FEB-23

#### **LE, VU, MD**

Provider ID: N/A

📄 28780 SINGLE OAK DR STE  
270

TEMECULA, CA 92590

Effective as of 01-FEB-23

#### **LIN, RICHARD, DO†**

Provider ID: N/A

📄 40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-DEC-22

#### **LIN, RICHARD, DO†**

Provider ID: N/A

📄 40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-DEC-22

#### **LUNA, MARIO, MD†**

Provider ID: N/A

📄 28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590\*

Effective as of 01-JUL-20

#### **LUNA, MARIO, MD†**

Provider ID: N/A

📄 28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-JUL-16

#### **MARGER, MICHAEL, MD†**

Provider ID: N/A

📄 27455 TIERRA ALTA WAY  
STE A  
TEMECULA, CA 92590

Effective as of 01-SEP-22

#### **MARGER, MICHAEL, MD†**

Provider ID: N/A

📄 27455 TIERRA ALTA WAY  
STE A  
TEMECULA, CA 92590

Effective as of 01-SEP-22

#### **MARGER, MICHAEL, MD†**

Provider ID: N/A

📄 27455 TIERRA ALTA WAY  
STE A

TEMECULA, CA 92590

Effective as of 01-SEP-22

#### **RICHTER, ALEXANDER, MD**

Provider ID: N/A

📄 28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-FEB-23

#### **RICHTER, ALEXANDER, MD**

Provider ID: N/A

📄 28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-FEB-23

#### **RICHTER, ALEXANDER, MD**

Provider ID: N/A

📄 28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-FEB-23

#### **RICHTER, ALEXANDER, MD**

Provider ID: N/A

📄 28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-FEB-23

#### **ROBINSON, MATTHEW, DO†**

Provider ID: N/A

📄 40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-JUN-21

#### **ROBINSON, MATTHEW, DO†**

Provider ID: N/A

📄 40949 WINCHESTER RD  
TEMECULA, CA 92591\*

Effective as of 01-JUL-23

## CI. List of Network Providers

### Specialty Care Physician

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#### **ROBINSON, MATTHEW, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-JUL-22

#### **ROBINSON, MATTHEW, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-JUL-22

#### **ROGHANI, REZA, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591\*  
Effective as of 01-JUN-23

#### **ROGHANI, REZA, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591\*  
Effective as of 01-JUN-23

#### **ROGHANI, REZA, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591\*  
Effective as of 01-JUN-23

#### **ROGHANI, REZA, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-MAR-23

#### **ROGHANI, REZA, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-MAR-23

#### **ROSENBERG, GARY, DO**

Provider ID: N/A

28780 SINGLE OAK DR STE

270

TEMECULA, CA 92590

Effective as of 01-FEB-23

#### **ROSENBERG, GARY, DO**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **ROSENBERG, GARY, DO**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **ROSENBERG, GARY, DO**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **ROWSHAN, KASRA, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **ROWSHAN, KASRA, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **ROWSHAN, KASRA, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **ROWSHAN, KASRA, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **SCHULTZEL, MARK, MD†**

Provider ID: N/A

31170 TEMECULA PKWY  
STE 100  
TEMECULA, CA 92592  
Teleservice  
Effective as of 01-OCT-22

#### **THOLCKE, LOREN, DO**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-AUG-23

#### **THOLCKE, LOREN, DO**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-JAN-24

#### **THOLCKE, LOREN, DO**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-JAN-24

#### **UPPAL, GURVINDER, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **UPPAL, GURVINDER, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270

## C1. List of Network Providers

### Specialty Care Physician

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TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### **UPPAL, GURVINDER, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

#### ***SURGERY PLASTIC***

#### **CHAO, JAMES, MD†**

Provider ID: N/A

27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-APR-20

#### **MUDGE, BRADLEY, MD†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Teleservice  
Effective as of 01-NOV-19

#### **MUDGE, BRADLEY, MD†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Teleservice  
Effective as of 01-OCT-19

#### **URIAS, DANIEL, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE  
305  
TEMECULA, CA 92590  
Effective as of 01-APR-24

#### **VU, STEVE, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE

305  
TEMECULA, CA 92590  
Effective as of 01-JUN-23

#### **VU, STEVE, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE  
305  
TEMECULA, CA 92590  
Effective as of 01-JUN-23

#### ***SURGERY THORACIC***

#### **BANSAL, NEERAJ, MD**

Provider ID: N/A

31573 RANCHO PUEBLO  
RD STE 210  
TEMECULA, CA 92592  
Effective as of 01-APR-23

#### **BANSAL, NEERAJ, MD**

Provider ID: N/A

31573 RANCHO PUEBLO  
RD STE 210  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

#### **RASI, ALFREDO, MD†**

Provider ID: N/A

31573 RANCHO PUEBLO  
RD STE 210  
TEMECULA, CA 92592  
Effective as of 01-NOV-20

#### ***UROLOGY***

#### **CONNER, RICHARD, MD†**

Provider ID: N/A

31565 RANCHO PUEBLO  
RD STE 102B  
TEMECULA, CA 92592  
Effective as of 01-MAY-20

#### **CRISELL, MONISHA, MD†**

Provider ID: N/A

31565 RANCHO PUEBLO  
RD STE 102B  
TEMECULA, CA 92592  
Effective as of 01-MAY-20

#### **LUTTGE, SCOTT, MD**

Provider ID: N/A

31565 RANCHO PUEBLO  
RD STE 205  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

#### **TALANKI, VARUN, MD**

Provider ID: N/A

31565 RANCHO PUEBLO  
RD STE 102B  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### **TALANKI, VARUN, MD**

Provider ID: N/A

31565 RANCHO PUEBLO  
RD STE 102B  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

#### ***FAMILY PRACTICE***

#### **RAY, ANNE, MD**

Provider ID: N/A

31951 DOVE CANYON DR  
TRABUCO CANYON, CA  
92679  
Effective as of 01-DEC-23

#### ***CERTIFIED REGISTERED NURSE MIDWIFE***

#### **ALLEN, ANNE, CRNM†**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
Effective as of 01-JUL-22

#### **ONEILL, THERESE, CRNM**



## C1. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
Effective as of 01-NOV-23

#### ***FAMILY PRACTICE***

##### **CASTANER, ZALYA, MD†**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*

Teleservice

Effective as of 01-FEB-24

##### **MCHENRY, KATHRYN, DO**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*

Effective as of 01-FEB-24

##### **PATEL, JITENBHAI, MD**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*

Effective as of 01-FEB-24

##### **PATEL, RAKESH, MD**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*

Effective as of 01-FEB-24

##### **SCHULTZ, JAMES, MD**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*

Effective as of 01-FEB-24

#### ***PHYSICIANS ASSISTANT***

##### **AGUEY, OMAR, PA†**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
Effective as of 01-DEC-20

##### **AGUEY, OMAR, PA†**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*

Effective as of 01-FEB-24

##### **WICKWARE, TRACY, PA**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
Effective as of 01-MAY-23

#### ***ALLERGY IMMUNOLOGY***

##### **VOLPP, HEATHER, MD†**

Provider ID: N/A

2067 W VISTA WAY  
VISTA, CA 92083  
Effective as of 01-MAR-14

##### **VOLPP, HEATHER, MD†**

Provider ID: N/A

2067 W VISTA WAY  
VISTA, CA 92083  
Effective as of 01-JAN-24

##### **ZIERING, ROBERT, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 140  
VISTA, CA 92083  
Effective as of 01-JUL-01

##### **ZIERING, ROBERT, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 140  
VISTA, CA 92083  
Effective as of 01-AUG-20

##### **ZIERING, ROBERT, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 140  
VISTA, CA 92083  
Effective as of 01-SEP-21

##### **ZIERING, ROBERT, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 140  
VISTA, CA 92083  
Effective as of 01-SEP-22

#### ***CARDIAC***

#### ***ELECTROPHYSIOLOGY***

##### **BUI, HANH, MD**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081

Teleservice

Effective as of 01-MAY-23

#### ***CARDIOVASCULAR***

#### ***DISEASE***

##### **BUI, HANH, MD**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081

Teleservice

Effective as of 01-MAY-23

##### **DO, HULBERT, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

##### **DO, HULBERT, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-JUL-22

#### **MOUSSAVIAN, MEHRAN, DO†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

#### **MOUSSAVIAN, MEHRAN, DO†**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-OCT-21

#### **PARIKH, MILIND, DO†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

#### **PARKS, MONICA, MD**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081

Teleservice

Effective as of 01-JAN-24

### ***CERTIFIED***

### ***ACUPUNCTURIST***

#### **SCARLETT, YVONNE, LAC**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

#### **SONG, CAROL, LAC**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

### ***CERTIFIED NURSE***

### ***PRACTITIONER***

#### **ALVAREZ, LISA, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-OCT-21

#### **ALVAREZ, LISA, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

#### **AYELE, MAHOGANY, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

#### **BAEK, KILHYO, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-FEB-24

#### **BAEK, KILHYO, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-FEB-24

#### **BAEZ, ELIZABETH, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

#### **BATES, TYLER, NP**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084

Effective as of 01-MAR-23

#### **BJORNSON, MICHELE, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

#### **BRAAMSE, CHLOE, NP**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084

Teleservice

Effective as of 01-JUN-23

#### **CARDINELL, ANNA, NP†**

Provider ID: N/A

910 SYCAMORE AVE STE  
270  
VISTA, CA 92081

Effective as of 01-AUG-22

#### **CHAMBERLIN, KALIANA, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-21

#### **CHATHAM, OLIVIA, NP†**

Provider ID: N/A

950 CIVIC CENTER DR STE  
A  
VISTA, CA 92083

Teleservice

Effective as of 01-NOV-22

#### **CHATHAM, OLIVIA, NP†**

Provider ID: N/A

950 CIVIC CENTER DR STE  
A  
VISTA, CA 92083

Teleservice

Effective as of 01-MAY-21

#### **CHILAKA, SAMUEL, NP**

Provider ID: N/A

134 GRAPEVINE RD

## C1. List of Network Providers

### Specialty Care Physician

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VISTA, CA 92083  
Effective as of 01-JAN-24

#### **CHILAKA, SAMUEL, NP**

Provider ID: N/A  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **CHRISTY, TYLER, NPF**

Provider ID: N/A  
517 N HORNE ST  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **CHRISTY, TYLER, NPF**

Provider ID: N/A  
105 DURIAN ST STE A  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **CHRISTY, TYLER, NPF**

Provider ID: N/A  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **CHRISTY, TYLER, NPF**

Provider ID: N/A  
134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **CLARK, CYNTHIA, NP†**

Provider ID: N/A  
134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-21

#### **CORY, ALLISON, NP**

Provider ID: N/A  
134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-21

#### **CORY, ALLISON, NP**

Provider ID: N/A  
105 DURIAN ST STE B  
VISTA, CA 92083  
Effective as of 01-FEB-24

#### **CORY, ALLISON, NP**

Provider ID: N/A  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **CROTTEAU, ALEX, NP**

Provider ID: N/A  
204 S SANTA FE AVE  
VISTA, CA 92084  
Effective as of 01-MAY-21

#### **DEKKERS-O'HARE, INGRID, NP†**

Provider ID: N/A  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-21

#### **DO, JACKIE, NP**

Provider ID: N/A  
134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **EKLUND, BONNIE, NP†**

Provider ID: N/A  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **EKLUND, BONNIE, NP†**

Provider ID: N/A  
134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **HALGEDAHL, YI, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **HALGEDAHL, YI, NP**

Provider ID: N/A  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-21

#### **HOWELL, AMANDA, NP**

Provider ID: N/A  
105 DURIAN ST STE A  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **HOWELL, AMANDA, NP**

Provider ID: N/A  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **HOWELL, AMANDA, NP**

Provider ID: N/A  
134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **JONES, STACY, NP**

Provider ID: N/A  
204 S SANTA FE AVE  
VISTA, CA 92084  
Effective as of 01-MAY-21

#### **KAYE, ALYSON, NP**

Provider ID: N/A  
105 DURIAN ST  
VISTA, CA 92083  
Effective as of 01-FEB-24

#### **KAYE, ALYSON, NP**

Provider ID: N/A  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-OCT-21

## C1. List of Network Providers

### Specialty Care Physician

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#### **KAYE, ALYSON, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-APR-24

#### **KELLEHER, BRIDGET, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-APR-24

#### **KELLEHER, BRIDGET, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-APR-24

#### **KELLEHER, BRIDGET, NP**

Provider ID: N/A

105 DURIAN ST STE B  
VISTA, CA 92083

Effective as of 01-FEB-24

#### **KESSLER, JENNIFER, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-DEC-23

#### **KORMANIK, PATRICIA, NP†**

Provider ID: N/A

910 SYCAMORE AVE STE  
102  
VISTA, CA 92081

Effective as of 01-JUL-21

#### **MERRITT, MARISA, NP**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084

Teleservice

Effective as of 01-AUG-22

#### **NAVA, PETER, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

#### **NAVA, PETER, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

#### **NICHOLAS, ESTELA, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-21

#### **PATEMAN, CAROLYN, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-21

#### **PATEMAN, CAROLYN, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

#### **PRITZKER, JOELY, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-FEB-24

#### **PRITZKER, JOELY, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-21

#### **ROSS, BRIDGET, NPF**

Provider ID: N/A

204 S SANTA FE AVE

VISTA, CA 92084

Teleservice

Effective as of 01-DEC-21

#### **SCHAEPE, RHODORA, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-MAR-24

#### **SERRATO, ANTHONY, NP**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081

Effective as of 01-MAY-23

#### **SHAHBAZ, LINNAE, NPF**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-MAR-24

#### **SRILASAK, MICHELE, NP†**

Provider ID: N/A

910 SYCAMORE AVE STE  
102  
VISTA, CA 92081

Effective as of 01-JUL-21

#### **TABARANZA, PHOEBE, NPF**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084

Teleservice

Effective as of 01-OCT-22

#### **WAGNER, TASIA, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-APR-24


#### **WAGNER, TASIA, NP**

Provider ID: N/A

## C1. List of Network Providers


### Specialty Care Physician

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 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-APR-24


#### **WAGNER, TASIA, NP**

Provider ID: N/A

 105 DURIAN ST  
VISTA, CA 92083  
Effective as of 01-FEB-24


#### **WILLIAMS, JINA, NP**

Provider ID: N/A

 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-SEP-22


#### **WINDHAM, SUZONNE, NP**

Provider ID: N/A

 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24


#### **WINDHAM, SUZONNE, NP**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24


#### **YCASAS, EMILY, NP**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24


#### **YCASAS, EMILY, NP**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-MAY-23

#### **YOUNG, JENNIFER, NPF**


Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-OCT-21

### ***CERTIFIED REGISTERED NURSE MIDWIFE***


#### **GUIDI, CASEY, CRNM**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUN-23


#### **ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **ZAMORA-FLYR, MARIA, CRNM**


Provider ID: N/A

 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

### ***CHIROPRACTOR***


#### **CORTEZ, JAIME, DC†**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22


#### **CORTEZ, JAIME, DC†**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-OCT-21

#### **JU, NATHANIEL, DC†**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-OCT-21

#### **JU, NATHANIEL, DC†**


Provider ID: N/A

 1000 VALE TERRACE DR

VISTA, CA 92084  
Effective as of 01-JAN-24


#### **JU, NATHANIEL, DC†**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22


#### **JU, NATHANIEL, DC†**

Provider ID: N/A

 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24


#### **JU, NATHANIEL, DC†**

Provider ID: N/A

 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JUL-22

#### **OLSON, ROBERT, DC**


Provider ID: N/A

 906 SYCAMORE AVE STE  
210  
VISTA, CA 92081  
Effective as of 01-SEP-21

### ***DERMATOLOGY***


#### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

 1934 VIA CTR STE B  
VISTA, CA 92081  
Effective as of 01-JAN-24

#### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

 1934 VIA CTR STE B  
VISTA, CA 92081  
Effective as of 01-JAN-24

#### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

 1934 VIA CTR STE B

## C1. List of Network Providers

### Specialty Care Physician

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VISTA, CA 92081  
Effective as of 01-JAN-24

#### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

1934 VIA CTR STE B  
VISTA, CA 92081  
Effective as of 01-JAN-24

#### **HENDERSON, GREGORY, MD†**

Provider ID: N/A

1934 VIA CTR STE B  
VISTA, CA 92081  
Effective as of 01-SEP-21

#### **HENDERSON, GREGORY, MD†**

Provider ID: N/A

2395 S MELROSE DR  
VISTA, CA 92081  
Effective as of 01-SEP-21

#### **STEIN, ALEXANDER, MD**

Provider ID: N/A

2067 W VISTA WAY  
VISTA, CA 92083  
Effective as of 01-JUL-23

### ***EMERGENCY MEDICINE***

#### **ZIMMERMAN, DAVID, MD**

Provider ID: N/A

145 THUNDER DR  
VISTA, CA 92083\*  
Effective as of 01-MAY-24

### ***FAMILY PRACTICE***

#### **DONNELL, MARTI, MD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083\*  
Effective as of 01-NOV-23

#### **DONNELL, MARTI, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*  
Effective as of 01-NOV-23

#### **HIKES, RYAN, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-AUG-22

#### **MARTINEZ, LESLY, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*  
Effective as of 01-APR-23

#### **MARTINEZ, LESLY, MD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083\*  
Effective as of 01-APR-23

#### **PUDOL, CHRISTOPHER, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*  
Teleservice  
Effective as of 01-MAR-24

#### **PUDOL, CHRISTOPHER, DO**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083\*  
Teleservice  
Effective as of 01-MAR-24

#### **TRAN, DAO, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-MAY-23

#### **TRAN, DAO, DO**

Provider ID: N/A

134 GRAPEVINE RD

VISTA, CA 92083  
Effective as of 01-MAY-23

#### **VIDAL, MONICA, DO†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*  
Effective as of 01-AUG-22

#### **VIDAL, MONICA, DO†**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083\*  
Effective as of 01-AUG-22

### ***GENERAL PRACTICE***

#### **TANUS, DEBORAH, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-NOV-23

#### **WALKER, BRADLEY, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*  
Effective as of 01-MAY-23

### ***GYNECOLOGIC ONCOLOGY***

#### **ESKANDER, RAMEZ, MD†**

Provider ID: N/A

910 SYCAMORE AVE STE  
102  
VISTA, CA 92081  
Effective as of 01-JUL-21

### ***HEMATOLOGY / ONCOLOGY***

#### **ANDREY, JEFFREY, MD†**

Provider ID: N/A

## CI. List of Network Providers

### Specialty Care Physician

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2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-SEP-22

**ANDREY, JEFFREY, MD†**  
Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083\*  
Effective as of 01-APR-23

**BASERI, BABAK, MD†**  
Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083\*  
Effective as of 01-APR-23

**BASERI, BABAK, MD**  
Provider ID: N/A

1250 SUNSET DR STE 101  
VISTA, CA 92081  
Effective as of 01-APR-24

**BASERI, BABAK, MD†**  
Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-JUL-22

**MARJON, PHILIP, MD†**  
Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083\*  
Effective as of 01-APR-23

**MARJON, PHILIP, MD†**  
Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-JUL-22

**PARSI, HOOMAN, MD**  
Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-JUL-23

**SARWARI, NAWID, MD**  
Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-JUL-23

**SAUNDERS, PHILLIP, DO†**  
Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083\*  
Effective as of 01-APR-23

**SAUNDERS, PHILLIP, DO†**  
Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-NOV-22

**SCHWERKOSKE, JOHN, MD†**  
Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-SEP-22

**SCHWERKOSKE, JOHN, MD†**  
Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-JUL-23

**SUBRAMANIAN, RUPA, MD†**  
Provider ID: N/A

910 SYCAMORE AVE STE  
102  
VISTA, CA 92081  
Effective as of 01-AUG-20

### **HOSPICE AND PALLIATIVE MEDICINE**

**RUBENSIK, TAMARA, MD†**  
Provider ID: N/A

910 SYCAMORE AVE STE  
102

VISTA, CA 92081  
Effective as of 01-JUL-21

### **HOSPITALIST MD/DO**

**LOPEZ, SANDRA, MD†**  
Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

### **INTERNAL MEDICINE**

**BAUTISTA, JENNIFER, MD**  
Provider ID: N/A

2067 W VISTA WAY STE 160  
VISTA, CA 92083  
Effective as of 01-FEB-23

### **INTERVENTIONAL CARDIOLOGY**

**BUI, HANH, MD**  
Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081  
Teleservice  
Effective as of 01-JAN-24

**DO, HULBERT, MD†**  
Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**KABRA, ASHISH, MD**  
Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081  
Effective as of 01-JAN-24

**MOUSSAVIAN, MEHRAN, DO†**  
Provider ID: N/A

## C1. List of Network Providers

### Specialty Care Physician

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1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22

**MOUSSAVIAN, MEHRAN, DO†**  
Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**PARIKH, MILIND, DO†**  
Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22

**PARKS, MONICA, MD**  
Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081  
Teleservice  
Effective as of 01-OCT-23

### **LICENSED CLINICAL SOCIAL WORKER**

**ACOSTA, AZUCENA, LCSW**  
Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**ACOSTA, AZUCENA, LCSW**  
Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Teleservice  
Effective as of 01-JAN-24

**CRUZ, VANESSA, LCSW**  
Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-21

**CRUZ, VANESSA, LCSW**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUN-23

**CRUZ, VANESSA, LCSW**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-21

**DOUGHERTY, CHRISTINE,  
LCSW**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-FEB-24

**DOUGHERTY, CHRISTINE,  
LCSW**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**DOUGHERTY, CHRISTINE,  
LCSW**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

**GODINEZ, BRENDA, LCSW**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

**GODINEZ, BRENDA, LCSW**

Provider ID: N/A

1000 VALE TERRACE DR

VISTA, CA 92084  
Effective as of 01-JAN-24

**MENDEZ, ADRIANA, LCSW**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**MENDEZ, ADRIANA, LCSW**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

**NEVILLE, MARGARET, LCSW**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Teleservice  
Effective as of 01-JAN-24

**NEVILLE, MARGARET, LCSW**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Teleservice  
Effective as of 01-JUN-23

**NEVILLE, MARGARET, LCSW**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Teleservice  
Effective as of 01-JAN-24

**SANCHEZ, ADRIANA, LCSW**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**SANCHEZ, ADRIANA, LCSW**


Provider ID: N/A



## C1. List of Network Providers


### Specialty Care Physician

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 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24


**SMITH, SONYA, LCSW**

Provider ID: N/A

 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24


**SMITH, SONYA, LCSW**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24


**WILSON, CARLENE, LCSW**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24


**WILSON, CARLENE, LCSW**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUN-23

**ZAPPONE, ALIDA, LCSW**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Teleservice

Effective as of 01-JAN-24

**ZAPPONE, ALIDA, LCSW**

Provider ID: N/A

 134 GRAPEVINE RD  
VISTA, CA 92083


Teleservice

Effective as of 01-JAN-24

**MARRIAGE FAMILY  
THERAPIST**


**GROVE, VICKI, MFT**

Provider ID: N/A

 2385 S MELROSE DR  
VISTA, CA 92081  
Effective as of 01-JAN-24


**MEYERHOF, GRETA, MFT†**

Provider ID: N/A

 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

**MEYERHOF, GRETA, MFT†**


Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**OBSTETRICS /  
GYNECOLOGY**


**ARRIETA, IRIS, MD†**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-OCT-21


**ARRIETA, IRIS, MD†**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22


**ARRIETA, IRIS, MD†**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**BINDER, PRATIBHA, MD†**


Provider ID: N/A

 910 SYCAMORE AVE STE  
102  
VISTA, CA 92081

Effective as of 01-JUL-21


**DIETERICH, FREDERICK, MD**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24


**HAWKINS, MELISSA, MD†**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22


**HAWKINS, MELISSA, MD†**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24


**HAWKINS, MELISSA, MD†**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-SEP-14


**KARANIKKIS, CHRISTOS, DO†**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-MAR-18


**KARANIKKIS, CHRISTOS, DO†**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-OCT-21

**KARANIKKIS, CHRISTOS, DO†**

Provider ID: N/A

 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**KARANIKKIS, CHRISTOS, DO†**

## CI. List of Network Providers

### Specialty Care Physician

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Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22

#### **LEON, JOSUE, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **LEON, JOSUE, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUN-21

#### **LEONARD, LISA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22

#### **LEONARD, LISA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-OCT-21

#### **LEONARD, LISA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **LOPEZ, SANDRA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*  
Effective as of 01-APR-12

#### **MAZAREI, RAHELE, DO**

Provider ID: N/A

2067 W VISTA WAY STE 200  
VISTA, CA 92083

Effective as of 01-JUN-23

#### **QUAN, MARIA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22

#### **QUAN, MARIA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **QUAN, MARIA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-MAR-23

#### **SUNTAY, BERK, MD**

Provider ID: N/A

2067 W VISTA WAY STE 200  
VISTA, CA 92083  
Effective as of 01-JUN-23

### ***OCCUPATIONAL THERAPIST***

#### **CHAVEZ SERRANO, VIOLETA, OT**

Provider ID: N/A

1840 WEST DR  
VISTA, CA 92083  
Effective as of 01-FEB-24

### ***OPHTHALMOLOGY***

#### **AMINLARI, ARDALAN, MD**

Provider ID: N/A

1930 VIA CENTRE DR  
VISTA, CA 92081  
Effective as of 01-SEP-21

#### **CHEN, HEATHER, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
Effective as of 01-SEP-21

#### **CHEN, HEATHER, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
Effective as of 01-NOV-21

#### **CHEN, HEATHER, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
Effective as of 01-FEB-21

#### **JOHNSTON, ERIC, MD**

Provider ID: N/A

1930 VIA CTR  
VISTA, CA 92081  
Effective as of 01-SEP-21

#### **STEPHENS, BENJAMIN, MD**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
Effective as of 01-JUN-23

#### **STEPHENS, BENJAMIN, MD**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
Effective as of 01-JUL-23

#### **ZAVERI, MAULIK, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
Effective as of 01-MAR-14

#### **ZAVERI, MAULIK, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-SEP-21

#### **OPTOMETRIST**

##### **AZIMI, SHERRI, OD†**

Provider ID: N/A

📄 2067 W VISTA WAY STE 120  
VISTA, CA 92083

Effective as of 01-JAN-21

##### **BLOOMBERG, DAVID, OD†**

Provider ID: N/A

📄 2067 W VISTA WAY STE 120  
VISTA, CA 92083

Effective as of 01-JAN-21

##### **GARDNER, KRISTA, OD†**

Provider ID: N/A

📄 2067 W VISTA WAY STE 120  
VISTA, CA 92083

Effective as of 01-JAN-21

##### **GEE, JENNIFER, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

##### **GEE, JENNIFER, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JUL-22

##### **GEE, JENNIFER, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-SEP-22

##### **GEE, JENNIFER, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-SEP-22

##### **GEE, JENNIFER, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

##### **KASAI, SARAH, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

##### **KIM, MICHAEL, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

##### **KIM, MICHAEL, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

##### **KIM, MICHAEL, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JUL-22

##### **KIM, MICHAEL, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-21

##### **KOUCHAK, YASMIN, OD†**

Provider ID: N/A

📄 2067 W VISTA WAY STE 120  
VISTA, CA 92083

Teleservice

Effective as of 01-JUL-23

##### **MORA, WENDY, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

##### **MORA, WENDY, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JUL-22

##### **MORA, WENDY, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Teleservice

Effective as of 01-JUL-22

##### **MORA, WENDY, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Teleservice

Effective as of 01-JAN-21

##### **RICH, RYAN, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-21

##### **RICH, RYAN, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

##### **RICH, RYAN, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JUL-22

## CI. List of Network Providers

### Specialty Care Physician

---

#### **RICH, RYAN, OD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

#### **TAM, EMILY, OD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

#### **TAM, EMILY, OD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JUL-22

#### **TAM, EMILY, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-SEP-22

#### **TAM, EMILY, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

#### **TANG, ASHLEY, OD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083

Teleservice

Effective as of 01-NOV-21

#### **TRAN, JESSICA, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-DEC-23

### **OTOLARYNGOLOGY**

#### **BERRY, JULIE, MD†**

Provider ID: N/A

2023 W VISTA WAY STE J  
VISTA, CA 92083

Effective as of 01-AUG-06

#### **KUSHNARYOV, ANTON, MD†**

Provider ID: N/A

2023 W VISTA WAY STE J  
VISTA, CA 92083

Effective as of 01-OCT-17

### **PEDIATRICS**

#### **KAISER, EMILY, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*

Effective as of 01-JAN-24

#### **RONAN, KEVIN, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-MAY-23

#### **RONAN, KEVIN, MD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-MAY-23

### **PHYSICIANS ASSISTANT**

#### **GLASSER, DANIEL, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

#### **GLASSER, DANIEL, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

#### **KUPIS, ROBERT, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

#### **LEPARD, KRISTINA, PA**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084

Teleservice

Effective as of 01-MAR-23

#### **THEPVONGSA, MELISSA, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

#### **WALLACE, STEPHANIE, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-21

#### **WEAVER, APRIL, PA**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-OCT-21

#### **WEAVER, APRIL, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

### **PODIATRIST**

#### **MILLER, JULIE, DPM**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-APR-24

## C1. List of Network Providers

### Specialty Care Physician

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#### **MILLER, JULIE, DPM**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-FEB-24

#### **MILLER, JULIE, DPM**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

#### **MILLER, JULIE, DPM**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

#### ***PREVENTATIVE MEDICINE GENERAL***

#### **DEPORTO, TANYA, MD**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084

Teleservice

Effective as of 01-MAY-21

#### ***PSYCHIATRY***

#### **BELL, JENNIFER, DO**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-FEB-24

#### **BELL, JENNIFER, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-FEB-24

#### **BELL, JENNIFER, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-FEB-24

#### **BELL, JENNIFER, DO**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-FEB-24

#### **CHRISTIANSON, WARREN, DO**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-AUG-21

#### **CHRISTIANSON, WARREN, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-AUG-21

#### **CHRISTIANSON, WARREN, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-AUG-21

#### **CHRISTIANSON, WARREN, DO**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-AUG-21

#### **PATEL, MITESH, MD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-24

#### **PATEL, MITESH, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

#### **PATEL, MITESH, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

#### **PATEL, MITESH, MD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-24

#### ***PUBLIC HEALTH PREVENTATIVE MEDICINE***

#### **WALKER, BRADLEY, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-MAY-23

#### ***PULMONARY DISEASES***

#### **HSING, ANDREW, MD**

Provider ID: N/A

2067 W VISTA WAY STE 160  
VISTA, CA 92083

Effective as of 01-JAN-24

#### **HSING, ANDREW, MD**

Provider ID: N/A

2067 W VISTA WAY STE 160  
VISTA, CA 92083

Effective as of 01-FEB-23

#### **MAGANA, MARISA, MD**

Provider ID: N/A

2067 W VISTA WAY STE 160  
VISTA, CA 92083

Effective as of 01-FEB-24

#### **PINO, ALEJANDRO, MD**

## CI. List of Network Providers

### Specialty Care Physician

---

Provider ID: N/A

📍 2067 W VISTA WAY STE 160  
VISTA, CA 92083

Effective as of 01-FEB-23

#### **ZHANG, MICHELLE, MD**

Provider ID: N/A

📍 2067 W VISTA WAY STE D  
VISTA, CA 92083

Effective as of 01-SEP-23

### ***RADIOLOGY DIAGNOSTIC***

#### **PATEL, NIKHIL, MD**

Provider ID: N/A

📍 906 SYCAMORE AVE STE  
100  
VISTA, CA 92081

Effective as of 01-DEC-23

### ***REGISTERED PHYSICAL THERAPIST***

#### **AMBROSE, CHRISTOPHER, PT**

Provider ID: N/A

📍 2067 W VISTA WAY STE 185  
VISTA, CA 92083

Effective as of 01-JAN-21

#### **BOUCHARD, REID, PT**

Provider ID: N/A

📍 1958 VIA CENTRE DR  
VISTA, CA 92081

Effective as of 01-OCT-21

#### **BOUTELLE, BARBARA, PT**

Provider ID: N/A

📍 2067 W VISTA WAY STE 185  
VISTA, CA 92083

Effective as of 01-JAN-24

#### **BOUTELLE, DAVID, PT**

Provider ID: N/A

📍 2067 W VISTA WAY STE 185  
VISTA, CA 92083

Effective as of 01-FEB-24

#### **DOULL, MATTHEW, PT**

Provider ID: N/A

📍 1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-JUN-23

#### **GARBER, MARC, PT**

Provider ID: N/A

📍 1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-OCT-21

#### **PENNINGTON, JENNIFER, PT**

Provider ID: N/A

📍 1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-OCT-21

#### **TAMAYO, SYDNIE, PT**

Provider ID: N/A

📍 1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-OCT-23

#### **WILSON, JENNIFER, PT**

Provider ID: N/A

📍 1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-OCT-21

### ***RHEUMATOLOGY***

#### **ANSARI, RASHAD, MD†**

Provider ID: N/A

📍 2023 W VISTA WAY STE J  
VISTA, CA 92083

Effective as of 01-JUL-22

#### **ANSARI, RASHAD, MD†**

Provider ID: N/A

📍 2023 W VISTA WAY STE J  
VISTA, CA 92083

Effective as of 01-SEP-21

#### **BEJKO, ETELEVA, MD†**

Provider ID: N/A

📍 2023 W VISTA WAY STE H  
VISTA, CA 92083

Teleservice

Effective as of 01-JUL-21

#### **BEJKO, ETELEVA, MD†**

Provider ID: N/A

📍 2023 W VISTA WAY STE H  
VISTA, CA 92083

Teleservice

Effective as of 01-DEC-21

#### **BRION, PAUL, MD†**

Provider ID: N/A

📍 2023 W VISTA WAY STE H  
VISTA, CA 92083

Effective as of 01-JUL-21

#### **BRION, PAUL, MD†**

Provider ID: N/A

📍 2023 W VISTA WAY STE H  
VISTA, CA 92083

Effective as of 01-SEP-21

### ***SURGERY GENERAL***

#### **ARMANI, AVA, MD†**

Provider ID: N/A

📍 910 SYCAMORE AVE STE  
102  
VISTA, CA 92081

Effective as of 01-JUL-21

#### **GROVE, JAY, MD†**

Provider ID: N/A

📍 2385 S MELROSE DR

## CI. List of Network Providers

### Specialty Care Physician

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VISTA, CA 92081  
Effective as of 01-JAN-21

#### **GROVE, JAY, MD†**

Provider ID: N/A  
☒ 2385 S MELROSE DR  
VISTA, CA 92081  
Effective as of 01-SEP-21

#### **GROVE, JAY, MD†**

Provider ID: N/A  
☒ 2385 S MELROSE DR  
VISTA, CA 92081  
Effective as of 01-DEC-14

#### **HANNA, KAREN, MD†**

Provider ID: N/A  
☒ 2385 S MELROSE DR  
VISTA, CA 92081  
Teleservice  
Effective as of 01-JAN-21

#### **HANNA, KAREN, MD†**

Provider ID: N/A  
☒ 2385 S MELROSE DR  
VISTA, CA 92081  
Teleservice  
Effective as of 01-DEC-14

#### ***SURGERY GENERAL*** ***VASCULAR***

#### **BUNKE, NISHA, MD**

Provider ID: N/A  
☒ 906 SYCAMORE AVE STE  
100  
VISTA, CA 92081  
Teleservice  
Effective as of 01-JUN-23

#### ***SURGERY***

#### ***NEUROLOGICAL***

#### **STERN, MARK, MD**

Provider ID: N/A  
☒ 326 S MELROSE DR STE  
200  
VISTA, CA 92081  
Effective as of 01-SEP-23

#### ***SURGERY THORACIC***

#### **GREWAL, NAVROSE, MD†**

Provider ID: N/A  
☒ 161 THUNDER DR  
VISTA, CA 92083  
Effective as of 01-DEC-21

#### ***ANESTHESIOLOGY***

#### **KRAUSE, MARTIN, MD†**

Provider ID: N/A  
☒ 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
Effective as of 01-FEB-22

#### ***ANESTHESIOLOGY***

#### ***CRITICAL CARE MEDICINE***

#### **RODRIGUEZ-MINETTE,**

#### **JESSICA, MD†**

Provider ID: N/A  
☒ 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
Effective as of 01-JAN-21

#### ***CERTIFIED NURSE***

#### ***PRACTITIONER***

#### **IHEMEDU, MAGNUS, NPF**

Provider ID: N/A  
☒ 36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-APR-23

#### **IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

☒ 36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-APR-23

#### **IHEMEDU, MAGNUS, NPF**

Provider ID: N/A  
☒ 36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-APR-23

#### **IHEMEDU, AMARACHI, NPF**

Provider ID: N/A  
☒ 36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JAN-23

#### **IHEMEDU, AMARACHI, NPF**

Provider ID: N/A  
☒ 36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JAN-23

#### **ONUOHA, NOJA, NP†**

Provider ID: N/A  
☒ 36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595\*  
Effective as of 01-NOV-22

#### **ONUOHA, NOJA, NP†**

Provider ID: N/A  
☒ 36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595\*  
Effective as of 01-NOV-22

#### **THOMAS, STEPHEN, NPF†**

Provider ID: N/A  
☒ 36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

## CI. List of Network Providers

### Specialty Care Physician

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Effective as of 01-MAR-21

#### **CHIROPRACTOR**

##### **ADAMS, CONRAD, LAC**

Provider ID: N/A

32475 CLINTON KEITH RD  
STE 108  
WILDOMAR, CA 92595

Effective as of 01-MAR-23

#### **GASTROENTEROLOGY**

##### **CHANGCHIEN, ERIC, MD†**

Provider ID: N/A

36243 INLAND VALLEY DR  
STE 280  
WILDOMAR, CA 92595

Effective as of 01-MAR-19

#### **INTERNAL MEDICINE**

##### **CHANG, DAVID, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-MAR-19

##### **CHANG, DAVID, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-MAY-15

##### **NANDI, SHANKHA, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-JUN-15

##### **NANDI, SHANKHA, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595

Effective as of 01-JUN-15

##### **WANG, WENG-LIH, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-OCT-19

##### **YU, JERRY, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-MAR-21

##### **YU, JERRY, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-MAR-19

##### **YU, JERRY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595

Effective as of 01-DEC-23

##### **YU, JERRY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595

Effective as of 01-DEC-23

##### **YU, JERRY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595

Effective as of 01-DEC-23

##### **YU, JERRY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595

Effective as of 01-DEC-23

#### **INTERNAL MEDICINE CRITICAL CARE MEDICINE**

##### **JAFFE, GILAD, MD**

Provider ID: N/A

36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

Effective as of 01-SEP-23

##### **PATEL, SAGAR, MD†**

Provider ID: N/A

36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

Effective as of 01-AUG-21

#### **LICENSED CLINICAL**

#### **SOCIAL WORKER**

##### **JONES, VALORIA, LCSW†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595

Effective as of 01-JAN-23

##### **JONES, VALORIA, LCSW†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595

Effective as of 01-JUL-23

##### **JONES, VALORIA, LCSW†**

Provider ID: N/A

36320 INLAND VALLEY DR



**C1. List of Network Providers**  
**Specialty Care Physician**

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STE 303  
 WILDOMAR, CA 92595  
 Effective as of 01-JUL-23

**JONES, VALORIA, LCSW†**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 303  
 WILDOMAR, CA 92595  
 Effective as of 01-JUL-23

**NEPHROLOGY**

**CHANG, DAVID, MD**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-23

**CHANG, DAVID, MD**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-23

**CHANG, DAVID, MD**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-23

**CHANG, DAVID, MD**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-23

**CHANG, DAVID, MD**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 307

WILDOMAR, CA 92595  
 Effective as of 01-DEC-23

**CHANG, DAVID, MD†**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 308  
 WILDOMAR, CA 92595  
 Effective as of 01-MAY-23

**CHANG, DAVID, MD†**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 308  
 WILDOMAR, CA 92595  
 Effective as of 01-MAY-15

**CHANG, DAVID, MD†**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 308  
 WILDOMAR, CA 92595  
 Effective as of 01-MAY-09

**CHANG, DAVID, MD**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-23

**LAC, PETER, MD†**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 308  
 WILDOMAR, CA 92595  
 Effective as of 01-NOV-16

**LAC, PETER, MD†**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 308  
 WILDOMAR, CA 92595  
 Effective as of 01-NOV-19

**LAC, PETER, MD†**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 308  
 WILDOMAR, CA 92595  
 Effective as of 01-MAR-21

**LAC, PETER, MD**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A  
 36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A  
 36320 INLAND VALLEY DR

## C1. List of Network Providers


### Specialty Care Physician

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STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23


#### **LAC, PETER, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23


#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-JUN-23


#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-JUN-15


#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-JUN-15


#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-JUN-15


#### **NANDI, SHANKHA, DO**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23


#### **NANDI, SHANKHA, DO**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23


#### **NANDI, SHANKHA, DO**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23


#### **NANDI, SHANKHA, DO**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23


#### **NANDI, SHANKHA, DO**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23


#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-MAR-21


#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-MAR-19


#### **NANDI, SHANKHA, DO†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-AUG-20


#### **NANDI, SHANKHA, DO**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23


#### **WANG, WENG-LIH, MD**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23


#### **WANG, WENG-LIH, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-JAN-20


#### **WANG, WENG-LIH, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-MAY-15

#### **WANG, WENG-LIH, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-MAY-09

#### **WANG, WENG-LIH, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-MAR-21

**WANG, WENG-LIH, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 308  
 WILDOMAR, CA 92595

Effective as of 01-MAY-15

**WANG, WENG-LIH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595

Effective as of 01-DEC-23

**WANG, WENG-LIH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595

Effective as of 01-DEC-23

**YU, JERRY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595

Effective as of 01-DEC-23

**YU, JERRY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 307  
 WILDOMAR, CA 92595

Effective as of 01-DEC-23

**PSYCHIATRY**

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 303  
 WILDOMAR, CA 92595

Effective as of 01-NOV-23

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 303  
 WILDOMAR, CA 92595

Effective as of 01-JUL-22

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 303  
 WILDOMAR, CA 92595

Effective as of 01-JUL-22

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 303  
 WILDOMAR, CA 92595

Effective as of 01-NOV-23

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 303  
 WILDOMAR, CA 92595

Effective as of 01-OCT-23

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 303  
 WILDOMAR, CA 92595

Effective as of 01-JUL-22

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 303  
 WILDOMAR, CA 92595

Effective as of 01-JUL-22

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR

STE 303

WILDOMAR, CA 92595

Effective as of 01-OCT-23

**KUNAM, SYAM, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 303  
 WILDOMAR, CA 92595

Effective as of 01-NOV-23

**KUNAM, SYAM, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 303  
 WILDOMAR, CA 92595

Effective as of 01-JUN-23

**KUNAM, SYAM, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 303  
 WILDOMAR, CA 92595

Effective as of 01-JUN-23

**KUNAM, SYAM, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 303  
 WILDOMAR, CA 92595

Effective as of 01-NOV-23

**PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 303  
 WILDOMAR, CA 92595

Effective as of 01-SEP-23

**PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 300

## C1. List of Network Providers

### Specialty Care Physician

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WILDOMAR, CA 92595  
Effective as of 01-AUG-22

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303

WILDOMAR, CA 92595  
Effective as of 01-AUG-22

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303

WILDOMAR, CA 92595  
Effective as of 01-AUG-22

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 300

WILDOMAR, CA 92595  
Effective as of 01-AUG-22

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303

WILDOMAR, CA 92595  
Effective as of 01-SEP-23

### ***PULMONARY DISEASES***

#### **KUMAR, AVNEE, MD**

Provider ID: N/A

36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

Effective as of 01-JUL-23

#### **SURI, RAJAT, MD†**

Provider ID: N/A

36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
Effective as of 01-AUG-21

### ***RADIATION ONCOLOGY***

#### **CHUNG, ARTHUR, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207

WILDOMAR, CA 92595  
Effective as of 01-JUN-23

#### **CHUNG, ARTHUR, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207

WILDOMAR, CA 92595  
Effective as of 01-JUN-23

#### **CHUNG, ARTHUR, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207

WILDOMAR, CA 92595  
Effective as of 01-SEP-23

#### **KANG, JOSEPH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207

WILDOMAR, CA 92595  
Effective as of 01-JUN-23

#### **KANG, JOSEPH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207

WILDOMAR, CA 92595  
Effective as of 01-JUN-23

#### **KANG, JOSEPH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207

WILDOMAR, CA 92595  
Effective as of 01-JUL-23

#### **KANG, JOSEPH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207

WILDOMAR, CA 92595  
Effective as of 01-DEC-23

#### **LAWRENSON, LESLEY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207

WILDOMAR, CA 92595  
Effective as of 01-NOV-23

#### **MASON, JAMES, MD†**

Provider ID: N/A

36450 INLAND VALLEY DR  
STE 101

WILDOMAR, CA 92595  
Effective as of 01-SEP-14

#### **MASON, JAMES, MD†**

Provider ID: N/A

36450 INLAND VALLEY DR  
STE 101

WILDOMAR, CA 92595  
Effective as of 01-SEP-14

#### **MASON, JAMES, MD†**

Provider ID: N/A

36450 INLAND VALLEY DR  
STE 101

WILDOMAR, CA 92595  
Effective as of 01-SEP-14

#### **MASON, JAMES, MD†**

Provider ID: N/A

36450 INLAND VALLEY DR  
STE 101

WILDOMAR, CA 92595  
Effective as of 01-MAR-10

## C1. List of Network Providers

### Specialty Care Physician

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#### **MERLO, CLIFFORD, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-JUN-23

#### **MERLO, CLIFFORD, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-JUN-23

#### **RHA, JANICE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 105  
WILDOMAR, CA 92595  
Effective as of 01-MAR-19

#### **RHA, JANICE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 105  
WILDOMAR, CA 92595  
Effective as of 01-AUG-23

#### **SUN, JASON, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-JUN-23

#### **SUN, JASON, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

#### **SUN, JASON, MD**

Provider ID: N/A

36320 INLAND VALLEY DR

STE 207

WILDOMAR, CA 92595

Effective as of 01-NOV-23

#### **REGISTERED DIETITIAN / NUTRITIONIST**

#### **ATTOBRA, TATIANA, RD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 301  
WILDOMAR, CA 92595  
Effective as of 01-DEC-22

#### **REGISTERED PHYSICAL THERAPIST**

#### **ALY, DILYANA, PT†**

Provider ID: N/A

36243 INLAND VALLEY DR  
STE 110  
WILDOMAR, CA 92595  
Effective as of 01-JUL-19

#### **ALY, DILYANA, PT†**

Provider ID: N/A

36243 INLAND VALLEY DR  
STE 110  
WILDOMAR, CA 92595  
Effective as of 01-JUL-19

#### **CASTELLON, SHAWN, PT**

Provider ID: N/A

32246 CLINTON KEITH RD  
STE 103  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

#### **CASTELLON, SHAWN, PT**

Provider ID: N/A

32246 CLINTON KEITH RD  
STE 103  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

#### **TSAI, CHIAHONG, PT**

Provider ID: N/A

32246 CLINTON KEITH RD  
STE 103  
WILDOMAR, CA 92595  
Effective as of 01-NOV-23

#### **TSAI, CHIAHONG, PT**

Provider ID: N/A

32246 CLINTON KEITH RD  
STE 103  
WILDOMAR, CA 92595  
Effective as of 01-NOV-23

#### **SPEECH PATHOLOGIST**

#### **WIRTH, LAURA, SP**

Provider ID: N/A

36330 HIDDEN SPRINGS  
RD STE E  
WILDOMAR, CA 92595  
Effective as of 01-JUN-22

#### **WIRTH, LAURA, SP**

Provider ID: N/A

36330 HIDDEN SPRINGS  
RD STE E  
WILDOMAR, CA 92595  
Effective as of 01-JUN-22

#### **SURGERY COLON SURGERY**

#### **GORSKI, TITO, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22

#### **GORSKI, TITO, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595

## C1. List of Network Providers

### Specialty Care Physician

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Effective as of 01-MAR-19

#### **GORSKI, TITO, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595

Effective as of 01-SEP-16

#### **GORSKI, TITO, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595

Effective as of 01-SEP-16

### ***SURGERY GENERAL***

#### **AHMED, MOHAMED, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-MAY-23

#### **AHMED, MOHAMED, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-MAY-23

#### **AHMED, MOHAMED, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-OCT-22

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-SEP-22

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-DEC-20

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-DEC-21

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-JUL-21

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-JUL-21

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-JUL-21

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595

Effective as of 01-JUL-21

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595

Effective as of 01-MAR-20

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595

Effective as of 01-APR-20

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595

Effective as of 01-DEC-21

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595

Effective as of 01-DEC-20

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595

Effective as of 01-SEP-22

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595

Effective as of 01-MAY-22

**C1. List of Network Providers**  
**Specialty Care Physician**

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**ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-APR-20

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-MAR-20

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-MAR-20

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-MAY-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-MAY-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-MAY-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR

STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-APR-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-SEP-22

**CORDERO, RAYMUND, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-SEP-16

**CORDERO, RAYMUND, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-SEP-22

**CORDERO, RAYMUND, MD†**

Provider ID: N/A

36485 INLAND VALLEY DR  
 WILDOMAR, CA 92595  
 Effective as of 01-FEB-21

**CORDERO, RAYMUND, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-MAR-19

**DADA, STEPHEN, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-23

**DADA, STEPHEN, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-23

**DADA, STEPHEN, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-NOV-23

**DADA, STEPHEN, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-MAR-24

**DEARING, DAVID, MD†**

Provider ID: N/A

36243 INLAND VALLEY DR  
 STE 280  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-12

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-SEP-22

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-SEP-16

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR


**C1. List of Network Providers**  
**Specialty Care Physician**

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STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16


**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16


**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16


**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-APR-22


**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22


**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22


**GORSKI, YARA, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16


**GORSKI, TITO, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22


**GORSKI, YARA, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22


**GORSKI, TITO, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23


**GORSKI, TITO, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23


**HUSTED, JOHN, MD†**

Provider ID: N/A

 36243 INLAND VALLEY DR  
STE 280  
WILDOMAR, CA 92595  
Effective as of 01-MAR-13


**JOHNSEN, HEGE, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-APR-22


**JOHNSEN, HEGE, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAR-19


**JOHNSEN, HEGE, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-DEC-17


**JOHNSEN, HEGE, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22


**JOHNSEN, HEGE, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16


**JOHNSEN, HEGE, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595



**C1. List of Network Providers**  
**Specialty Care Physician**

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Effective as of 01-MAY-22

**KARMUR, AMIT, DO<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595

Effective as of 01-SEP-22

**KARMUR, AMIT, DO<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595

Effective as of 01-DEC-23

**KARMUR, AMIT, DO<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595

Effective as of 01-JAN-22

**LEE, JENNY, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595

Effective as of 01-MAR-19

**MAC, OLIVIA, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595

Effective as of 01-APR-23

**MAC, OLIVIA, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595

Effective as of 01-DEC-22

**MAC, OLIVIA, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595

Effective as of 01-MAR-23

**MAC, OLIVIA, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595

Effective as of 01-MAR-23

**NAFIU, BOLAJI, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595

Effective as of 01-DEC-19

**NAFIU, BOLAJI, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595

Effective as of 01-SEP-22

**NAFIU, BOLAJI, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595

Effective as of 01-APR-20

**NAFIU, BOLAJI, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595

Effective as of 01-JAN-20

**NOURI, SARVENAZ, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A

WILDOMAR, CA 92595

Effective as of 01-JAN-23

**NOURI, SARVENAZ, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595

Effective as of 01-JAN-23

**NOURI, SARVENAZ, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595

Effective as of 01-FEB-23

**NOURI, SARVENAZ, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595

Effective as of 01-NOV-22

**NOURI, SARVENAZ, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595

Effective as of 01-NOV-22

**TIU, BRIAN, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595

Effective as of 01-SEP-22

**TIU, BRIAN, MD<sup>†</sup>**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595

Effective as of 01-AUG-18

**C1. List of Network Providers**  
**Specialty Care Physician**

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**WANG, XIUJIE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-MAR-20

**WANG, XIUJIE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-21

**WANG, XIUJIE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-SEP-19

***SURGERY GENERAL***  
***VASCULAR***

**GORSKI, YARA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-MAY-22

**GORSKI, YARA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-MAY-22

**GORSKI, YARA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-SEP-16

**GORSKI, YARA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-MAR-19

**GORSKI, YARA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-SEP-16

**KARMUR, AMIT, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-JUL-22

**KARMUR, AMIT, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-JAN-22

**KARMUR, AMIT, DO†**

Provider ID: N/A

31537 INLAND VALLEY DR,  
 STE 202  
 WILDOMAR, CA 92595  
 Effective as of 01-JAN-22

**KARMUR, AMIT, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-MAY-22

**KARMUR, AMIT, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR

STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-MAY-22

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-MAY-22

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-DEC-21

**TIU, BRIAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-APR-22

**TIU, BRIAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-APR-22

**TIU, BRIAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101  
 WILDOMAR, CA 92595  
 Effective as of 01-MAR-19

**TIU, BRIAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
 STE 101A  
 WILDOMAR, CA 92595  
 Effective as of 01-MAY-22


## C1. List of Network Providers

### Specialty Care Physician

---


#### **TIU, BRIAN, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAY-19


#### **TIU, BRIAN, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22


#### **WANG, XIUJIE, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22


#### **WANG, XIUJIE, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-OCT-20

#### **WANG, XIUJIE, MD†**



Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-OCT-20



### C3. Skilled Nursing Facilities (SNFs)

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#### **CAPISTRANO BEACH CARE CENTER**

 35410 DEL REY  
CAPISTRANO BEACH, CA  
92624  
 (949) 496-5786  
Effective as of 01-AUG-14



#### **CAPISTRANO BEACH EXTENDED CARE AND LIVING CTR**

 35410 DEL REY  
CAPISTRANO BEACH, CA  
92624  
 (949) 496-5786  
Effective as of 01-JAN-12



#### **BAYSHIRE CARLSBAD**

 3140 EL CAMINO REAL  
CARLSBAD, CA 92008  
 (760) 720-9898  
Effective as of 01-JUL-22



#### **LAS VILLAS DE CARLSBAD OPERATIONS LLC**

 1088 LAGUNA DR  
CARLSBAD, CA 92008  
 (760) 434-7116  
Effective as of 01-FEB-13



#### **SOUTH BAY POST ACUTE CARE**

 553 F ST  
CHULA VISTA, CA 91910  
 (619) 426-8611  
Effective as of 01-NOV-19



#### **AVOCADO POST ACUTE**

 510 E WASHINGTON AVE  
EL CAJON, CA 92020  
 (619) 440-1211  
Effective as of 01-JAN-20



#### **BRADLEY COURT SPECIAL CARE CENTER**

 675 E BRADLEY AVE  
EL CAJON, CA 92021  
 (619) 448-6633  
Effective as of 01-DEC-21



#### **COTTONWOOD CANYON HEALTHCARE CENTER**

 1391 E MADISON AVE  
EL CAJON, CA 92021  
 (619) 444-1107  
Effective as of 01-OCT-11



#### **COUNTRY HILLS POST ACUTE**

 1580 BROADWAY  
EL CAJON, CA 92021  
 (619) 441-8745  
Effective as of 15-NOV-20



#### **MAGNOLIA POST ACUTE CARE**

 635 S MAGNOLIA AVE  
EL CAJON, CA 92020  
 (616) 442-8826  
Effective as of 01-NOV-19



#### **MAGNOLIA SPECIAL CARE CENTER**

 635 S MAGNOLIA AVE  
EL CAJON, CA 92020  
 (619) 442-8826  
Effective as of 01-JAN-12

#### **MAGNOLIA SPECIAL CARE CTR**



 635 S MAGNOLIA AVE  
EL CAJON, CA 92020  
 (619) 442-8826  
Effective as of 01-JAN-12

#### **PARKSIDE HEALTH AND WELLNESS CENTER**



 444 W LEXINGTON AVE  
EL CAJON, CA 92020  
 (619) 442-7744  
Effective as of 01-NOV-19

#### **PARKSIDE SPECIAL CARE**



#### **CENTER**

 444 W LEXINGTON AVE  
EL CAJON, CA 92020  
 (619) 442-7744  
Effective as of 01-JAN-12



#### **SAN DIEGO POST ACUTE CENTER**

 1201 S ORANGE AVE  
EL CAJON, CA 92020  
 (619) 441-1988  
Effective as of 01-SEP-14



#### **SOMERSET SUBACUTE AND CARE**

 151 CLAYDELLE AVE  
EL CAJON, CA 92020  
 (619) 442-0245  
Effective as of 01-NOV-19



#### **VICTORIA POST ACUTE CARE**

 654 S ANZA ST  
EL CAJON, CA 92020  
 (619) 440-5005  
Effective as of 01-NOV-19



#### **VICTORIA SPECIAL CARE CTR**

 654 S ANZA ST  
EL CAJON, CA 92020  
 (619) 440-5005  
Effective as of 01-JAN-12

#### **VILLA LAS PALMAS HEALTHCARE CTR**

 622 S ANZA ST  
EL CAJON, CA 92020  
 (619) 442-0544  
Effective as of 01-OCT-11

#### **AVIARA HEALTHCARE CENTER**



 944 REGAL RD  
ENCINITAS, CA 92024  
 (760) 944-0331  
Effective as of 01-OCT-11

#### **ENCINITAS NURSING AND**



### C3. Skilled Nursing Facilities (SNFs)

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#### **REHAB CTR**

 900 SANTA FE DR  
ENCINITAS, CA 92024  
 (760) 753-6423  
Effective as of 01-DEC-12



#### **ESCONDIDO CARE CENTER**

 421 E MISSION AVE  
ESCONDIDO, CA 92025  
 (760) 747-0430  
Effective as of 01-MAY-13



#### **LIFE CARE CENTER OF ESCONDIDO**

 1980 FELICITA RD  
ESCONDIDO, CA 92025  
 (760) 741-6109  
Effective as of 01-JAN-12



#### **PALOMAR HEIGHTS CARE CTR**

 1260 E OHIO AVE  
ESCONDIDO, CA 92027  
 (760) 746-1100  
Effective as of 01-JAN-12



#### **PALOMAR VISTA HEALTHCARE CTR**

 201 N FIG ST  
ESCONDIDO, CA 92025  
 (760) 746-0303  
Effective as of 01-NOV-11



#### **REDWOOD TERRACE**

 710 W 13TH AVE  
ESCONDIDO, CA 92025  
 (760) 291-2736  
Effective as of 01-NOV-17



#### **VALLE VISTA POST ACUTE**

 1025 W 2ND AVE  
ESCONDIDO, CA 92025  
 (760) 745-1842  
Effective as of 01-DEC-12



#### **FALLBROOK SKILLED NURSING**

 325 POTTER ST  
FALLBROOK, CA 92028  
 (760) 728-2330  
Effective as of 01-FEB-20

#### **DEVONSHIRE CARE CENTER**



 1350 E DEVONSHIRE AVE  
HEMET, CA 92544  
 (951) 925-2571  
Effective as of 01-JAN-12

#### **HEMET GLOBAL MEDICAL CENTER**



 1117 E DEVONSHIRE AVE  
HEMET, CA 92543  
 (951) 652-2811  
Effective as of 01-JAN-20

#### **MANORCARE HEALTH**



#### **SERVICES HEMET**

 1717 W STETSON AVE  
HEMET, CA 92545  
 (951) 925-9171  
Effective as of 01-JAN-12



#### **RAMONA REHAB AND POST ACUTE CTR**

 485 W JOHNSTON AVE  
HEMET, CA 92543  
 (951) 652-0011  
Effective as of 15-APR-19

#### **SAN JACINTO HEALTHCARE**



 275 N SAN JACINTO ST  
HEMET, CA 92543  
 (951) 658-9441  
Effective as of 01-MAR-13

#### **THE VILLAGE HEALTHCARE CENTER**



 2400 W ACACIA AVE  
HEMET, CA 92545  
 (951) 766-5116  
Effective as of 01-JAN-12

#### **LA JOLLA NURSING AND**



#### **REHAB CTR**

 2552 TORREY PINES RD  
LA JOLLA, CA 92037  
 (858) 453-5810  
Effective as of 01-DEC-12



#### **THE COVE AT LA JOLLA**

 7160 FAY AVE  
LA JOLLA, CA 92037  
 (858) 459-4361  
Effective as of 01-NOV-19



#### **ARBOR HILLS NURSING CENTER**

 7800 PARKWAY DR  
LA MESA, CA 91942  
 (619) 460-2330  
Effective as of 01-DEC-20



#### **COMMUNITY CARE CENTER**

 8665 LA MESA BLVD  
LA MESA, CA 91942  
 (619) 465-0702  
Effective as of 01-APR-16



#### **COUNTRY MANOR LA MESA HEALTHCARE CENTER**

 5696 LAKE MURRAY BLVD  
LA MESA, CA 91942  
 (619) 460-7871  
Effective as of 01-AUG-14

#### **GROSSMONT POST ACUTE CARE**

 8787 CENTER DR  
LA MESA, CA 91942  
 (619) 460-4444  
Effective as of 01-NOV-19

#### **LA MESA HEALTHCARE CTR**

 3780 MASSACHUSETTS  
AVE  
LA MESA, CA 91941  
 (619) 465-1313  
Effective as of 01-OCT-11

### C3. Skilled Nursing Facilities (SNFs)

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#### **PARKWAY HILLS NURSING & REHAB**

7760 PARKWAY DR  
LA MESA, CA 91942  
(619) 469-0124  
Effective as of 01-APR-20

#### **LAGUNA HILLS HEALTH AND REHAB CTR**

24452 HEALTH CENTER DR  
LAGUNA HILLS, CA 92653  
(949) 837-8000  
Effective as of 01-APR-18

#### **PALM TERRACE HLTHCARE AND REHAB CTR**

24962 CALLE ARAGON  
LAGUNA WOODS, CA 92637  
(949) 587-9000  
Effective as of 01-NOV-11

#### **FREEDOM VILLAGE HEALTHCARE CTR**

23442 EL TORO RD  
LAKE FOREST, CA 92630  
(949) 472-8353  
Effective as of 01-JAN-12

#### **LAKE FOREST NURSING CENTER**

25652 OLD TRABUCO RD  
LAKE FOREST, CA 92630  
(949) 380-9380  
Effective as of 01-JAN-12

#### **BELLA VISTA HEALTH CENTER**

7922 PALM ST  
LEMON GROVE, CA 91945  
(619) 644-1000  
Effective as of 01-SEP-13

#### **LEMON GROVE CARE AND REHAB CTR**

8351 BROADWAY

LEMON GROVE, CA 91945  
(619) 463-0294  
Effective as of 01-NOV-11

#### **MURRIETA HEALTH AND REHABILITATION CENTER**

24100 MONROE AVE  
MURRIETA, CA 92562  
(951) 600-4640  
Effective as of 01-JAN-12

#### **CASTLE MANOR NURSING AND REHABILITATION CTR**

541 S V AVE  
NATIONAL CITY, CA 91950  
(619) 791-7900  
Effective as of 01-DEC-20

#### **FRIENDSHIP MANOR NURSING AND REHABILITATION CTR**

902 EUCLID AVE  
NATIONAL CITY, CA 91950  
(619) 791-7700  
Effective as of 01-DEC-20

#### **PARADISE VALLEY HEALTH CARE CENTER**

2575 E 8TH ST  
NATIONAL CITY, CA 91950  
(619) 470-6700  
Effective as of 01-OCT-20

#### **WINDSOR GARDENS CONV CTR OF SAN DIEGO**

220 E 24TH ST  
NATIONAL CITY, CA 91950  
(619) 474-6741  
Effective as of 01-JAN-12

#### **LA PALOMA HEALTHCARE CTR**

3232 THUNDER DR  
OCEANSIDE, CA 92056  
(760) 724-2193  
Effective as of 01-OCT-11

#### **BOULDER CREEK POST ACUTE**

12696 MONTE VISTA RD  
POWAY, CA 92064  
(858) 487-6242  
Effective as of 01-APR-20

#### **POWAY HEALTHCARE CENTER**

15632 POMERADO RD  
POWAY, CA 92064  
(858) 485-5153  
Effective as of 01-OCT-11

#### **THE VILLAS AT POWAY**

15615 POMERADO RD  
POWAY, CA 92064  
(858) 613-4545  
Effective as of 01-JAN-12

#### **VILLA MONTE VISTA**

12696 MONTE VISTA RD  
POWAY, CA 92064  
(858) 487-6242  
Effective as of 01-JAN-12

#### **ARROYO VISTA NURSING CTR**

3022 45TH ST  
SAN DIEGO, CA 92105  
(619) 283-5855  
Effective as of 01-NOV-11

#### **BRIGHTON PLACE SAN DIEGO**

1350 EUCLID AVE  
SAN DIEGO, CA 92105  
(619) 263-2166  
Effective as of 01-JAN-12

#### **CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR**

11895 AVENUE OF INDUSTRY  
SAN DIEGO, CA 92128  
(858) 673-0101  
Effective as of 01-NOV-11

### C3. Skilled Nursing Facilities (SNFs)

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**CLAIREMONT HEALTHCARE  
AND WELLNESS CENTER LLC**

8060 FROST ST  
SAN DIEGO, CA 92123  
(858) 278-4750  
Effective as of 01-NOV-17

**GOLDEN HILL POST ACUTE**

1201 34TH ST  
SAN DIEGO, CA 92102  
(619) 232-2946  
Effective as of 01-MAY-23

**HILLCREST HEIGHTS  
HEALTHCARE CENTER**

4033 6TH AVE  
SAN DIEGO, CA 92103  
(619) 297-4086  
Effective as of 01-MAY-24

**JACOB HEALTH CARE CENTER  
LLC**

4075 54TH ST  
SAN DIEGO, CA 92105  
(619) 582-5168  
Effective as of 01-APR-16

**KEARNY MESA  
CONVALESCENT AND  
NURSING HOME**

7675 FAMILY CIR  
SAN DIEGO, CA 92111  
(858) 278-8121  
Effective as of 01-DEC-20

**MISSION HILLS POST ACUTE  
CARE**

3680 REYNARD WAY  
SAN DIEGO, CA 92103  
(619) 297-4484  
Effective as of 01-NOV-19

**POINT LOMA CONVALESCENT  
HSP**

3232 DUKE ST

SAN DIEGO, CA 92110  
(619) 224-4141  
Effective as of 01-JAN-12

**REO VISTA HEALTHCARE CTR**

6061 BANBURY ST  
SAN DIEGO, CA 92139  
(619) 475-2211  
Effective as of 01-OCT-11

**ST PAULS HEALTH CARE  
CENTER**

235 NUTMEG ST  
SAN DIEGO, CA 92103  
(619) 677-3895  
Effective as of 01-JAN-18

**THE SHORES POST ACUTE**

2828 MEADOW LARK DR  
SAN DIEGO, CA 92123  
(858) 277-6460  
Effective as of 01-OCT-13

**THE SPRINGS AT PACIFIC  
REGENT**

3884 NOBEL DR  
SAN DIEGO, CA 92122  
(858) 625-8700  
Effective as of 01-NOV-11

**TORREY PINES SENIOR LIVING**

13101 HARTFIELD AVE  
SAN DIEGO, CA 92130  
(858) 259-2222  
Effective as of 01-JUN-16

**UNIVERSITY CARE CENTER**

5602 UNIVERSITY AVE  
SAN DIEGO, CA 92105  
(619) 583-1993  
Effective as of 01-OCT-11

**VILLA RANCHO BERNARDO  
CARE CENTER**

15720 BERNARDO CENTER  
DR

SAN DIEGO, CA 92127  
(858) 672-3900  
Effective as of 01-JAN-12

**WINDSOR GARDENS CONV  
AND REHAB OF GOLDEN HILL**

1201 34TH ST  
SAN DIEGO, CA 92102  
(619) 232-2946  
Effective as of 01-JAN-12

**BROOKDALE SAN JUAN  
CAPISTRANO**

31741 RANCHO VIEJO RD  
SAN JUAN CAPISTRANO,  
CA 92675  
(949) 248-8855  
Effective as of 01-JUN-16

**STANFORD COURT SKILLED  
NURSING AND REHAB  
CENTER**

8778 CUYAMACA ST  
SANTEE, CA 92071  
(619) 449-5555  
Effective as of 01-DEC-20

**BRIGHTON PLACE EAST**

8625 LAMAR ST  
SPRING VALLEY, CA 91977  
(619) 461-3222  
Effective as of 01-JAN-12

**BRIGHTON PLACE SPRING  
VALLEY**

9009 CAMPO RD  
SPRING VALLEY, CA 91977  
(619) 460-2711  
Effective as of 01-JAN-12

**SUN CITY CONVALESCENT  
CENTER**

27600 ENCANTO DR  
SUN CITY, CA 92586  
(951) 679-6858


### C3. Skilled Nursing Facilities (SNFs)

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Effective as of 01-JAN-12

#### **TEMECULA HEALTHCARE CENTER**


 44280 CAMPANULA WAY  
TEMECULA, CA 92592

 (951) 466-0200

Effective as of 02-MAR-22

#### **LA FUENTE POST ACUTE**


 247 E BOBIER DR  
VISTA, CA 92084

 (760) 945-3033

Effective as of 01-DEC-21

#### **LIFE CARE CENTER OF VISTA**


 304 N MELROSE DR  
VISTA, CA 92083

 (760) 724-8222

Effective as of 01-JAN-12

#### **RANCHO VISTA**


 760 E BOBIER DR  
VISTA, CA 92084

 (760) 941-1480

Effective as of 01-FEB-13

#### **VISTA HEALTHCARE CENTER**


 247 E BOBIER DR  
VISTA, CA 92084

 (760) 945-3033

Effective as of 01-OCT-13

#### **VISTA KNOLL SPECIALIZED CARE FACILITY**

 2000 WESTWOOD RD  
VISTA, CA 92083

 (760) 630-2273

Effective as of 01-NOV-11




## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


#### ALPINE

##### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

 Phone: 619-445-6200

 After Hours Phone:  
619-445-6200

License Number: 20A17296

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE  
FAMILY MEDICINE


 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

##### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN


YSIDRO HEALTH ALPINE


FAMILY MEDICINE

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

##### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 90000681

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE  
FAMILY MEDICINE


 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

##### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A158569

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE


FAMILY MEDICINE

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

##### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A97270

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE


FAMILY MEDICINE

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

##### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95005999

NPI: 1598122871

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Accepting New Patients: Yes

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN

YSIDRO HEALTH ALPINE

FAMILY MEDICINE

🌐 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

#### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

📍 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

☎ Phone: 619-662-4100

🕒 After Hours Phone: 619-662-4100

License Number: NP95006360

NPI: 1598122871

Accepting New Patients: Yes

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN

YSIDRO HEALTH ALPINE

FAMILY MEDICINE

🌐 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

#### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

📍 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

☎ Phone: 619-662-4100

🕒 After Hours Phone:

619-662-4100

License Number: PA20490

NPI: 1598122871

Accepting New Patients: Yes

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN

YSIDRO HEALTH ALPINE

FAMILY MEDICINE

🌐 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

#### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

📍 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

☎ Phone: 619-662-4100

🕒 After Hours Phone: 619-662-4100

License Number: PA52347

NPI: 1598122871

Accepting New Patients: Yes

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN

YSIDRO HEALTH ALPINE

FAMILY MEDICINE

🌐 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

#### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

📍 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

☎ Phone: 619-662-4100

Fax: 619-205-6305

🕒 After Hours Phone: 619-662-4100

License Number: C172036

NPI: 1598122871

Accepting New Patients: Yes

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN

YSIDRO HEALTH ALPINE

FAMILY MEDICINE

🌐 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

#### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

📍 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

☎ Phone: 619-662-4100

Fax: 619-205-6305

🕒 After Hours Phone: 619-662-4100

License Number: DC28335

NPI: 1598122871

Accepting New Patients: Yes

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN

YSIDRO HEALTH ALPINE

## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


#### FAMILY MEDICINE

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

Fax: (619) 320-3347

 After Hours Phone: (619)  
662-4100

License Number: 090000681

NPI: 1770124315


Accepting New Patients: Yes

Min/Max Age: 0\150


Site English Spoken: Y

Site Language(s) Spoken:  
Arabic, Norwegian, Spanish,  
Swedish

Cultural Competency: N

 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP


 Website: [www.mtnhealth.org](http://www.mtnhealth.org)


#### CARLSBAD

#### TRUECARE

Provider ID: 480120

 1295 CARLSBAD VILLAGE  
DR, STE 100  
CARLSBAD, CA 92008-1950

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A131678

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE


 Website: N/A

#### TRUECARE

Provider ID: 480120

 1295 CARLSBAD VILLAGE  
DR, STE 100  
CARLSBAD, CA 92008-1950

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A49273


NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: TRUECARE

 Website: N/A

#### TRUECARE

Provider ID: 480120

 1295 CARLSBAD VILLAGE  
DR, STE 100  
CARLSBAD, CA 92008-1950

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A93248

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: TRUECARE


 Website: N/A

#### TRUECARE

Provider ID: 480120

 1295 CARLSBAD VILLAGE  
DR, STE 100  
CARLSBAD, CA 92008-1950

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: G74757

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: TRUECARE


 Website: N/A

#### TRUECARE

Provider ID: 480120

 1295 CARLSBAD VILLAGE  
DR, STE 100  
CARLSBAD, CA 92008-1950

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: PA53036

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Cultural Competency: No

American Sign Language (ASL): N

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE

 Website: N/A

#### TRUECARE

Provider ID: 480120

 1295 CARLSBAD VILLAGE DR, STE 100  
CARLSBAD, CA 92008-1950

 Phone: 760-736-6767

Fax: 760-720-7204

 After Hours Phone:  
760-736-6767

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE

 Website: N/A

#### TRUECARE

Provider ID: 480120

 1295 CARLSBAD VILLAGE DR, STE 100  
CARLSBAD, CA 92008-1950

 Phone: 760-736-6767

Fax: 760-720-7204

 After Hours Phone:  
760-736-6767

License Number: 80000630

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes


Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: TRUECARE

 Website: N/A


#### TRUECARE

Provider ID: 480120

 1295 CARLSBAD VILLAGE DR, STE 100  
CARLSBAD, CA 92008-1950

 Phone: 760-736-6767

Fax: 760-720-7204

 After Hours Phone:  
760-736-6767

License Number: PA22667

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE

 Website: N/A

#### TRUECARE

Provider ID: 480120

 1295 CARLSBAD VILLAGE DR STE 100  
CARLSBAD, CA 92008

 Phone: (760) 736-6767

Fax: (760) 720-7204

 After Hours Phone: (760)  
736-6767

License Number: 080000630

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: 0\150

Site English Spoken: Y

Cultural Competency: N


 Hours: M-F

8:00AM-5:00PM

SA 8:00AM-2:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP

 Website: N/A

### CHULA VISTA


#### FAMILY HLTH CTR SAN

#### DIEGO-RICE FAM HC

Provider ID: 417641

 352 L ST  
CHULA VISTA, CA  
91911-1208

 Phone: 619-515-2325

 After Hours Phone:  
619-515-2325

License Number: A144995

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-RICE FAM HC

 Website: www.fhcsd.org

#### FAMILY HLTH CTR SAN






#### DIEGO-RICE FAM HC

Provider ID: 417641







 352 L ST  
CHULA VISTA, CA

## D. Blue Shield Promise Medi-Cal List of Network Providers







### D1. Federally Qualified Health Clinics

91911-1208  
 Phone: 619-515-2325  
 After Hours Phone:  
619-515-2325  
License Number: PA19306  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-RICE  
FAM HC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)






#### **FAMILY HLTH CTR SAN DIEGO-RICE FAM HC**

Provider ID: 417641  
 352 L ST  
CHULA VISTA, CA  
91911-1208  
 Phone: 619-515-2325  
Fax: 619-420-0660  
 After Hours Phone:  
619-515-2325  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-RICE  
FAM HC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN**







**DIEGO-RICE FAM HC**  
Provider ID: 417641  
 352 L ST  
CHULA VISTA, CA  
91911-1208  
 Phone: 619-515-2325  
Fax: 619-420-0660  
 After Hours Phone:  
619-515-2325  
License Number: 550002305  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-RICE  
FAM HC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **OTAY FAMILY HEALTH CLINIC**






Provider ID: 314546  
 1637 3RD AVE STE H  
CHULA VISTA, CA  
91911-5823  
 Phone: 619-205-1360  
 After Hours Phone:  
619-205-1360  
License Number: A95959  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: OTAY  
FAMILY HEALTH CLINIC

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **OTAY FAMILY HEALTH CLINIC**

Provider ID: 314546  
 1637 3RD AVE STE H  
CHULA VISTA, CA  
91911-5823  
 Phone: 619-205-1376  
 After Hours Phone:  
619-205-1376  
License Number: A179598  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: OTAY  
FAMILY HEALTH CLINIC  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **OTAY FAMILY HEALTH CLINIC**

Provider ID: 314546  
 1637 3RD AVE STE H  
CHULA VISTA, CA  
91911-5823  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A123170  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: OTAY  
FAMILY HEALTH CLINIC


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### OTAY FAMILY HEALTH CLINIC

Provider ID: 314546

 1637 3RD AVE STE H  
CHULA VISTA, CA  
91911-5823

 Phone: 619-662-4100

Fax: 619-336-2323

 After Hours Phone:  
619-662-4100


NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: OTAY  
FAMILY HEALTH CLINIC

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### CHULA VISTA PEDIATRICS

Provider ID: 482034

 855 3RD AVE STE 2200  
CHULA VISTA, CA  
91911-1353

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A82912

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA PEDIATRICS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### CHULA VISTA PEDIATRICS

Provider ID: 482034

 855 3RD AVE STE 2200  
CHULA VISTA, CA  
91911-1353

 Phone: 619-662-4100

Fax: 619-662-4196

 After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA PEDIATRICS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### CHULA VISTA PEDIATRICS

Provider ID: 482034

 855 3RD AVE STE 2200  
CHULA VISTA, CA  
91911-1353

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A49591


NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHULA  
VISTA PEDIATRICS

#### CHULA VISTA PEDIATRICS

Provider ID: 482034

 855 3RD AVE STE 2200  
CHULA VISTA, CA  
91911-1353

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C51110

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA PEDIATRICS

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A11087


NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN

## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


#### YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A12555

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN


YSIDRO HEALTH CHULA VISTA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A13225

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT

#### PROVIDER


Medical Group/IPA: SAN


YSIDRO HEALTH CHULA VISTA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A14025

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN


YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A19485

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN


YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A9060

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN


YSIDRO HEALTH CHULA VISTA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A106103

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: A114600*


*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*


 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: A114893*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: A115598*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*


 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: A115699*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: A120584*


*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*





 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*









## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics






 After Hours Phone:  
619-662-4100  
License Number: A120672  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**



Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A121861  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA







91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A123263  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**



Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A123492  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A123604  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A127706  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH CHULA**


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

#### VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A134303

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A138474

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A138534

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A159831

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN


YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A162816

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A163183

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No


American Sign Language (ASL):

N




 Accessibility: CONTACT



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

*PROVIDER*  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A164392  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):




N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A177922  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):




N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A40061  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):




N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A40473  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes

Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A41486  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A47906  
NPI: 1598122871

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A50477


NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A56153

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A66903

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A69264


NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A77936


NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)






#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics







91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A80185  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**







Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A87650  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322






 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A93785  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**







Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: C55563  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA**

#### **VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: DC20760  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**


Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: DC31963  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: DC33295

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: DDS102880

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN


YSIDRO HEALTH CHULA VISTA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: DPM2930

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G57243

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT


PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G59670

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G72486

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>SAN YSIDRO HEALTH CHULA VISTA</b></p> <p>Provider ID: 427322</p> <p> 678 3RD AVE CHULA VISTA, CA 91910-5736</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: G74728</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>SAN YSIDRO HEALTH CHULA VISTA</b></p> <p>Provider ID: 427322</p> <p> 678 3RD AVE CHULA VISTA, CA 91910-5736</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: G80234</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes</p>	<p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>SAN YSIDRO HEALTH CHULA VISTA</b></p> <p>Provider ID: 427322</p> <p> 678 3RD AVE CHULA VISTA, CA 91910-5736</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: NP12112</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>SAN YSIDRO HEALTH CHULA VISTA</b></p> <p>Provider ID: 427322</p> <p> 678 3RD AVE CHULA VISTA, CA 91910-5736</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: NP95015413</p> <p>NPI: 1598122871</p>	<p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>SAN YSIDRO HEALTH CHULA VISTA</b></p> <p>Provider ID: 427322</p> <p> 678 3RD AVE CHULA VISTA, CA 91910-5736</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: PA54404</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>SAN YSIDRO HEALTH CHULA VISTA</b></p> <p>Provider ID: 427322</p> <p> 678 3RD AVE CHULA VISTA, CA 91910-5736</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p>
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## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

License Number: SP18192

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN


YSIDRO HEALTH CHULA VISTA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

Fax: 619-425-1184

 After Hours Phone:  
619-662-4100

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN


YSIDRO HEALTH CHULA VISTA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR


 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### CHULA VISTA FAMILY HLTH

#### CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT








## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics




*PROVIDER*  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **CHULA VISTA FAMILY HLTH CTR**



Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A114181  
NPI: 1134155377  
Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **CHULA VISTA FAMILY HLTH CTR**



Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A118095  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**


Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A119689  
NPI: 1134155377  
Accepting New Patients: Yes



Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)




#### **CHULA VISTA FAMILY HLTH CTR**



Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500  
License Number: A148014  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A153344  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH**


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

#### CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500


 After Hours Phone:  
619-515-2500

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500


 After Hours Phone:  
619-515-2500

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT

#### PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500


 After Hours Phone:  
619-515-2500

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500


 After Hours Phone:  
619-515-2500

License Number: A177698

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500


 After Hours Phone:  
619-515-2500

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR


Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 After Hours Phone:  
619-515-2500  
License Number: A68463  
NPI: 1134155377  
Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org

#### **CHULA VISTA FAMILY HLTH CTR**




Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A72005  
NPI: 1134155377

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org

#### **CHULA VISTA FAMILY HLTH**

**CTR**  
Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500

License Number: A73172  
NPI: 1134155377  
Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org

#### **CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500


License Number: A78355  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT

**PROVIDER**  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org



#### **CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500



License Number: C174771  
NPI: 1134155377  
Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org

#### **CHULA VISTA FAMILY HLTH CTR**


Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500

License Number: DC26269  
NPI: 1134155377  
Accepting New Patients: Yes

Site English Spoken: Yes

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 *Site Languages(s) Spoken:*  
Spanish


*Cultural Competency:* No

*American Sign Language (ASL):* N

N

 *Accessibility:* CONTACT PROVIDER


*Medical Group/IPA:* CHULA VISTA FAMILY HLTH CTR


 *Website:* [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

*Provider ID:* 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 *Phone:* 619-515-2500

 *After Hours Phone:*  
619-515-2500

*License Number:* DPM4819

*NPI:* 1134155377

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Languages(s) Spoken:*  
Spanish

*Cultural Competency:* No

*American Sign Language (ASL):* N

N

 *Accessibility:* CONTACT PROVIDER


*Medical Group/IPA:* CHULA VISTA FAMILY HLTH CTR


 *Website:* [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

*Provider ID:* 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 *Phone:* 619-515-2500

 *After Hours Phone:*  
619-515-2500

*License Number:* G78814

*NPI:* 1134155377

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Languages(s) Spoken:*  
Spanish

*Cultural Competency:* No

*American Sign Language (ASL):* N

N

 *Accessibility:* CONTACT PROVIDER


*Medical Group/IPA:* CHULA VISTA FAMILY HLTH CTR


 *Website:* [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

*Provider ID:* 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 *Phone:* 619-515-2500

 *After Hours Phone:*  
619-515-2500

*License Number:* NM792

*NPI:* 1134155377

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Languages(s) Spoken:*  
Spanish

*Cultural Competency:* No

*American Sign Language (ASL):* N

N

 *Accessibility:* CONTACT PROVIDER

*Medical Group/IPA:* CHULA VISTA FAMILY HLTH CTR


 *Website:* [www.fhcsd.org](http://www.fhcsd.org)


#### **CHULA VISTA FAMILY HLTH**

#### **CTR**

*Provider ID:* 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 *Phone:* 619-515-2500

 *After Hours Phone:*  
619-515-2500

*License Number:* NP10943

*NPI:* 1134155377

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Languages(s) Spoken:*  
Spanish

*Cultural Competency:* No

*American Sign Language (ASL):* N

N

 *Accessibility:* CONTACT PROVIDER


*Medical Group/IPA:* CHULA VISTA FAMILY HLTH CTR


 *Website:* [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

*Provider ID:* 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 *Phone:* 619-515-2500

 *After Hours Phone:*  
619-515-2500

*License Number:* NP23687

*NPI:* 1134155377

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Languages(s) Spoken:*  
Spanish

*Cultural Competency:* No

*American Sign Language (ASL):* N

N

 *Accessibility:* CONTACT

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

*PROVIDER*  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**


Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: NP95001492  
NPI: 1134155377

Accepting New Patients: Yes




Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: NP95001705  
NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes



Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**


Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: NP95001964  
NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish


Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500


License Number: NP95013978  
NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**


Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: PA21591

Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH**


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

#### CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500


 After Hours Phone:  
619-515-2500

License Number: PT291706

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500


 After Hours Phone:  
619-515-2500

License Number: PT292823

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT

#### PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500


 After Hours Phone:  
619-515-2500

License Number: PT293536

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500


 After Hours Phone:  
619-515-2500

License Number: PT294245

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500


 After Hours Phone:  
619-515-2500

License Number: PT295173

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR







































Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

-  *After Hours Phone:*  
619-515-2500  
*License Number:* PT37189  
*NPI:* 1134155377  
*Accepting New Patients:* Yes
-  *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* CHULA VISTA FAMILY HLTH CTR  
 *Website:* [www.fhcsd.org](http://www.fhcsd.org)
- CHULA VISTA FAMILY HLTH CTR**  
*Provider ID:* 206355  
 251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
 *Phone:* 619-515-2500  
*Fax:* 619-397-1161  
 *After Hours Phone:*  
619-515-2500  
*NPI:* 1134155377  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* CHULA VISTA FAMILY HLTH CTR  
 *Website:* [www.fhcsd.org](http://www.fhcsd.org)
- CHULA VISTA FAMILY HLTH CTR**  
*Provider ID:* 206355  
*Medical Group/IPA:* CHULA VISTA FAMILY HLTH CTR  
 *Website:* [www.fhcsd.org](http://www.fhcsd.org)
- CHULA VISTA FAMILY HLTH CTR**  
*Provider ID:* 206355  
 252 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
 *Phone:* 619-515-2500  
 *After Hours Phone:*  
619-515-2500  
*License Number:* A116680  
*NPI:* 1134155377  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* CHULA VISTA FAMILY HLTH CTR  
 *Website:* [www.fhcsd.org](http://www.fhcsd.org)
- SAN YSIDRO HEALTH CHULA VISTA**  
*Provider ID:* 427322  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone:* (619) 662-4100  
*Fax:* (619) 425-6941  
 *After Hours Phone:* (619)  
662-4100  
*NPI:* 1326486861  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\150  
 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:*  
Spanish, Tagalog  
*Cultural Competency:* Y  
 *Hours:* M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM
- American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP of Southern Cal-PHP  
 *Website:* [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)
- CHULA VISTA PEDIATRICS**  
*Provider ID:* 482034  
 855 3RD AVE STE 2200  
CHULA VISTA, CA 91911  
 *Phone:* (619) 662-4100  
*Fax:* (619) 662-4196  
 *After Hours Phone:* (619)  
662-4100  
*NPI:* 1326486861  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\150  
 *Site English Spoken:* Y  
*Cultural Competency:* N  
 *Hours:* M-F  
9:00AM-4:00PM  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP of Southern Cal-PHP  
 *Website:* [www.ihpsocal.org](http://www.ihpsocal.org)
- FAMILY HLTH CTR SAN DIEGO-RICE FAM HC**  
*Provider ID:* 417641  
 352 L ST  
CHULA VISTA, CA 91911  
 *Phone:* (619) 515-2325  
*Fax:* (619) 420-0660  
 *After Hours Phone:* (619)  
515-2325

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

License Number: 550002305

NPI: 1083959464

Accepting New Patients: Yes

Min/Max Age: 0\150

Site English Spoken: Y

Cultural Competency: N

Hours: M-F

8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: Family Health Centers of San Diego

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE

CHULA VISTA, CA 91910

Phone: (619) 515-2500

Fax: (619) 397-1161

After Hours Phone: (619) 515-2500

NPI: 1346480837

Accepting New Patients: Yes

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: Family Health Centers of San Diego

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

[MARTHAO@FHCS.D.ORG](mailto:MARTHAO@FHCS.D.ORG)

#### EL CAJON

##### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone: 619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON

Website: N/A

##### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: 20A10964

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON

Website: N/A

##### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: 550002514

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON

Website: N/A

##### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A101773

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:



## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

*Spanish, Tagalog*  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON  
 Website: N/A

#### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A101888

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON

 Website: N/A

#### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A120584

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON


 Website: N/A

#### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A127706

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON

 Website: N/A

#### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A131365

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON

 Website: N/A

#### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A134995

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON

 Website: N/A

#### **SAN YSIDRO HEALTH EL**


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

#### CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A40473

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN


YSIDRO HEALTH EL CAJON

 Website: N/A

#### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A47906

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN


YSIDRO HEALTH EL CAJON

 Website: N/A

#### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A79338

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN


YSIDRO HEALTH EL CAJON

 Website: N/A

#### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A87650

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN


YSIDRO HEALTH EL CAJON

 Website: N/A

#### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A96002

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN


YSIDRO HEALTH EL CAJON


 Website: N/A

#### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C144411





































NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

-  *Site Languages(s) Spoken:* Spanish, Tagalog  
*License Number:* NP95009329  
*Cultural Competency:* No  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*American Sign Language (ASL):* N  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* SAN YSIDRO HEALTH EL CAJON  
 *Website:* N/A
- SAN YSIDRO HEALTH EL CAJON**  
*Provider ID:* 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 *Phone:* 619-662-4100  
 *After Hours Phone:* 619-662-4100  
*License Number:* G43179  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* SAN YSIDRO HEALTH EL CAJON  
 *Website:* N/A
- SAN YSIDRO HEALTH EL CAJON**  
*Provider ID:* 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 *Phone:* 619-662-4100  
 *After Hours Phone:* 619-662-4100
- SAN YSIDRO HEALTH EL CAJON**  
*Provider ID:* 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 *Phone:* 619-662-4100  
 *After Hours Phone:* 619-662-4100  
*License Number:* NP95012943  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* SAN YSIDRO HEALTH EL CAJON  
 *Website:* N/A
- SAN YSIDRO HEALTH EL CAJON**  
*Provider ID:* 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 *Phone:* 619-662-4100  
 *After Hours Phone:* 619-662-4100  
*License Number:* PT40025  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* SAN YSIDRO HEALTH EL CAJON  
 *Website:* N/A
- SAN YSIDRO HEALTH EL CAJON**  
*Provider ID:* 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 *Phone:* 619-662-4100  
 *After Hours Phone:* 619-662-4100  
*License Number:* PT42665  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* SAN YSIDRO HEALTH EL CAJON  
 *Website:* N/A

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

#### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

1111 W CHASE AVE  
EL CAJON, CA 92020-5710

Phone: 619-515-2499

After Hours Phone:  
619-515-2499

License Number: 20A13700

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHASE  
AVENUE FAMILY HEALTH  
CTRS INC

Website: www.fhcsd.org

#### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

1111 W CHASE AVE  
EL CAJON, CA 92020-5710

Phone: 619-515-2499

After Hours Phone:  
619-515-2499

License Number: A110192

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT

#### PROVIDER

Medical Group/IPA: CHASE  
AVENUE FAMILY HEALTH  
CTRS INC

Website: www.fhcsd.org

#### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

1111 W CHASE AVE  
EL CAJON, CA 92020-5710

Phone: 619-515-2499

After Hours Phone:  
619-515-2499

License Number: A138887

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHASE  
AVENUE FAMILY HEALTH  
CTRS INC

Website: www.fhcsd.org

#### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

1111 W CHASE AVE  
EL CAJON, CA 92020-5710

Phone: 619-515-2499

After Hours Phone:  
619-515-2499

License Number: A170055

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHASE  
AVENUE FAMILY HEALTH  
CTRS INC

Website: www.fhcsd.org

#### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

1111 W CHASE AVE  
EL CAJON, CA 92020-5710

Phone: 619-515-2499

After Hours Phone:  
619-515-2499

License Number: DC33150

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHASE  
AVENUE FAMILY HEALTH  
CTRS INC

Website: www.fhcsd.org

#### CHASE AVENUE FAMILY HEALTH CTRS INC






Provider ID: 206354








1111 W CHASE AVE  
EL CAJON, CA 92020-5710







Phone: 619-515-2499






## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics







 After Hours Phone:  
619-515-2499  
License Number: NP95007253  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHASE  
AVENUE FAMILY HEALTH  
CTRS INC  
 Website: www.fhcsd.org






**CHASE AVENUE FAMILY  
HEALTH CTRS INC**  
Provider ID: 206354  
 1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
 Phone: 619-515-2499  
Fax: 619-593-7164  
 After Hours Phone:  
619-515-2499  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHASE  
AVENUE FAMILY HEALTH  
CTRS INC  
 Website: www.fhcsd.org

**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300  
License Number: PT293536  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON  
 Website: www.fhcsd.org

**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: 20A11535  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: www.fhcsd.org


**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: 20A13060  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON  
 Website: www.fhcsd.org

**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: 20A13745  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


HLTH CTR SAN DIEGO-EL  
CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 20A7241

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY


HLTH CTR SAN DIEGO-EL  
CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498


License Number: A107093

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498


License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007


 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007


 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A127798


NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A134303

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A138815

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498

License Number: A144974

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498

License Number: A146838

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN**

#### **DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498

License Number: A147976

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498

License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498

License Number: A152462

NPI: 1134155377


Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498

License Number: A154298

NPI: 1134155377


Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A175325

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY


HLTH CTR SAN DIEGO-EL CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A83390

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON*


 *Website: www.fhcsd.org*

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

*Provider ID: 418340*

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 *Phone: 619-515-2498*

 *After Hours Phone: 619-515-2498*

*License Number: C174771*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON*


 *Website: www.fhcsd.org*

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

*Provider ID: 418340*

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 *Phone: 619-515-2498*

 *After Hours Phone: 619-515-2498*

*License Number: DC33150*

*NPI: 1134155377*

*Accepting New Patients: Yes*


 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON*


 *Website: www.fhcsd.org*

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

*Provider ID: 418340*

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 *Phone: 619-515-2498*

 *After Hours Phone: 619-515-2498*

*License Number: DC33869*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON*


 *Website: www.fhcsd.org*

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

*Provider ID: 418340*

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 *Phone: 619-515-2498*

 *After Hours Phone: 619-515-2498*

*License Number: DPM5661*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON*


 *Website: www.fhcsd.org*

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

*Provider ID: 418340*

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 *Phone: 619-515-2498*

 *After Hours Phone: 619-515-2498*

*License Number: G78814*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON*

 *Website: www.fhcsd.org*






#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

*Provider ID: 418340*







 525 E MAIN ST  
EL CAJON, CA 92020-4007

## D. Blue Shield Promise Medi-Cal List of Network Providers







### D1. Federally Qualified Health Clinics

 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: NM1721  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON  
 Website: [www.fhcsd.org](http://www.fhcsd.org)







#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: NP15444  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON  
 Website: [www.fhcsd.org](http://www.fhcsd.org)







#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: NP95000205  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON  
 Website: [www.fhcsd.org](http://www.fhcsd.org)






#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: NP95007000  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: NP95009180  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: NP95009292  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


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 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: NP95013978

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: NP95021154

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HLTH CTR SAN DIEGO-EL CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: PA20396

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: PA23258

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: PT292482

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: PT295173

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: RN810863

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

Fax: 619-269-0191

After Hours Phone:  
619-515-2498

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

Fax: 619-269-0191

After Hours Phone:  
619-515-2498

License Number: 20A19473

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

Fax: 619-269-0191

After Hours Phone:  
619-515-2498

License Number: 550003553  
NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2499

After Hours Phone:  
619-515-2499

License Number: RN428876

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **LA MAESTRA CHC EL CAJON BROADWAY**

Provider ID: 418501







## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 1032 BROADWAY  
EL CAJON, CA 92021-7416  
 Phone: 619-795-5991  
 After Hours Phone:  
619-795-5991  
License Number: 20A14222  
NPI: 1609849074  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA  
MAESTRA CHC EL CAJON  
BROADWAY  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g






#### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY  
EL CAJON, CA 92021-7416  
 Phone: 619-795-5991  
 After Hours Phone:  
619-795-5991  
License Number: 20A6433  
NPI: 1609849074  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA  
MAESTRA CHC EL CAJON  
BROADWAY  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g

#### LA MAESTRA CHC EL CAJON BROADWAY






Provider ID: 418501

 1032 BROADWAY  
EL CAJON, CA 92021-7416  
 Phone: 619-795-5991  
 After Hours Phone:  
619-795-5991  
License Number: A123929  
NPI: 1609849074  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA  
MAESTRA CHC EL CAJON  
BROADWAY

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g

#### LA MAESTRA CHC EL CAJON BROADWAY





Provider ID: 418501

 1032 BROADWAY  
EL CAJON, CA 92021-7416  
 Phone: 619-795-5991  
 After Hours Phone:  
619-795-5991  
License Number: A160760  
NPI: 1609849074  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA

MAESTRA CHC EL CAJON  
BROADWAY  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g

#### LA MAESTRA CHC EL CAJON BROADWAY





Provider ID: 418501

 1032 BROADWAY  
EL CAJON, CA 92021-7416  
 Phone: 619-795-5991  
 After Hours Phone:  
619-795-5991  
License Number: G50634  
NPI: 1609849074  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA  
MAESTRA CHC EL CAJON  
BROADWAY  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g

#### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY  
EL CAJON, CA 92021-7416  
 Phone: 619-795-5991  
 After Hours Phone:  
619-795-5991  
License Number: PA21625  
NPI: 1609849074  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):






## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics







- N**  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LA MAESTRA CHC EL CAJON BROADWAY*  
 *Website: www.lamaestra.org*
- LA MAESTRA CHC EL CAJON BROADWAY**  
*Provider ID: 418501*  
 1032 BROADWAY  
EL CAJON, CA 92021-7416  
 *Phone: 619-795-5991*  
 *After Hours Phone: 619-795-5991*  
*License Number: PA58466*  
*NPI: 1609849074*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LA MAESTRA CHC EL CAJON BROADWAY*  
 *Website: www.lamaestra.org*
- LA MAESTRA CHC EL CAJON BROADWAY**  
*Provider ID: 418501*  
 1032 BROADWAY  
EL CAJON, CA 92021-7416  
 *Phone: 619-795-5991*  
*Fax: 619-795-5992*  
 *After Hours Phone: 619-795-5991*  
*NPI: 1609849074*
- LA MAESTRA CHC EL CAJON BROADWAY**  
*Provider ID: 418501*  
 1032 BROADWAY  
EL CAJON, CA 92021-7416  
 *Phone: 619-795-5991*  
*Fax: 619-795-5992*  
 *After Hours Phone: 619-795-5991*  
*NPI: 1609849074*
- Accepting New Patients: Yes*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LA MAESTRA CHC EL CAJON BROADWAY*  
 *Website: www.lamaestra.org*
- LA MAESTRA CHC EL CAJON BROADWAY**  
*Provider ID: 418501*  
 1032 BROADWAY  
EL CAJON, CA 92021-7416  
 *Phone: 619-795-5991*  
*Fax: 619-795-5992*  
 *After Hours Phone: 619-795-5991*  
*License Number: 550003567*  
*NPI: 1609849074*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LA MAESTRA CHC EL CAJON BROADWAY*  
 *Website: www.lamaestra.org*
- FAMILY HLTH CTR SAN DIEGO-EL CAJON**  
*Provider ID: 418340*  
 526 E MAIN ST
- EL CAJON, CA 92020-4007  
 *Phone: 619-515-2498*  
 *After Hours Phone: 619-515-2498*  
*License Number: A163464*  
*NPI: 1134155377*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON*  
 *Website: www.fhcsd.org*
- CENTRO MEDICO EL CAJON**  
*Provider ID: 478971*  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 *Phone: 619-401-0404*  
 *After Hours Phone: 619-401-0404*  
*License Number: A151547*  
*NPI: 1134144165*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: CENTRO MEDICO EL CAJON*  
 *Website: N/A*
- CENTRO MEDICO EL CAJON**  
*Provider ID: 478971*  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325

## D. Blue Shield Promise Medi-Cal List of Network Providers




### D1. Federally Qualified Health Clinics




 Phone: 619-401-0404  
 After Hours Phone:  
619-401-0404  
License Number: A158569  
NPI: 1134144165  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CENTRO  
MEDICO EL CAJON  
 Website: N/A

#### **CENTRO MEDICO EL CAJON**







Provider ID: 478971  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 Phone: 619-401-0404  
 After Hours Phone:  
619-401-0404  
License Number: A98486  
NPI: 1134144165  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CENTRO  
MEDICO EL CAJON  
 Website: N/A

#### **CENTRO MEDICO EL CAJON**




Provider ID: 478971  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 Phone: 619-401-0404  
 After Hours Phone:




619-401-0404  
License Number: G52812  
NPI: 1134144165  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CENTRO  
MEDICO EL CAJON  
 Website: N/A

#### **CENTRO MEDICO EL CAJON**







Provider ID: 478971  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 Phone: 619-401-0404  
 After Hours Phone:  
619-401-0404  
License Number: NP95001710  
NPI: 1134144165  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CENTRO  
MEDICO EL CAJON  
 Website: N/A

#### **CENTRO MEDICO EL CAJON**




Provider ID: 478971  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 Phone: 619-873-8940  
 After Hours Phone:  
619-873-8940  
License Number: 20A11733

NPI: 1134144165  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CENTRO  
MEDICO EL CAJON  
 Website: N/A

#### **CENTRO MEDICO EL CAJON**

Provider ID: 478971  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 Phone: 619-873-8940  
 After Hours Phone:  
619-873-8940  
License Number: A113241  
NPI: 1134144165  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CENTRO  
MEDICO EL CAJON  
 Website: N/A

#### **CENTRO MEDICO EL CAJON**

Provider ID: 478971  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 Phone: 619-873-8940  
 After Hours Phone:  
619-873-8940  
License Number: A114674  
NPI: 1134144165  
Accepting New Patients: Yes



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: CENTRO MEDICO EL CAJON

 Website: N/A

#### **CENTRO MEDICO EL CAJON**

Provider ID: 478971

 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325

 Phone: 619-873-8940

 After Hours Phone:  
619-873-8940

License Number: DPM1536

NPI: 1134144165

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: CENTRO MEDICO EL CAJON

 Website: N/A

#### **CENTRO MEDICO EL CAJON**

Provider ID: 478971

 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325

 Phone: 619-873-8940

 After Hours Phone:  
619-873-8940


License Number: PA16673

NPI: 1134144165

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: CENTRO MEDICO EL CAJON

 Website: N/A

#### **CENTRO MEDICO EL CAJON**

Provider ID: 478971

 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325

 Phone: 619-873-8940

Fax: 619-401-0522


 After Hours Phone:  
619-873-8940

NPI: 1134144165

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: CENTRO MEDICO EL CAJON

 Website: N/A

#### **CENTRO MEDICO EL CAJON**

Provider ID: 478971

 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325

 Phone: 619-873-8940

Fax: 619-401-0522

 After Hours Phone:  
619-873-8940

License Number: 550000430

NPI: 1134144165

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: Yes

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: CENTRO MEDICO EL CAJON


 Website: N/A

#### **LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185267

 165 S 1ST ST  
EL CAJON, CA 92019-4795

 Phone: 619-269-1262

 After Hours Phone:  
619-269-1262

License Number: C55979

NPI: 1609849074

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC


 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### **LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185267

 165 S 1ST ST  
EL CAJON, CA 92019-4795

 Phone: 619-312-0347

 After Hours Phone:  
619-312-0347

License Number: 20A14222

NPI: 1609849074

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC

Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

165 S 1ST ST  
EL CAJON, CA 92019-4795

Phone: 619-312-0347

After Hours Phone:  
619-312-0347

License Number: 20A6433

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC

Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

165 S 1ST ST  
EL CAJON, CA 92019-4795

Phone: 619-312-0347

After Hours Phone:  
619-312-0347

License Number: A123929

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC

Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

165 S 1ST ST  
EL CAJON, CA 92019-4795

Phone: 619-312-0347

After Hours Phone:  
619-312-0347

License Number: A68184

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC

Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

165 S 1ST ST  
EL CAJON, CA 92019-4795

Phone: 619-312-0347

After Hours Phone:  
619-312-0347

License Number: PA58466

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC

Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

165 S 1ST ST  
EL CAJON, CA 92019-4795

Phone: 619-312-0348

After Hours Phone:  
619-312-0348

License Number: G45632

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC

Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267


165 S 1ST ST  
EL CAJON, CA 92019

Phone: (619) 312-0347

Fax: (619) 749-5480

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


 After Hours Phone: (619) 312-0347

NPI: 1336353721

Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-TU  
8:00AM-5:00PM  
TH-F 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: La Maestra Family Clinic

 Website: [www.lamaestra.org](http://www.lamaestra.org)


g  
Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

#### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

Fax: (619) 785-3356

 After Hours Phone: (619) 662-4100


License Number: 550002514

NPI: 1568845741


Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Arabic, Farsi, Russian, Latin

Cultural Competency: Y

 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP of Southern Cal-PHP

 Website: [www.syhealth.org](http://www.syhealth.org)

#### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

 1111 W CHASE AVE  
EL CAJON, CA 92020

 Phone: (619) 515-2499

Fax: (619) 593-7164


 After Hours Phone: (619) 515-2499

NPI: 1104861681

Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Cultural Competency: N

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: Family Health Centers of San Diego


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jaquelinca@fhcsd.org](mailto:jaquelinca@fhcsd.org)

#### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

Fax: (619) 269-0191

 After Hours Phone: (619) 515-2498


License Number: 550003553

NPI: 1932561198

Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: Family Health Centers of San Diego


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)


#### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5991

Fax: (619) 795-5992

 After Hours Phone: (619) 795-5991


License Number: 550003567

NPI: 1134590086

Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F  
8:30AM-5:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: La

Maestra Family Clinic

 Website: [www.lamaestra.org](http://www.lamaestra.org)


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


#### **CENTRO MEDICO EL CAJON**

Provider ID: 478971

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 873-8940

Fax: (619) 401-0522

 After Hours Phone: (619)  
873-8940

License Number: 550000430


NPI: 1154480069

Accepting New Patients: Yes

Min/Max Age: 0\999


 Site English Spoken: Y

Cultural Competency: Y

 Hours: SU-SA  
8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

 Website: N/A

Email:

iselaocha@borregohealth.org

Cultural Competency: No

N

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: TRUECARE


 Website: N/A

#### **TRUECARE**

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: DC29074

NPI: 1598122871


Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

 Website: N/A


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: TRUECARE


 Website: N/A

#### **TRUECARE**

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: NP21368

NPI: 1598122871


Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: TRUECARE


 Website: N/A

#### **TRUECARE**

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: PA22667

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):


N


 Accessibility: CONTACT


### **ENCINITAS**

#### **TRUECARE**

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: 20A17306


NPI: 1598122871

Accepting New Patients: Yes


 Site English Spoken: Yes

#### **TRUECARE**

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: PA19437

NPI: 1598122871

Accepting New Patients: Yes


 Site English Spoken: Yes

Cultural Competency: No






American Sign Language (ASL):

## D. Blue Shield Promise Medi-Cal List of Network Providers





### D1. Federally Qualified Health Clinics







*PROVIDER*  
Medical Group/IPA: TRUECARE  
 Website: N/A

#### TRUECARE






Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
 Phone: 760-753-7842  
 After Hours Phone:  
760-753-7842  
License Number: A103940  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: N/A

#### TRUECARE






Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
 Phone: 760-753-7842  
 After Hours Phone:  
760-753-7842  
License Number: A116562  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE

 Website: N/A  
**TRUECARE**  
Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
 Phone: 760-753-7842  
 After Hours Phone:  
760-753-7842  
License Number: C54157  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: N/A






#### TRUECARE

Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
 Phone: 760-753-7842  
Fax: 760-736-8740  
 After Hours Phone:  
760-753-7842  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: N/A

#### TRUECARE

Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
 Phone: 760-753-7842  
Fax: 760-736-8740  
 After Hours Phone:  
760-753-7842  
License Number: 80000638  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: N/A

#### TRUECARE

Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 753-7842  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
753-7842  
License Number: 080000638  
NPI: 1245246917  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
 Site English Spoken: Y  
Cultural Competency: N  
 Hours: M-TH  
8:00AM-5:00PM  
F 8:30AM-5:30PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Medical Group/IPA: IHP of  
Southern Cal-PHP


 Website: N/A


#### ESCONDIDO

#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: 20A14292

NPI: 1598122871


Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD


HEALTHCARE ESCONDIDO


 Website: www.ihpsocal.org

#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A107557

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE ESCONDIDO


 Website: www.ihpsocal.org


#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A109655

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD


HEALTHCARE ESCONDIDO


 Website: www.ihpsocal.org


#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A119661

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE ESCONDIDO


 Website: www.ihpsocal.org


#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A120771

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE ESCONDIDO

 Website: www.ihpsocal.org

#### NEIGHBORHOOD



#### HEALTHCARE ESCONDIDO







Provider ID: 206270







 460 N ELM ST




## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics







ESCONDIDO, CA  
92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
760-520-8100  
License Number: A139490  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)





**NEIGHBORHOOD  
HEALTHCARE ESCONDIDO**  
Provider ID: 206270  
 460 N ELM ST  
ESCONDIDO, CA  
92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
760-520-8100  
License Number: A152372  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**NEIGHBORHOOD  
HEALTHCARE ESCONDIDO**  
Provider ID: 206270  
 460 N ELM ST  
ESCONDIDO, CA  
92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
760-520-8100  
License Number: A159727  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**NEIGHBORHOOD  
HEALTHCARE ESCONDIDO**  
Provider ID: 206270  
 460 N ELM ST  
ESCONDIDO, CA  
92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
760-520-8100  
License Number: A45413  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:

**NEIGHBORHOOD  
HEALTHCARE ESCONDIDO**  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

































**NEIGHBORHOOD  
HEALTHCARE ESCONDIDO**  
Provider ID: 206270  
 460 N ELM ST  
ESCONDIDO, CA  
92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
760-520-8100  
License Number: A61751  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**NEIGHBORHOOD  
HEALTHCARE ESCONDIDO**  
Provider ID: 206270  
 460 N ELM ST  
ESCONDIDO, CA  
92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
760-520-8100  
License Number: A78116  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>NEIGHBORHOOD HEALTHCARE ESCONDIDO</b></p> <p>Provider ID: 206270</p> <p> 460 N ELM ST ESCONDIDO, CA 92025-3002</p> <p> Phone: 760-520-8100</p> <p> After Hours Phone: 760-520-8100</p> <p>License Number: A82173 NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p>American Sign Language (ASL):</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>NEIGHBORHOOD HEALTHCARE ESCONDIDO</b></p> <p>Provider ID: 206270</p> <p> 460 N ELM ST ESCONDIDO, CA 92025-3002</p> <p> Phone: 760-520-8100</p> <p> After Hours Phone: 760-520-8100</p> <p>License Number: A94128 NPI: 1598122871</p>	<p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p>American Sign Language (ASL):</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>NEIGHBORHOOD HEALTHCARE ESCONDIDO</b></p> <p>Provider ID: 206270</p> <p> 460 N ELM ST ESCONDIDO, CA 92025-3002</p> <p> Phone: 760-520-8100</p> <p> After Hours Phone: 760-520-8100</p> <p>License Number: DC12036 NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p>American Sign Language (ASL):</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>NEIGHBORHOOD HEALTHCARE ESCONDIDO</b></p> <p>Provider ID: 206270</p> <p> 460 N ELM ST ESCONDIDO, CA 92025-3002</p> <p> Phone: 760-520-8100</p>	<p> After Hours Phone: 760-520-8100</p> <p>License Number: DC28605 NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p>American Sign Language (ASL):</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>NEIGHBORHOOD HEALTHCARE ESCONDIDO</b></p> <p>Provider ID: 206270</p> <p> 460 N ELM ST ESCONDIDO, CA 92025-3002</p> <p> Phone: 760-520-8100</p> <p> After Hours Phone: 760-520-8100</p> <p>License Number: G61829 NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p>American Sign Language (ASL):</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: NEIGHBORHOOD HEALTHCARE ESCONDIDO</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>NEIGHBORHOOD HEALTHCARE ESCONDIDO</b></p>
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## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

Fax: 360-466-2745

 After Hours Phone:  
760-520-8100

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD


HEALTHCARE ESCONDIDO


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD


#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

Fax: 360-466-2745

 After Hours Phone:  
760-520-8100

License Number: 80000397

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:


NEIGHBORHOOD


HEALTHCARE ESCONDIDO

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C171064

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN


YSIDRO HEALTH ESCONDIDO


FAMILY MEDICINE


 Website: N/A

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G58033

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN

YSIDRO HEALTH ESCONDIDO


FAMILY MEDICINE

 Website: N/A

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: NP95005999

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN

YSIDRO HEALTH ESCONDIDO


FAMILY MEDICINE

 Website: N/A

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 Phone: 619-662-4100

 After Hours Phone:

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

619-662-4100  
License Number: NP95006360  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE  
 Website: N/A

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941  
 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: PA20490  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE  
 Website: N/A

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY

**MEDICINE**  
Provider ID: 588941  
 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: PA52347  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE  
 Website: N/A

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941  
 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405  
 Phone: 619-662-4100  
Fax: 619-662-7952  
 After Hours Phone:  
619-662-4100  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN

YSIDRO HEALTH ESCONDIDO  
FAMILY MEDICINE  
 Website: N/A

#### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL


Provider ID: 424775  
 426 N DATE ST  
ESCONDIDO, CA  
92025-3409  
 Phone: 760-690-5900  
 After Hours Phone:  
760-690-5900  
License Number: A56054  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL  
 Website: N/A


#### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775  
 426 N DATE ST  
ESCONDIDO, CA  
92025-3409  
 Phone: 760-690-5900  
 After Hours Phone:  
760-690-5900  
License Number: A62467  
NPI: 1598122871  
Accepting New Patients: Yes

## D. Blue Shield Promise Medi-Cal List of Network Providers



### D1. Federally Qualified Health Clinics

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA:*  
*NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL*  
 *Website: N/A*

#### **NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL**

*Provider ID: 424775*

 426 N DATE ST  
ESCONDIDO, CA  
92025-3409  
 *Phone: 760-690-5900*  
 *After Hours Phone:*  
*760-690-5900*  
*License Number: A67626*  
*NPI: 1598122871*


*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA:*  
*NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL*  
 *Website: N/A*

#### **NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL**

*Provider ID: 424775*

 426 N DATE ST  
ESCONDIDO, CA  
92025-3409  
 *Phone: 760-690-5900*  
 *After Hours Phone:*  
*760-690-5900*  
*License Number: G83438*  
*NPI: 1598122871*




*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA:*  
*NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL*  
 *Website: N/A*


#### **NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL**


*Provider ID: 424775*

 426 N DATE ST  
ESCONDIDO, CA  
92025-3409  
 *Phone: 760-690-5900*  
 *After Hours Phone:*  
*760-690-5900*  
*License Number: NP4799*  
*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA:*  
*NEIGHBORHOOD*


*HEALTHCARE PEDIATRICS AND PRENATAL*  
 *Website: N/A*

#### **NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL**

*Provider ID: 424775*

 426 N DATE ST  
ESCONDIDO, CA  
92025-3409  
 *Phone: 760-690-5900*  
*Fax: 360-462-2747*  
 *After Hours Phone:*  
*760-690-5900*  
*NPI: 1598122871*




*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA:*  
*NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL*  
 *Website: N/A*

#### **NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL**

*Provider ID: 424775*

 426 N DATE ST  
ESCONDIDO, CA  
92025-3409  
 *Phone: 760-690-5900*  
*Fax: 360-462-2747*  
 *After Hours Phone:*  
*760-690-5900*  
*License Number: 550000511*  
*NPI: 1598122871*

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:


NEIGHBORHOOD  
HEALTHCARE PEDIATRICS  
AND PRENATAL


 Website: N/A

#### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 206266

 425 N DATE ST  
ESCONDIDO, CA  
92025-3413

 Phone: 760-520-8340

 After Hours Phone:  
760-520-8340

License Number: A56054

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:


NEIGHBORHOOD  
HEALTHCARE PEDIATRICS  
AND PRENATAL


 Website: www.ihpsocal.org

#### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 206266

 425 N DATE ST  
ESCONDIDO, CA  
92025-3413

 Phone: 760-520-8340

 After Hours Phone:  
760-520-8340

License Number: A67626

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:


NEIGHBORHOOD  
HEALTHCARE PEDIATRICS  
AND PRENATAL

 Website: www.ihpsocal.org


#### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 206266

 425 N DATE ST  
ESCONDIDO, CA  
92025-3413

 Phone: 760-520-8340

Fax: 360-462-2752

 After Hours Phone:  
760-520-8340

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD


HEALTHCARE PEDIATRICS  
AND PRENATAL

 Website: www.ihpsocal.org

#### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A120348

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:


NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY


 Website: N/A

#### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A139490

NPI: 1598122871

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

---

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY

 Website: N/A

#### **NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900


License Number: A140398

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY

 Website: N/A

#### **NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A145349

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY

 Website: N/A

#### **NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A161074

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:


NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY

 Website: N/A

#### **NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A94128

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY


 Website: N/A

#### **NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: DPM5260

NPI: 1598122871

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

---

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY

 Website: N/A

#### **NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: G61829

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY


 Website: N/A

#### **NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: NP8169

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY

 Website: N/A


#### **NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

Fax: 360-462-2748

 After Hours Phone:  
760-737-6900

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:


NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY

 Website: N/A

#### **NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

Fax: 360-462-2748

 After Hours Phone:  
760-737-6900

License Number: 80000158

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY


 Website: N/A

#### **NEIGHBORHOOD HEALTHCARE GRAND AVE**

Provider ID: 206269

 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

 Phone: 760-520-8200

 After Hours Phone:  
760-520-8200

License Number: A101773

NPI: 1598122871

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GRAND AVE

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

Provider ID: 206269

1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

Phone: 760-520-8200

After Hours Phone:  
760-520-8200

License Number: A161074

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GRAND AVE

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

Provider ID: 206269

1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

Phone: 760-520-8200

After Hours Phone:  
760-520-8200

License Number: A94128

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GRAND AVE

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

Provider ID: 206269

1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

Phone: 760-520-8200

After Hours Phone:  
760-520-8200

License Number: PA51508

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GRAND AVE

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

Provider ID: 206269

1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

Phone: 760-520-8200

Fax: 360-462-2749

After Hours Phone:  
760-520-8200

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GRAND AVE

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

Provider ID: 206269

1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

Phone: 760-520-8200

Fax: 360-462-2749

After Hours Phone:  
760-520-8200

License Number: 550000697

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

HEALTHCARE GRAND AVE


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD


HEALTHCARE GRAND AVE

Provider ID: 206269

 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

 Phone: 760-520-8200

Fax: 360-462-2749

 After Hours Phone:  
760-520-8200

License Number: 80000397

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GRAND AVE


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD


HEALTHCARE GRAND AVE

Provider ID: 206269

 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

 Phone: 760-520-8200

Fax: 360-462-2749

 After Hours Phone:  
760-520-8200

License Number: 80000483

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GRAND AVE


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD

HEALTHCARE PEDIATRICS  
AND PRENATAL

Provider ID: 424775

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

Fax: (360) 462-2747


 After Hours Phone: (760)  
690-5900


License Number: 550000511

NPI: 1437335353

Accepting New Patients: Yes

Min/Max Age: 0\21

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP


 Website: N/A

#### NEIGHBORHOOD


HEALTHCARE PEDS AND  
PRENATAL

Provider ID: 206266

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

Fax: (360) 462-2752


 After Hours Phone: (760)  
520-8340

NPI: 1265618185

Accepting New Patients: Yes

Min/Max Age: 0\21

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### NEIGHBORHOOD

HEALTHCARE VALLEY

PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

Fax: (360) 462-2748

 After Hours Phone: (760)  
737-6900


License Number: 080000158

NPI: 1720264641

Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-TU  
8:00AM-5:00PM

W 9:00AM-5:00PM

TH-F 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

#### PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP


 Website: N/A

#### NEIGHBORHOOD

##### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

Fax: (360) 466-2745

 After Hours Phone: (760)  
520-8100


License Number: 080000397

NPI: 1598703647

Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-0:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of Southern Cal-PHP

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

##### CENTRO MEDICO ESCONDIDO

Provider ID: 419344

 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

 Phone: (760) 871-0606

Fax: (858) 634-6918

 After Hours Phone: (760)  
871-0606


License Number: 550001260

NPI: 1023349883

Accepting New Patients: Yes

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: SU 8:00AM-0:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-0:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO  
COMMUNITY HEALTH  
FOUNDATION

 Website: N


Email:


[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

##### ESCONDIDO FAMILY HEALTH CENTER

Provider ID: 652372

 128 N BROADWAY  
ESCONDIDO, CA 92025

 Phone: (619) 515-2474


 After Hours Phone: (619)  
515-2474

License Number: 550002865

NPI: 1417640491

Accepting New Patients: Yes

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Family  
Health Centers of San Diego


 Website: N/A

##### SAN YSIDRO HEALTH ESCONDIDO FAMILY

#### MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100


Fax: (619) 662-7952

 After Hours Phone: (619)  
662-4100


NPI: 1801438239

Accepting New Patients: Yes

Min/Max Age: 0\120

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of Southern Cal-PHP


 Website: N/A

#### FALLBROOK

##### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

 1328 S MISSION RD  
FALLBROOK, CA  
92028-4006



 Phone: 760-451-4720

Fax: 760-451-4700

 After Hours Phone:  
760-451-4720

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish


Cultural Competency: No

American Sign Language (ASL):  
N




 Accessibility: CONTACT

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

*PROVIDER*  
Medical Group/IPA:  
FALLBROOK FAMILY HLTH  
CTR  
 Website: N/A


#### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910  
 1328 S MISSION RD  
FALLBROOK, CA  
92028-4006  
 Phone: 760-451-4720  
Fax: 760-451-4700  
 After Hours Phone:  
760-451-4720  
License Number: 80000150  
NPI: 1598122871




Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
FALLBROOK FAMILY HLTH  
CTR  
 Website: N/A

#### FALLBROOK FAMILY HLTH CTR




Provider ID: 183910  
 1328 S MISSION RD  
FALLBROOK, CA  
92028-4006  
 Phone: 760-451-4770  
 After Hours Phone:  
760-451-4770  
License Number: A169529

NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
FALLBROOK FAMILY HLTH  
CTR  
 Website: N/A

#### VISTA COMMUNITY CLINIC

Provider ID: 624122  
 321 E ALVARADO ST  
FALLBROOK, CA  
92028-2912  
 Phone: 760-723-6200  
 After Hours Phone:  
760-723-6200  
License Number: NP95003447  
NPI: 1598122871



Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VISTA  
COMMUNITY CLINIC  
 Website: www.vistacommunityclinic.org

#### VISTA COMMUNITY CLINIC




Provider ID: 624122  
 321 E ALVARADO ST  
FALLBROOK, CA 92028  
 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200  
License Number: 080000002  
NPI: 1316501562  
Accepting New Patients: No  
Min/Max Age: 0\999


Site English Spoken: Y  
Cultural Competency: Y  
 Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM  
W-TH 8:00AM-5:00PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP of  
Southern Cal-PHP  
 Website: www.vistacommunityclinic.org


#### VISTA COMMUNITY CLINIC

Provider ID: 624122  
 321 E ALVARADO ST  
FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760)  
723-6200  
License Number: 550003781  
NPI: 1316501562

Accepting New Patients: No  
Min/Max Age: 0\999

Site English Spoken: Y  
Cultural Competency: Y  
 Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM  
W-TH 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200


 After Hours Phone: (760) 723-6200

License Number: 550004110

NPI: 1316501562

Accepting New Patients: No  
Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM  
W-TH 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP of Southern Cal-PHP


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST  
FALLBROOK, CA 92028


 Phone: (760) 723-6200


 After Hours Phone: (760) 723-6200

License Number: 080000002

NPI: 1649662719

Accepting New Patients: No  
Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M 8:00AM-4:00PM

TU 8:00AM-0:30PM

W-TH 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP of Southern Cal-PHP


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200


 After Hours Phone: (760) 723-6200

License Number: 550003781

NPI: 1649662719

Accepting New Patients: No  
Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM  
W-TH 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP of Southern Cal-PHP

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)


723-6200

License Number: 550004110

NPI: 1649662719

Accepting New Patients: No  
Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM  
W-TH 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP of Southern Cal-PHP


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200


 After Hours Phone: (760) 723-6200

License Number: 080000002

NPI: 1851300123

Accepting New Patients: No  
Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM  
W-TH 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

nityclinic.org

**VISTA COMMUNITY CLINIC**  
Provider ID: 624122  
321 E ALVARADO ST  
FALLBROOK, CA 92028  
Phone: (760) 723-6200  
After Hours Phone: (760) 723-6200  
License Number: 550003781  
NPI: 1851300123  
Accepting New Patients: No  
Min/Max Age: 0\999  
Site English Spoken: Y  
Cultural Competency: Y  
Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM  
W-TH 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
Website: www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**  
Provider ID: 624122  
321 E ALVARADO ST  
FALLBROOK, CA 92028  
Phone: (760) 723-6200  
After Hours Phone: (760) 723-6200  
License Number: 550004110  
NPI: 1851300123  
Accepting New Patients: No  
Min/Max Age: 0\999  
Site English Spoken: Y  
Cultural Competency: Y  
Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM

W-TH 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
Website: www.vistacommunityclinic.org

**FALLBROOK FAMILY HLTH CTR**  
Provider ID: 183910  
1328 S MISSION RD  
FALLBROOK, CA 92028  
Phone: (760) 451-4720  
Fax: (760) 451-4700  
After Hours Phone: (760) 451-4720  
License Number: 080000150  
NPI: 1982756086  
Accepting New Patients: Yes  
Min/Max Age: 0\999  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
Cultural Competency: N

Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
Website: N/A  
Email: a.escobedo@chsica.org

#### IMPERIAL BEACH

**IMPERIAL BEACH HEALTH**

**CENTER**  
Provider ID: 179678  
949 PALM AVE  
IMPERIAL BEACH, CA 91932-1503  
Phone: 619-429-3733  
After Hours Phone: 619-429-3733  
License Number: A51447  
NPI: 1598122871  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Languages(s) Spoken: Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IMPERIAL BEACH HEALTH CENTER  
Website: www.ihpsocal.org




**IMPERIAL BEACH HEALTH CENTER**  
Provider ID: 179678  
949 PALM AVE  
IMPERIAL BEACH, CA 91932-1503  
Phone: 619-429-3733  
After Hours Phone: 619-429-3733  
License Number: A66830  
NPI: 1598122871  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Languages(s) Spoken: Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics



**PROVIDER**  
Medical Group/IPA: IMPERIAL  
BEACH HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678  
 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
Fax: (619) 628-5550  
 After Hours Phone: (619)  
429-3733

License Number: 090000119  
NPI: 1790718351

Accepting New Patients: Yes  
Min/Max Age: 0\150

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: Y

 Hours: M-F  
8:00AM-5:00PM  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP



 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### LA MESA




#### LA MESA PEDIATRICS


Provider ID: 480827  
 8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942-3135  
 Phone: 619-464-6434  
 After Hours Phone:  
619-464-6434



License Number: NP95017921  
NPI: 1134144165  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA MESA  
PEDIATRICS  
 Website: N/A




#### LA MESA PEDIATRICS




Provider ID: 480827  
 8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942-3135  
 Phone: 619-464-6434  
Fax: 619-464-5109  
 After Hours Phone:  
619-464-6434  
NPI: 1134144165

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA MESA  
PEDIATRICS  
 Website: N/A


#### LA MESA PEDIATRICS

Provider ID: 480827  
 8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942-3135  
 Phone: 619-464-6434  
Fax: 619-464-5109  
 After Hours Phone:


619-464-6434  
License Number: 20A11733  
NPI: 1134144165  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA MESA  
PEDIATRICS  
 Website: N/A

#### LA MESA PEDIATRICS

Provider ID: 480827  
 8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942-3135  
 Phone: 619-464-6434  
Fax: 619-464-5109  
 After Hours Phone:  
619-464-6434

License Number: 550000430  
NPI: 1134144165  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: Yes

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA MESA  
PEDIATRICS

 Website: N/A

#### LA MESA PEDIATRICS

Provider ID: 480827  
 8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942-3135  
 Phone: 619-464-6434

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Fax: 619-464-5109

☎ After Hours Phone:  
619-464-6434

License Number: A113241

NPI: 1134144165

Accepting New Patients: Yes

☑ Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA MESA  
PEDIATRICS

🌐 Website: N/A

#### LA MESA PEDIATRICS

Provider ID: 480827

📍 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942-3135

☎ Phone: 619-464-6434

Fax: 619-464-5109

☎ After Hours Phone:  
619-464-6434

License Number: A89865

NPI: 1134144165

Accepting New Patients: Yes

☑ Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA MESA  
PEDIATRICS

🌐 Website: N/A

#### LA MESA PEDIATRICS

Provider ID: 480827

📍 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942-3135

☎ Phone: 619-464-6434  
Fax: 619-464-5109

☎ After Hours Phone:  
619-464-6434

License Number: C133872

NPI: 1134144165

Accepting New Patients: Yes

☑ Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA MESA  
PEDIATRICS

🌐 Website: N/A

#### LA MESA PEDIATRICS

Provider ID: 480827

📍 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

☎ Phone: (619) 464-6434

Fax: (619) 464-5109

☎ After Hours Phone: (619)  
464-6434

License Number: 550000430

NPI: 1033759311

Accepting New Patients: Yes

Min/Max Age: 0\21

☑ Site English Spoken: Y  
Cultural Competency: Y

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO  
COMMUNITY HEALTH  
FOUNDTION

🌐 Website: N/A

### LAKESIDE

#### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

📍 10039 VINE ST  
LAKESIDE, CA 92040-3120

☎ Phone: 858-218-3000

☎ After Hours Phone:  
858-218-3000

License Number: A152372

NPI: 1598122871

Accepting New Patients: Yes

☑ Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE LAKESIDE

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

📍 10039 VINE ST  
LAKESIDE, CA 92040-3120

☎ Phone: 858-218-3000

☎ After Hours Phone:  
858-218-3000

License Number: A43914

NPI: 1598122871

Accepting New Patients: Yes

☑ Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER




Medical Group/IPA:


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

**NEIGHBORHOOD  
HEALTHCARE LAKESIDE**  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)




#### **NEIGHBORHOOD HEALTHCARE LAKESIDE**

Provider ID: 353843  
 10039 VINE ST  
LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
 After Hours Phone:  
858-218-3000  
License Number: A75411  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No


American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
**NEIGHBORHOOD  
HEALTHCARE LAKESIDE**  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)




#### **NEIGHBORHOOD HEALTHCARE LAKESIDE**

Provider ID: 353843  
 10039 VINE ST  
LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
 After Hours Phone:  
858-218-3000  
License Number: DC33688  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
**NEIGHBORHOOD  
HEALTHCARE LAKESIDE**  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **NEIGHBORHOOD HEALTHCARE LAKESIDE**




Provider ID: 353843  
 10039 VINE ST  
LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
Fax: 360-462-2744  
 After Hours Phone:  
858-218-3000  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
**NEIGHBORHOOD  
HEALTHCARE LAKESIDE**

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **NEIGHBORHOOD HEALTHCARE LAKESIDE**

Provider ID: 353843  
 10039 VINE ST  
LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
Fax: 360-462-2744  
 After Hours Phone:  
858-218-3000  
License Number: 80000483  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes

Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
**NEIGHBORHOOD  
HEALTHCARE LAKESIDE**  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **NEIGHBORHOOD HEALTHCARE LAKESIDE**

Provider ID: 353843  
 10039 VINE ST  
LAKESIDE, CA 92040  
 Phone: (858) 218-3000  
Fax: (360) 462-2744  
 After Hours Phone: (858)  
218-3000  
License Number: 080000483  
NPI: 1932384120  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
 Site English Spoken: Y  
Cultural Competency: N  
 Hours: M-F  
8:00AM-5:00PM


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### LEMON GROVE






#### **LEMON GROVE FAMILY HEALTH CENTER**

Provider ID: 419139  
 7592 BROADWAY







## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics







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LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: G78814  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER  
 Website: N/A






#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
License Number: 20A11535  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER  
 Website: N/A








#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
License Number: 20A14919  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER  
 Website: N/A





#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
License Number: A102060  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LEMON

#### GROVE FAMILY HEALTH CENTER

 Website: N/A  
**LEMON GROVE FAMILY  
HEALTH CENTER**  
Provider ID: 419139  
 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
License Number: A107323  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER  
 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

































Provider ID: 419139  
 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
License Number: A108228  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER</p> <p> Website: N/A</p>	<p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER</p> <p> Website: N/A</p>	<p> After Hours Phone: 619-515-2550</p> <p>License Number: A118095</p> <p>NPI: 1134155377</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER</p> <p> Website: N/A</p>
<p><b>LEMON GROVE FAMILY HEALTH CENTER</b></p> <p>Provider ID: 419139</p> <p> 7592 BROADWAY LEMON GROVE, CA 91945-1604</p> <p> Phone: 619-515-2550</p> <p> After Hours Phone: 619-515-2550</p> <p>License Number: A113001</p> <p>NPI: 1134155377</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER</p> <p> Website: N/A</p>	<p><b>LEMON GROVE FAMILY HEALTH CENTER</b></p> <p>Provider ID: 419139</p> <p> 7592 BROADWAY LEMON GROVE, CA 91945-1604</p> <p> Phone: 619-515-2550</p> <p> After Hours Phone: 619-515-2550</p> <p>License Number: A116680</p> <p>NPI: 1134155377</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER</p> <p> Website: N/A</p>	<p><b>LEMON GROVE FAMILY HEALTH CENTER</b></p> <p>Provider ID: 419139</p> <p> 7592 BROADWAY LEMON GROVE, CA 91945-1604</p> <p> Phone: 619-515-2550</p> <p> After Hours Phone: 619-515-2550</p> <p>License Number: A148014</p> <p>NPI: 1134155377</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER</p> <p> Website: N/A</p>
<p><b>LEMON GROVE FAMILY HEALTH CENTER</b></p> <p>Provider ID: 419139</p> <p> 7592 BROADWAY LEMON GROVE, CA 91945-1604</p> <p> Phone: 619-515-2550</p> <p> After Hours Phone: 619-515-2550</p> <p>License Number: A114181</p> <p>NPI: 1134155377</p>	<p><b>LEMON GROVE FAMILY HEALTH CENTER</b></p> <p>Provider ID: 419139</p> <p> 7592 BROADWAY LEMON GROVE, CA 91945-1604</p> <p> Phone: 619-515-2550</p>	<p><b>LEMON GROVE FAMILY HEALTH CENTER</b></p>


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

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Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: A154838

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER


Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: A165925

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

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*Cultural Competency: No*

*American Sign Language (ASL): NPI: 1134155377*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER*


 *Website: N/A*

#### **LEMON GROVE FAMILY HEALTH CENTER**

*Provider ID: 419139*

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 *Phone: 619-515-2550*

 *After Hours Phone:  
619-515-2550*

*License Number: A68463*

*NPI: 1134155377*


*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): NPI: 1134155377*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER*


 *Website: N/A*

#### **LEMON GROVE FAMILY HEALTH CENTER**

*Provider ID: 419139*

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 *Phone: 619-515-2550*

 *After Hours Phone:  
619-515-2550*

*License Number: A72005*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER*


 *Website: N/A*

#### **LEMON GROVE FAMILY HEALTH CENTER**

*Provider ID: 419139*

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 *Phone: 619-515-2550*

 *After Hours Phone:  
619-515-2550*

*License Number: C172318*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER*


 *Website: N/A*


#### **LEMON GROVE FAMILY HEALTH CENTER**

*Provider ID: 419139*

 7592 BROADWAY

LEMON GROVE, CA  
91945-1604

 *Phone: 619-515-2550*

 *After Hours Phone:  
619-515-2550*

*License Number: C174771*

*NPI: 1134155377*


*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER*


 *Website: N/A*

#### **LEMON GROVE FAMILY HEALTH CENTER**

*Provider ID: 419139*

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 *Phone: 619-515-2550*

 *After Hours Phone:  
619-515-2550*

*License Number: NP15444*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER*

 *Website: N/A*

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: NP95001050

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER

Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: NP95008782

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LEMON

#### GROVE FAMILY HEALTH CENTER

Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: NP95009933

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER

Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: NP95013978

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER

Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: PA12416

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER

Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: PA56072

NPI: 1134155377

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Accepting New Patients: Yes

☐ Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER

🌐 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

📍 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

☎ Phone: 619-515-2550

🕒 After Hours Phone:  
619-515-2550

License Number: RN428876

NPI: 1134155377

Accepting New Patients: Yes

☐ Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER

🌐 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

📍 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

☎ Phone: 619-515-2550

Fax: 619-825-9577

🕒 After Hours Phone:  
619-515-2550

NPI: 1134155377

Accepting New Patients: Yes

☐ Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER

🌐 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

📍 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

☎ Phone: 619-515-2550

Fax: 619-825-9577

🕒 After Hours Phone:  
619-515-2550

License Number: 550001268

NPI: 1134155377

Accepting New Patients: Yes

☐ Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER

🌐 Website: N/A

#### LEMON GROVE FAMILY

#### HEALTH CENTER

Provider ID: 419139

📍 7592 BROADWAY  
LEMON GROVE, CA 91945

☎ Phone: (619) 515-2550

Fax: (619) 825-9577

🕒 After Hours Phone: (619)  
515-2550

License Number: 550001268

NPI: 1427282466

Accepting New Patients: Yes

Min/Max Age: 0\150

☐ Site English Spoken: Y  
Cultural Competency: N

🕒 Hours: M-F  
9:00AM-5:00PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Family  
Health Centers of San Diego

🌐 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

#### NATIONAL CITY

#### SAN YSIDRO HEALTH SOUTH BAY

Provider ID: 361428

📍 330 E 8TH ST  
NATIONAL CITY, CA  
91950-2312

☎ Phone: 619-662-4100

🕒 After Hours Phone:  
619-662-4100

License Number: 20A12653

NPI: 1598122871

Accepting New Patients: Yes

☐ Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):





## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics







<p><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: SAN YSIDRO HEALTH SOUTH BAY</i></p> <p> <i>Website: www.ihpsocal.org</i></p>	<p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: SAN YSIDRO HEALTH SOUTH BAY</i></p> <p> <i>Website: www.ihpsocal.org</i></p>	<p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC</i></p> <p> <i>Website: www.lamaestra.org</i></p>
<p><b>SAN YSIDRO HEALTH SOUTH BAY</b></p> <p><i>Provider ID: 361428</i></p> <p> 330 E 8TH ST NATIONAL CITY, CA 91950-2312</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: A133539</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: SAN YSIDRO HEALTH SOUTH BAY</i></p> <p> <i>Website: www.ihpsocal.org</i></p>	<p><b>SAN YSIDRO HEALTH SOUTH BAY</b></p> <p><i>Provider ID: 361428</i></p> <p> 330 E 8TH ST NATIONAL CITY, CA 91950-2312</p> <p> <i>Phone: 619-662-4100</i></p> <p><i>Fax: 619-259-2807</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: SAN YSIDRO HEALTH SOUTH BAY</i></p> <p> <i>Website: www.ihpsocal.org</i></p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b></p> <p><i>Provider ID: 185270</i></p> <p> 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518</p> <p> <i>Phone: 619-434-7308</i></p> <p> <i>After Hours Phone: 619-434-7308</i></p> <p><i>License Number: 20A6433</i></p> <p><i>NPI: 1609849074</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC</i></p> <p> <i>Website: www.lamaestra.org</i></p>
<p><b>SAN YSIDRO HEALTH SOUTH BAY</b></p> <p><i>Provider ID: 361428</i></p> <p> 330 E 8TH ST NATIONAL CITY, CA 91950-2312</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: G71855</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i></p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b></p> <p><i>Provider ID: 185270</i></p> <p> 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518</p> <p> <i>Phone: 619-280-4213</i></p> <p> <i>After Hours Phone: 619-280-4213</i></p> <p><i>License Number: A167184</i></p> <p><i>NPI: 1609849074</i></p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b></p> <p><i>Provider ID: 185270</i></p> <p> 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518</p> <p> <i>Phone: 619-434-7308</i></p>

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics







 After Hours Phone:  
619-434-7308  
License Number: A123929  
NPI: 1609849074  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC







Provider ID: 185270  
 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
 Phone: 619-434-7308  
 After Hours Phone:  
619-434-7308  
License Number: C55979  
NPI: 1609849074  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270







 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
 Phone: 619-434-7308  
 After Hours Phone:  
619-434-7308  
License Number: G45632  
NPI: 1609849074  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC






Provider ID: 185270  
 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
 Phone: 619-434-7308  
Fax: 619-434-7310  
 After Hours Phone:  
619-434-7308  
License Number: NP95013257  
NPI: 1609849074  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

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#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270  
 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
 Phone: 619-564-8765  
 After Hours Phone:  
619-564-8765  
License Number: NP95009891  
NPI: 1609849074  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270  
 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
 Phone: 619-798-3977  
 After Hours Phone:  
619-798-3977  
License Number: A41375  
NPI: 1609849074  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

**PROVIDER**  
Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### **SAN YSIDRO HEALTH PARADISE HILLS**

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: A118227

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH PARADISE HILLS**

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: A138534

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH PARADISE HILLS**

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: A146819

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH PARADISE HILLS**

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: A157488

NPI: 1598122871

Accepting New Patients: Yes


 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH PARADISE HILLS**

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: A167529

NPI: 1598122871

Accepting New Patients: Yes


 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER




## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH PARADISE HILLS**

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: G88347

NPI: 1598122871


Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH PARADISE HILLS**

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100

Fax: 619-259-2806


 After Hours Phone:  
619-662-4100

License Number: 20A11518

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH PARADISE HILLS**

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100


Fax: 619-259-2807

 After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH PARADISE HILLS**

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100

Fax: 619-259-2807


 After Hours Phone:  
619-662-4100

License Number: A113624

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH PARADISE HILLS**

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100

Fax: 619-259-2807


 After Hours Phone:  
619-662-4100

License Number: A71304

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH PARADISE HILLS*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH NATIONAL CITY**

*Provider ID: 227412*

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 *Phone: 619-336-2300*

 *After Hours Phone:  
619-336-2300*

*License Number: A78373*


*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL): NPI: 1598122871*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY*


 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH NATIONAL CITY**

*Provider ID: 227412*

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 *Phone: 619-428-4463*

 *After Hours Phone:  
619-428-4463*

*License Number: G71855*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL): NPI: 1598122871*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY*


 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH NATIONAL CITY**

*Provider ID: 227412*

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*


*License Number: A103218*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL): NPI: 1598122871*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH NATIONAL CITY**

*Provider ID: 227412*

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 *Phone: 619-662-4100*

 *After Hours Phone:*

*619-662-4100*


*License Number: A138919*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY*


 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH NATIONAL CITY**

*Provider ID: 227412*

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A165184*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY*







 *Website: www.ihpsocal.org*







#### **SAN YSIDRO HEALTH NATIONAL CITY**




*Provider ID: 227412*

## D. Blue Shield Promise Medi-Cal List of Network Providers





### D1. Federally Qualified Health Clinics


 1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: C55180  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH NATIONAL  
CITY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)







**SAN YSIDRO HEALTH  
NATIONAL CITY**  
Provider ID: 227412  
 1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
 Phone: 619-662-4100  
Fax: 619-336-2323  
 After Hours Phone:  
619-662-4100  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH NATIONAL  
CITY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)




**SAN YSIDRO HEALTH  
NATIONAL CITY**  
Provider ID: 227412  
 1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
 Phone: 619-662-4100  
Fax: 619-336-2323  
 After Hours Phone:  
619-662-4100  
License Number: A112571  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH NATIONAL  
CITY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
NATIONAL CITY**  
Provider ID: 227412  
 1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
 Phone: 619-662-4100  
Fax: 619-474-3722  
 After Hours Phone:  
619-662-4100  
License Number: A55469  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH NATIONAL  
CITY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
NATIONAL CITY**  
Provider ID: 227412  
 1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
 Phone: 619-662-4100  
Fax: 619-474-3722  
 After Hours Phone:  
619-662-4100  
License Number: G46444  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH NATIONAL  
CITY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**FAMILY HEALTH CTR SD  
NATIONAL CITY**  
Provider ID: 418930  
 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
 Phone: 619-515-2399  
 After Hours Phone:  
619-515-2399  
License Number: 20A18460  
NPI: 1134155377

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SD NATIONAL CITY**

Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

 Phone: 619-515-2399

 After Hours Phone:  
619-515-2399

License Number: A163862

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SD NATIONAL CITY**

Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

 Phone: 619-515-2399

 After Hours Phone:  
619-515-2399

License Number: A176878

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SD NATIONAL CITY**

Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

 Phone: 619-515-2399

 After Hours Phone:  
619-515-2399

License Number: NP95010663

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SD NATIONAL CITY**

Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

 Phone: 619-515-2399

 After Hours Phone:  
619-515-2399

License Number: PA55660

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SD NATIONAL CITY**

Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

 Phone: 619-515-2399

Fax: 619-269-0053


 After Hours Phone:  
619-515-2399

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **FAMILY HEALTH CTR SD NATIONAL CITY**

Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

 Phone: 619-515-2399

Fax: 619-269-0053

 After Hours Phone:  
619-515-2399


License Number: 550000465

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CTR SD NATIONAL  
CITY

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **OPERATION SAMAHAN GRANGER SCHOOL BASED**

Provider ID: 418302

 2101 GRANGER AVE  
NATIONAL CITY, CA  
91950-6208

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426

License Number: NP95000203

NPI: 1801907449


Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
OPERATION SAMAHAN  
GRANGER SCHOOL BASED

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)


#### **OPERATION SAMAHAN GRANGER SCHOOL BASED**

Provider ID: 418302

 2101 GRANGER AVE  
NATIONAL CITY, CA  
91950-6208

 Phone: 844-200-2426

Fax: 619-434-8999

 After Hours Phone:  
844-200-2426

NPI: 1801907449


Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
OPERATION SAMAHAN  
GRANGER SCHOOL BASED

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### **OPERATION SAMAHAN GRANGER SCHOOL BASED**

Provider ID: 418302

 2101 GRANGER AVE  
NATIONAL CITY, CA  
91950-6208

 Phone: 844-200-2426

Fax: 619-434-8999

 After Hours Phone:  
844-200-2426


License Number: 550002622

NPI: 1801907449


Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
OPERATION SAMAHAN  
GRANGER SCHOOL BASED

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### **OPERATION SAMAHAN - NATIONAL C**

Provider ID: 417102

 2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426

License Number: A74777

NPI: 1801907449

Accepting New Patients: Yes


 Site English Spoken: Yes  
 Site Languages(s) Spoken:

Tagalog, Lao, Spanish  
Cultural Competency: No  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
OPERATION SAMAHAN -  
NATIONAL C

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### **OPERATION SAMAHAN -**

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

#### NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: NP22974

NPI: 1801907449

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Lao, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN -  
NATIONAL C

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: NP95000203

NPI: 1801907449

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Lao, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN -  
NATIONAL C

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

Phone: 844-200-2426

Fax: 619-474-3919

After Hours Phone:  
844-200-2426

NPI: 1801907449

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Lao, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN -  
NATIONAL C

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

Phone: 844-200-2426

Fax: 619-474-3919

After Hours Phone:  
844-200-2426

License Number: 90000183

NPI: 1801907449

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Lao, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN -  
NATIONAL C

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 474-3919

After Hours Phone: (844)  
200-2426

License Number: 090000183

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog, Lao, Spanish

Cultural Competency: Y

Hours: M-TH

8:00AM-6:00PM


F 8:00AM-5:00PM

American Sign Language (ASL):


N

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 **Accessibility:** CONTACT PROVIDER

Medical Group/IPA: Operation Samahan


 **Website:** [www.operationsamahan.org](http://www.operationsamahan.org)

#### SAN YSIDRO HEALTH

##### PARADISE HILLS

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 **Phone:** (619) 662-4100

**Fax:** (619) 259-2807

 **After Hours Phone:** (619) 662-4100

**NPI:** 1598907487

Accepting New Patients: Yes

Min/Max Age: 0\150

**Site English Spoken:** Y

**Site Languages(s) Spoken:** Tagalog, Spanish

**Cultural Competency:** Y


 **Hours:** M-F

8:00AM-5:00PM

**American Sign Language (ASL):** N

 **Accessibility:** CONTACT PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP


 **Website:** [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

#### SAN YSIDRO HEALTH

##### NATIONAL CITY

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA 91950

 **Phone:** (619) 662-4100

**Fax:** (619) 474-3722

 **After Hours Phone:** (619) 662-4100

**NPI:** 1003869363

Accepting New Patients: Yes

Min/Max Age: 0\150

**Site English Spoken:** Y

**Site Languages(s) Spoken:** Spanish

**Cultural Competency:** Y


 **Hours:** M-F

8:00AM-5:00PM

**American Sign Language (ASL):** N

 **Accessibility:** CONTACT PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP


 **Website:** [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

#### OPERATION SAMAHAN

##### GRANGER SCHOOL BASED

Provider ID: 418302

 2101 GRANGER AVE  
NATIONAL CITY, CA 91950

 **Phone:** (844) 200-2426

**Fax:** (619) 434-8999

 **After Hours Phone:** (844) 200-2426

**License Number:** 550002622

**NPI:** 1205134517

Accepting New Patients: Yes

Min/Max Age: 0\150

**Site English Spoken:** Y

**Cultural Competency:** N


 **Hours:** M-F

8:00AM-5:00PM

**American Sign Language (ASL):** N

 **Accessibility:** CONTACT PROVIDER

Medical Group/IPA: Operation Samahan


 **Website:** [www.operationsamahan.org](http://www.operationsamahan.org)

#### FAMILY HEALTH CTR SD

##### NATIONAL CITY

Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 **Phone:** (619) 515-2399

**Fax:** (619) 269-0053

 **After Hours Phone:** (619) 515-2399

**License Number:** 550000465

**NPI:** 1417409228

Accepting New Patients: Yes

Min/Max Age: 0\150

**Site English Spoken:** Y

**Cultural Competency:** N

 **Hours:** M 8:30AM-3:30PM


TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

**American Sign Language (ASL):** N

 **Accessibility:** CONTACT PROVIDER

Medical Group/IPA: Family Health Centers of San Diego

 **Website:** [www.fhcsd.org](http://www.fhcsd.org)


**Email:** [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

#### LA MAESTRA FAMILY CLINIC

##### INC

Provider ID: 185270

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 **Phone:** (619) 434-7308

**Fax:** (619) 434-7310

 **After Hours Phone:** (619)

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

434-7308  
NPI: 1336353721  
Accepting New Patients: Yes  
Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hours: TH 8:00AM-2:00PM  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: La  
Maestra Family Clinic

Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

#### SAN YSIDRO HEALTH SOUTH BAY

Provider ID: 361428

330 E 8TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 434-3514

After Hours Phone: (619)  
662-4100

NPI: 1851757215

Accepting New Patients: Yes

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: Y

Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

Website: [www.syhealth.org](http://www.syhealth.org)  
Email:  
[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)

PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: N/A

#### OCEANSIDE

##### TRUECARE

Provider ID: 480315

3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

Phone: 760-433-3155

After Hours Phone:  
760-433-3155

License Number: PA19825

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

Website: N/A

##### TRUECARE

Provider ID: 480315

3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

Phone: 760-433-3155

After Hours Phone:  
760-433-3155

License Number: PA53036

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT

##### TRUECARE

Provider ID: 480315

3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

Phone: 760-433-3155

Fax: 760-736-8740

After Hours Phone:  
760-433-3155

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

Website: N/A

##### TRUECARE

Provider ID: 480315

3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

Phone: 760-433-3155

Fax: 760-736-8740

After Hours Phone:  
760-433-3155

License Number: 80000240

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):

Accessibility: CONTACT  
PROVIDER



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


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Medical Group/IPA: TRUECARE

 Website: N/A

#### TRUECARE

Provider ID: 480315

 3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: NP21368

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: TRUECARE


 Website: N/A

#### TRUECARE

Provider ID: 480315

 3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

 Phone: 760-891-4667

 After Hours Phone:  
760-891-4667

License Number: A131678

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: TRUECARE

 Website: N/A

#### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: 20A17371

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA


COMMUNITY CLINIC HORNE  
STREET

 Website: N/A

#### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: NP95006826

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC HORNE  
STREET


 Website: N/A

#### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: NP95007885

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA


COMMUNITY CLINIC HORNE  
STREET

 Website: N/A


#### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone:  
760-631-5000

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes


Cultural Competency: No

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

*American Sign Language (ASL):* 760-631-5000

N


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA COMMUNITY CLINIC HORNE STREET*

 *Website: N/A*

#### **VISTA COMMUNITY CLINIC HORNE STREET**

*Provider ID: 402436*

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 *Phone: 760-631-5000*

*Fax: 760-414-3892*

 *After Hours Phone:  
760-631-5000*

*License Number: 80000745*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes  
Cultural Competency: Yes*

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA COMMUNITY CLINIC HORNE STREET*

 *Website: N/A*

#### **VISTA COMMUNITY CLINIC PIER VIEW WAY**

*Provider ID: 402434*

 818 PIER VIEW WAY  
OCEANSIDE, CA  
92054-2803

 *Phone: 760-631-5000*

*Fax: 760-414-3892*

 *After Hours Phone:*

*License Number: 80000510*

*NPI: 1598122871*

*Accepting New Patients: No*

 *Site English Spoken: Yes  
Cultural Competency: Yes*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA COMMUNITY CLINIC PIER VIEW WAY*

 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC PIER VIEW WAY**

*Provider ID: 402434*

 818 PIER VIEW WAY  
OCEANSIDE, CA  
92054-2803

 *Phone: 760-631-5000*

*Fax: 760-414-3892*

 *After Hours Phone:  
760-631-5000*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA COMMUNITY CLINIC PIER VIEW WAY*


 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206341*

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

 *Phone: 760-631-5000*

 *After Hours Phone:  
760-631-5000*

*License Number: 20A18374*

*NPI: 1598122871*

*Accepting New Patients: Yes*


 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA COMMUNITY CLINIC*


 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206341*

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

 *Phone: 760-631-5000*

 *After Hours Phone:  
760-631-5000*

*License Number: 20A8949*


*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: VISTA COMMUNITY CLINIC*



 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206341*

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000


License Number: A149340

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VISTA  
COMMUNITY CLINIC

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: NP95003571

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VISTA  
COMMUNITY CLINIC

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: NP95009284

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VISTA  
COMMUNITY CLINIC

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043  
 Phone: 760-631-5000  
Fax: 760-414-3731  
 After Hours Phone:  
760-631-5000

License Number: A130883

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


#### VISTA COMMUNITY CLINIC

Provider ID: 206341

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA  
92057-6043

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: NP95016368

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### TRUECARE

Provider ID: 296476

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: 20A7241

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Language(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

#### TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: NP95012681

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: A131678

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: NP95013879

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

Phone: 760-757-4566

After Hours Phone:  
760-757-4566

License Number: 20A15689

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

Phone: 760-757-4566

After Hours Phone:  
760-757-4566

License Number: C152937

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

Phone: 760-757-4566

After Hours Phone:  
760-757-4566

License Number: PA22667

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes































Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

<p><b>N</b></p> <p> <b>Accessibility:</b> CONTACT PROVIDER</p> <p>Medical Group/IPA: TRUECARE</p> <p> <b>Website:</b> <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p>American Sign Language (ASL): <input type="checkbox"/> <b>Site English Spoken:</b> Yes</p> <p><b>N</b></p> <p> <b>Accessibility:</b> CONTACT PROVIDER</p> <p>Medical Group/IPA: TRUECARE</p> <p> <b>Website:</b> <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p><input type="checkbox"/> <b>Site English Spoken:</b> Yes</p> <p><input type="checkbox"/> <b>Site Languages(s) Spoken:</b> Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): <b>N</b></p> <p> <b>Accessibility:</b> CONTACT PROVIDER</p> <p>Medical Group/IPA: TRUECARE</p> <p> <b>Website:</b> <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
<p><b>TRUECARE</b></p> <p>Provider ID: 296476</p> <p> 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415</p> <p> <b>Phone:</b> 760-757-4566</p> <p> <b>After Hours Phone:</b> 760-757-4566</p> <p>License Number: PA53036</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> <b>Site English Spoken:</b> Yes</p> <p><input type="checkbox"/> <b>Site Languages(s) Spoken:</b> Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): <b>N</b></p> <p> <b>Accessibility:</b> CONTACT PROVIDER</p> <p>Medical Group/IPA: TRUECARE</p> <p> <b>Website:</b> <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p><b>TRUECARE</b></p> <p>Provider ID: 296476</p> <p> 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415</p> <p> <b>Phone:</b> 760-757-4566</p> <p><b>Fax:</b> 760-736-8740</p> <p> <b>After Hours Phone:</b> 760-757-4566</p> <p>License Number: 80000240</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> <b>Site English Spoken:</b> Yes</p> <p><input type="checkbox"/> <b>Site Languages(s) Spoken:</b> Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): <b>N</b></p> <p> <b>Accessibility:</b> CONTACT PROVIDER</p> <p>Medical Group/IPA: TRUECARE</p> <p> <b>Website:</b> <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p><b>TRUECARE</b></p> <p>Provider ID: 296477</p> <p> 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415</p> <p> <b>Phone:</b> 760-757-4566</p> <p><b>Fax:</b> 760-757-3004</p> <p> <b>After Hours Phone:</b> 760-757-4566</p> <p>License Number: A116562</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> <b>Site English Spoken:</b> Yes</p> <p><input type="checkbox"/> <b>Site Languages(s) Spoken:</b> Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): <b>N</b></p> <p> <b>Accessibility:</b> CONTACT PROVIDER</p> <p>Medical Group/IPA: TRUECARE</p> <p> <b>Website:</b> <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
<p><b>TRUECARE</b></p> <p>Provider ID: 296476</p> <p> 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415</p> <p> <b>Phone:</b> 760-757-4566</p> <p><b>Fax:</b> 760-736-8740</p> <p> <b>After Hours Phone:</b> 760-757-4566</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> <b>Site English Spoken:</b> Yes</p> <p><input type="checkbox"/> <b>Site Languages(s) Spoken:</b> Spanish</p> <p>Cultural Competency: No</p>	<p><b>TRUECARE</b></p> <p>Provider ID: 296476</p> <p> 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415</p> <p> <b>Phone:</b> 760-757-4566</p> <p><b>Fax:</b> 760-757-3004</p> <p> <b>After Hours Phone:</b> 760-757-4566</p> <p>License Number: A66289</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p>	<p><b>TRUECARE</b></p> <p>Provider ID: 296478</p> <p> 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415</p> <p> <b>Phone:</b> 760-757-4566</p> <p> <b>After Hours Phone:</b> 760-757-4566</p> <p>License Number: NP21368</p>

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: TRUECARE

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 296479

605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

Phone: 760-757-4566

After Hours Phone:  
760-757-4566

License Number: A64435

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: TRUECARE

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)

631-5000

License Number: 080000002

NPI: 1316501562

Accepting New Patients: Yes

Min/Max Age: 0\999

Site English Spoken: Y

Cultural Competency: Y

Hours: M-F

8:00AM-5:00PM

SA 9:00AM-4:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

License Number: 550003781

NPI: 1316501562

Accepting New Patients: Yes

Min/Max Age: 0\999

Site English Spoken: Y

Cultural Competency: Y

Hours: M-F

8:00AM-5:00PM

SA 9:00AM-4:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

License Number: 550004110

NPI: 1316501562

Accepting New Patients: Yes

Min/Max Age: 0\999

Site English Spoken: Y

Cultural Competency: Y

Hours: M-F

8:00AM-5:00PM

SA 9:00AM-4:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

License Number: 080000002

NPI: 1649662719

Accepting New Patients: Yes


Min/Max Age: 0\999

Site English Spoken: Y

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

*Cultural Competency: Y*

 *Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP of  
Southern Cal-PHP*

 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206341*

 *4700 N RIVER RD  
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000  
Fax: (760) 414-3892*


 *After Hours Phone: (760)  
631-5000*


*License Number: 550003781*

*NPI: 1649662719*

*Accepting New Patients: Yes*

*Min/Max Age: 0\999*

 *Site English Spoken: Y  
Cultural Competency: Y*

 *Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP of  
Southern Cal-PHP*


 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206341*

 *4700 N RIVER RD*

OCEANSIDE, CA 92057

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)  
631-5000*


*License Number: 550004110*

*NPI: 1649662719*

*Accepting New Patients: Yes*

*Min/Max Age: 0\999*

 *Site English Spoken: Y  
Cultural Competency: Y*

 *Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP of  
Southern Cal-PHP*

 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206341*

 *4700 N RIVER RD  
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000  
Fax: (760) 414-3892*


 *After Hours Phone: (760)  
631-5000*


*License Number: 080000002*

*NPI: 1851300123*

*Accepting New Patients: Yes*

*Min/Max Age: 0\999*


 *Site English Spoken: Y  
Cultural Competency: Y*

 *Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP of  
Southern Cal-PHP*

 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206341*

 *4700 N RIVER RD  
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000  
Fax: (760) 414-3892*


 *After Hours Phone: (760)  
631-5000*


*License Number: 550003781*

*NPI: 1851300123*


*Accepting New Patients: Yes*

*Min/Max Age: 0\999*

 *Site English Spoken: Y  
Cultural Competency: Y*

 *Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP of  
Southern Cal-PHP*

 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206341*

 *4700 N RIVER RD  
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000  
Fax: (760) 414-3892*

 *After Hours Phone: (760)  
631-5000*

*License Number: 550004110*

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


---

NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### TRUECARE

Provider ID: 480247

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 757-5841  
Fax: (760) 736-8740

 After Hours Phone: (760)  
757-5841


License Number: 080000531

NPI: 1245246917


Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP


 Website: N/A

#### TRUECARE

Provider ID: 480247

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 757-5841  
Fax: (760) 736-8740

 After Hours Phone: (760)  
757-5841


License Number: 080000637

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: N/A

#### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892


 After Hours Phone: (760)  
631-5000


License Number: 080000745

NPI: 1609094036

Accepting New Patients: Yes


Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F  
8:00AM-5:00PM

SA 9:00AM-4:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

#### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000


License Number: 080000745

NPI: 1609094036


Accepting New Patients: Yes

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)




#### VISTA COMMUNITY CLINIC PIER VIEW WAY

Provider ID: 402434



## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000


License Number: 080000510  
NPI: 1629357355

Accepting New Patients: Yes  
Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-TU  
8:00AM-5:00PM  
W 8:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

#### VISTA COMMUNITY CLINIC PIER VIEW WAY


Provider ID: 402434


 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

License Number: 080000510  
NPI: 1629357355

Accepting New Patients: Yes  
Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-TU  
8:00AM-5:00PM  
W 8:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)


Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

#### PAUMA VALLEY

##### NEIGHBORHOOD

##### HEALTHCARE PAUMA VALLEY

Provider ID: 206267

 16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524

 Phone: 760-742-9919

 After Hours Phone:  
760-742-9919

License Number: A114419

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD


HEALTHCARE PAUMA VALLEY


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


##### NEIGHBORHOOD

##### HEALTHCARE PAUMA VALLEY

Provider ID: 206267

 16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524

 Phone: 760-742-9919

 After Hours Phone:  
760-742-9919

License Number: G61829

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD


HEALTHCARE PAUMA VALLEY

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

##### NEIGHBORHOOD

##### HEALTHCARE PAUMA VALLEY

Provider ID: 206267

 16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524

 Phone: 760-742-9919

Fax: 858-633-4696

 After Hours Phone:  
760-742-9919

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE PAUMA VALLEY

## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD


#### HEALTHCARE PAUMA VALLEY

Provider ID: 206267

 16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524

 Phone: 760-742-9919

Fax: 858-633-4696

 After Hours Phone:  
760-742-9919

License Number: 80000611

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE PAUMA VALLEY


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD

#### HEALTHCARE PAUMA VALLEY

Provider ID: 206267

 16650 HIGHWAY 76  
PAUMA VALLEY, CA 92061

 Phone: (760) 742-9919

Fax: (858) 633-4696


 After Hours Phone: (760)  
742-9919

License Number: 080000611

NPI: 1407031693

Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F

8:00AM-4:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### POWAY


#### NEIGHBORHOOD


#### HEALTHCARE GOLD FAMILY

#### HEALTH CENTER

Provider ID: 481187

 13010 POWAY RD  
POWAY, CA 92064-4520

 Phone: 858-218-3000

 After Hours Phone:  
858-218-3000


License Number: A119661

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GOLD FAMILY

HEALTH CENTER

 Website: N/A


#### NEIGHBORHOOD


#### HEALTHCARE GOLD FAMILY

#### HEALTH CENTER

Provider ID: 481187

 13010 POWAY RD  
POWAY, CA 92064-4520

 Phone: 858-218-3000

 After Hours Phone:  
858-218-3000


License Number: A120771

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GOLD FAMILY

HEALTH CENTER

 Website: N/A


#### NEIGHBORHOOD


#### HEALTHCARE GOLD FAMILY

#### HEALTH CENTER

Provider ID: 481187

 13010 POWAY RD  
POWAY, CA 92064-4520

 Phone: 858-218-3000

 After Hours Phone:  
858-218-3000

License Number: PA23310

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GOLD FAMILY

HEALTH CENTER

 Website: N/A

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

#### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

13010 POWAY RD  
POWAY, CA 92064-4520

Phone: 858-218-3000

Fax: 360-462-2742

After Hours Phone:  
858-218-3000

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GOLD FAMILY

HEALTH CENTER

Website: N/A

#### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

13010 POWAY RD  
POWAY, CA 92064-4520

Phone: 858-218-3000

Fax: 360-462-2742

After Hours Phone:  
858-218-3000

License Number: 550004321

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GOLD FAMILY

HEALTH CENTER

Website: N/A

#### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

13010 POWAY RD  
POWAY, CA 92064

Phone: (858) 218-3000

Fax: (360) 462-2742

After Hours Phone: (858)  
218-3000

License Number: 550004321

NPI: 1023518768

Accepting New Patients: Yes

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hours: M-F

8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

Website: N/A

### RAMONA

#### TRUECARE

Provider ID: 449438

220 ROTANZI ST  
RAMONA, CA 92065

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

License Number: 080000149

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hours: M-F

8:00AM-5:00PM

SA 8:00AM-0:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

Website: www.ihpsocal.org

### SAN DIEGO

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

After Hours Phone:  
858-279-0925

License Number: A119010

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No


American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: A144372

NPI: 1598122871

Accepting New Patients: Yes


Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: C174985

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: DPM4434

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD

SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: G41532

NPI: 1598122871

Accepting New Patients: Yes


Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: G44807

NPI: 1598122871

Accepting New Patients: Yes


Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LINDA

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

VISTA HEALTH CARE CTR  
Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

Fax: 858-279-0377

After Hours Phone:  
858-279-0925

License Number: A93812

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

Fax: 858-279-0377

After Hours Phone:  
858-279-0925

License Number: G70886

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

Fax: 858-633-4680

After Hours Phone:  
858-279-0925

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

Phone: 858-810-8700

After Hours Phone:  
858-810-8700

License Number: 20A12402

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### SAN DIEGO FAMILY CARE

Provider ID: 482070

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

Phone: 858-810-8700

After Hours Phone:  
858-810-8700

License Number: 20A12402

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Site Languages(s) Spoken:  
Lithuanian, Vietnamese,  
Spanish, Chinese

Cultural Competency: No

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
DIEGO FAMILY CARE

## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700


 After Hours Phone:  
858-810-8700

License Number: A119010

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: yes

 Site Languages(s) Spoken:  
Lithuanian, Vietnamese,  
Spanish, Chinese

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
DIEGO FAMILY CARE


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700


 After Hours Phone:  
858-810-8700

License Number: A137415

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: yes

 Site Languages(s) Spoken:  
Lithuanian, Vietnamese,  
Spanish, Chinese

Cultural Competency: No

American Sign Language (ASL):


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
DIEGO FAMILY CARE


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700


 After Hours Phone:  
858-810-8700

License Number: A61238

NPI: 1598122871


Accepting New Patients: Yes

 Site English Spoken: yes


 Site Languages(s) Spoken:  
Lithuanian, Vietnamese,  
Spanish, Chinese

Cultural Competency: No

American Sign Language (ASL):


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
DIEGO FAMILY CARE


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307


 Phone: 858-810-8700


 After Hours Phone:  
858-810-8700

License Number: A72833

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: yes

 Site Languages(s) Spoken:  
Lithuanian, Vietnamese,  
Spanish, Chinese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
DIEGO FAMILY CARE


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700


 After Hours Phone:  
858-810-8700

License Number: A92173

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: yes

 Site Languages(s) Spoken:  
Lithuanian, Vietnamese,  
Spanish, Chinese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
DIEGO FAMILY CARE

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


#### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics




 Phone: 858-810-8700  After Hours Phone: 858-810-8700 License Number: A94449 NPI: 1598122871 Accepting New Patients: Yes  Site English Spoken: yes  Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: SAN DIEGO FAMILY CARE  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a>	<p>.org</p> <p><b>SAN DIEGO FAMILY CARE</b> Provider ID: 482070  7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307  Phone: 858-810-8700  After Hours Phone: 858-810-8700 License Number: G41532 NPI: 1598122871 Accepting New Patients: Yes  Site English Spoken: yes  Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: SAN DIEGO FAMILY CARE  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p>N</p> <p> Accessibility: CONTACT PROVIDER Medical Group/IPA: SAN DIEGO FAMILY CARE  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p> <p><b>SAN DIEGO FAMILY CARE</b> Provider ID: 482070  7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307  Phone: 858-810-8700  After Hours Phone: 858-810-8700 License Number: NP16433 NPI: 1598122871 Accepting New Patients: Yes  Site English Spoken: yes  Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: SAN DIEGO FAMILY CARE  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>
<p><b>SAN DIEGO FAMILY CARE</b> Provider ID: 482070  7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307  Phone: 858-810-8700  After Hours Phone: 858-810-8700 License Number: C174985 NPI: 1598122871 Accepting New Patients: Yes  Site English Spoken: yes  Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: SAN DIEGO FAMILY CARE  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p><b>SAN DIEGO FAMILY CARE</b> Provider ID: 482070  7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307  Phone: 858-810-8700  After Hours Phone: 858-810-8700 License Number: G70886 NPI: 1598122871 Accepting New Patients: Yes  Site English Spoken: yes  Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese Cultural Competency: No American Sign Language (ASL):</p>	<p>Accepting New Patients: Yes</p>




## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics







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 Site English Spoken: yes  
 Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN DIEGO FAMILY CARE  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)







619-515-2545  
License Number: 20A11612  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

619-515-2545  
License Number: 20A14794  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)







#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2400  
 After Hours Phone: 619-515-2400  
License Number: 20A17836  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: 20A12504  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: 20A15413  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

#### FAMILY HLTH CTR SD HILLCREST



Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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619-515-2545  
License Number: 20A15459  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org



#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: 20A17657  
NPI: 1134155377

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

619-515-2545  
License Number: 20A17702  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org



#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: 20A17926  
NPI: 1134155377


Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

619-515-2545  
License Number: 20A19399  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: A100333  
NPI: 1134155377

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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619-515-2545  
License Number: A109633  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: A119631  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

619-515-2545  
License Number: A136616  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: A140324  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

619-515-2545  
License Number: A154708  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: A169207  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org



#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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619-515-2545  
License Number: A171135  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: A177462  
NPI: 1134155377

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

619-515-2545  
License Number: A180044  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: A70175  
NPI: 1134155377



Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

619-515-2545  
License Number: A80153  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: A80461  
NPI: 1134155377

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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619-515-2545  
License Number: C52451  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: DC31024  
NPI: 1134155377




Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

619-515-2545  
License Number: DC33150  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: DC33688  
NPI: 1134155377

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

619-515-2545  
License Number: G16236  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: G80316  
NPI: 1134155377

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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619-515-2545  
License Number: NP18098  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545  
License Number: NP7374  
NPI: 1134155377

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

619-515-2545  
License Number: NP95001899  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545  
License Number: NP95005103  
NPI: 1134155377

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

619-515-2545  
License Number: NP95005293  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545  
License Number: PA21385  
NPI: 1134155377

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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619-515-2545  
License Number: PA23231  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: PT12930  
NPI: 1134155377

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

619-515-2545  
License Number: PT25155  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: PT28061  
NPI: 1134155377




Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

619-515-2545  
License Number: PT292351  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: PT292613  
NPI: 1134155377

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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619-515-2545  
License Number: PT293536  
NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST

 Website: [www.fhcsd.org](http://www.fhcsd.org)

619-515-2545  
License Number: PT296559  
NPI: 1134155377

Accepting New Patients: Yes


Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST

 Website: [www.fhcsd.org](http://www.fhcsd.org)

 After Hours Phone:  
619-515-2545  
NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545

License Number: PT295173  
NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: PT40975  
NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

Fax: 619-501-9645


 After Hours Phone:  
619-515-2545

License Number: 550003099  
NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143


 Phone: 619-515-2545

 After Hours Phone:

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143


 Phone: 619-515-2545

Fax: 619-501-9645

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937


 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Fax: 619-501-9645

 After Hours Phone:  
619-515-2545


License Number: A95356

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A162946

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: 20A13060

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **FAMILY HLTH CTR SAN**

#### **DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER









































Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

 Website: [www.fhcsd.org](http://www.fhcsd.org)



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

<b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b> Provider ID: 402851  3705 MISSION BLVD SAN DIEGO, CA 92109-7104  Phone: 619-515-2444  After Hours Phone: 619-515-2444 License Number: A113001 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  Website: www.fhcsd.org	<b>AREA</b>  Website: www.fhcsd.org	Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  Website: www.fhcsd.org
<b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b> Provider ID: 402851  3705 MISSION BLVD SAN DIEGO, CA 92109-7104  Phone: 619-515-2444  After Hours Phone: 619-515-2444 License Number: A116680 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  Website: www.fhcsd.org	<b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b> Provider ID: 402851  3705 MISSION BLVD SAN DIEGO, CA 92109-7104  Phone: 619-515-2444  After Hours Phone: 619-515-2444 License Number: A116680 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  Website: www.fhcsd.org	<b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b> Provider ID: 402851  3705 MISSION BLVD SAN DIEGO, CA 92109-7104  Phone: 619-515-2444  After Hours Phone: 619-515-2444 License Number: A148014 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  Website: www.fhcsd.org
<b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b> Provider ID: 402851  3705 MISSION BLVD SAN DIEGO, CA 92109-7104  Phone: 619-515-2444  After Hours Phone: 619-515-2444 License Number: A114181 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH	<b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b> Provider ID: 402851  3705 MISSION BLVD SAN DIEGO, CA 92109-7104  Phone: 619-515-2444  After Hours Phone: 619-515-2444 License Number: A118095 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER	<b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b> Provider ID: 402851  3705 MISSION BLVD SAN DIEGO, CA 92109-7104  Phone: 619-515-2444  After Hours Phone: 619-515-2444 License Number: A154298 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL):

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

<p>N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p>Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p>Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>
<p><b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b> Provider ID: 402851  3705 MISSION BLVD SAN DIEGO, CA 92109-7104  Phone: 619-515-2444  After Hours Phone: 619-515-2444 License Number: A154399 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p><b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b> Provider ID: 402851  3705 MISSION BLVD SAN DIEGO, CA 92109-7104  Phone: 619-515-2444  After Hours Phone: 619-515-2444 License Number: A164859 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p><b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b> Provider ID: 402851  3705 MISSION BLVD SAN DIEGO, CA 92109-7104  Phone: 619-515-2444  After Hours Phone: 619-515-2444 License Number: A68463 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>
<p><b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b> Provider ID: 402851  3705 MISSION BLVD SAN DIEGO, CA 92109-7104  Phone: 619-515-2444  After Hours Phone: 619-515-2444 License Number: A163464 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes</p>	<p><b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b> Provider ID: 402851  3705 MISSION BLVD SAN DIEGO, CA 92109-7104  Phone: 619-515-2444  After Hours Phone: 619-515-2444 License Number: A178499 NPI: 1134155377</p>	<p><b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b> Provider ID: 402851  3705 MISSION BLVD SAN DIEGO, CA 92109-7104  Phone: 619-515-2444  After Hours Phone: 619-515-2444</p>

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

License Number: A72005  
NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: C53623

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: DC20729

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: DPM4819

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

Website: [www.fhcsd.org](http://www.fhcsd.org)


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: G78814

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444


License Number: NM1662

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: NP95013978

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

Fax: 858-488-1394

 After Hours Phone:  
619-515-2444

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY

#### **HLTH CTR SAN DIEGO-BEACH AREA**

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

Fax: 858-488-1394

 After Hours Phone:  
619-515-2444

License Number: 80000115

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **OPERATION SAMAHAN RANCHO PENASQUITOS**

Provider ID: 418535

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129-2889

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426

License Number: DC15775

NPI: 1801907449

Accepting New Patients: Yes

Site English Spoken: yes  
 Site Language(s) Spoken:  
Spanish

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

*Cultural Competency: No*

*American Sign Language (ASL):*


N

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA:*


OPERATION SAMAHAN


RANCHO PENASQUITOS

 *Website: www.operationsamahan.org*

#### **OPERATION SAMAHAN RANCHO PENASQUITOS**

*Provider ID: 418535*

 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889

 *Phone: 844-200-2426*

 *After Hours Phone: 844-200-2426*

*License Number: DC29074*

*NPI: 1801907449*

*Accepting New Patients: Yes*

*Site English Spoken: yes*

*Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*

*American Sign Language (ASL):*


N

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA:*

OPERATION SAMAHAN

RANCHO PENASQUITOS


 *Website: www.operationsamahan.org*


#### **OPERATION SAMAHAN RANCHO PENASQUITOS**

*Provider ID: 418535*

 9995 CARMEL MOUNTAIN RD STE B10 AND B11

SAN DIEGO, CA 92129-2889

 *Phone: 844-200-2426*

 *After Hours Phone: 844-200-2426*

*License Number: NP22974*

*NPI: 1801907449*

*Accepting New Patients: Yes*

*Site English Spoken: yes*

*Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*

*American Sign Language (ASL):*


N

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA:*


OPERATION SAMAHAN


RANCHO PENASQUITOS


 *Website: www.operationsamahan.org*

#### **OPERATION SAMAHAN RANCHO PENASQUITOS**

*Provider ID: 418535*

 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889

 *Phone: 844-200-2426*

 *After Hours Phone: 844-200-2426*

*License Number: NP95003211*

*NPI: 1801907449*

*Accepting New Patients: Yes*

*Site English Spoken: yes*

*Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*

*American Sign Language (ASL):*


N

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA:*


OPERATION SAMAHAN


RANCHO PENASQUITOS


 *Website: www.operationsamahan.org*

#### **OPERATION SAMAHAN RANCHO PENASQUITOS**

*Provider ID: 418535*

 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889

 *Phone: 844-200-2426*

 *After Hours Phone: 844-200-2426*

*License Number: PA19664*

*NPI: 1801907449*

*Accepting New Patients: Yes*


*Site English Spoken: yes*

*Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*

*American Sign Language (ASL):*


N

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA:*


OPERATION SAMAHAN


RANCHO PENASQUITOS

 *Website: www.operationsamahan.org*


#### **OPERATION SAMAHAN RANCHO PENASQUITOS**

*Provider ID: 418535*

 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889

 *Phone: 844-200-2426*

*Fax: 858-695-9074*

 *After Hours Phone: 844-200-2426*

*NPI: 1801907449*

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Accepting New Patients: Yes

- Site English Spoken: yes
- Site Languages(s) Spoken: Spanish


Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN  
RANCHO PENASQUITOS

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)


#### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

 9995 CARMEL MOUNTAIN RD STE B10 AND B11  
SAN DIEGO, CA 92129-2889

 Phone: 844-200-2426

Fax: 858-695-9074

 After Hours Phone:  
844-200-2426

License Number: 550002478

NPI: 1801907449

Accepting New Patients: Yes

- Site English Spoken: yes
- Site Languages(s) Spoken: Spanish


Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:


OPERATION SAMAHAN  
RANCHO PENASQUITOS


 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN


#### RANCHO PENASQUITOS

Provider ID: 418535

 9995 CARMEL MOUNTAIN RD STE B10 AND B11  
SAN DIEGO, CA 92129-2889

 Phone: 844-200-2426

Fax: 858-695-9074

 After Hours Phone:  
844-200-2426

License Number: 550003857

NPI: 1801907449

Accepting New Patients: Yes

- Site English Spoken: yes
- Site Languages(s) Spoken: Spanish


Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN  
RANCHO PENASQUITOS

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

 10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126-2375

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426

License Number: A161105

NPI: 1801907449

Accepting New Patients: Yes

- Site English Spoken: yes
- Site Languages(s) Spoken: Spanish, Tagalog


Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN - MIRA  
MESA


 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

 10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126-2375

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426

License Number: C54941

NPI: 1801907449

Accepting New Patients: Yes

- Site English Spoken: yes
- Site Languages(s) Spoken: Spanish, Tagalog


Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN - MIRA  
MESA

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)




























#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

 10737 CAMINO RUIZ STE 235

## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


<p>SAN DIEGO, CA 92126-2375  Phone: 844-200-2426  After Hours Phone: 844-200-2426 License Number: DC15775 NPI: 1801907449 Accepting New Patients: Yes  Site English Spoken: yes  Site Languages(s) Spoken: Spanish, Tagalog Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: OPERATION SAMAHAN - MIRA MESA  Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p>	<p>OPERATION SAMAHAN - MIRA MESA  Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p> <p><b>OPERATION SAMAHAN - MIRA MESA</b> Provider ID: 417101  10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126-2375  Phone: 844-200-2426 Fax: 858-578-4417  After Hours Phone: 844-200-2426 NPI: 1801907449 Accepting New Patients: Yes  Site English Spoken: yes  Site Languages(s) Spoken: Spanish, Tagalog Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: OPERATION SAMAHAN - MIRA MESA  Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p> <p><b>OPERATION SAMAHAN - MIRA MESA</b> Provider ID: 417101  10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126-2375  Phone: 844-200-2426 Fax: 858-578-4417  After Hours Phone: 844-200-2426 License Number: 80000146</p>	<p>NPI: 1801907449 Accepting New Patients: Yes  Site English Spoken: yes  Site Languages(s) Spoken: Spanish, Tagalog Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: OPERATION SAMAHAN - MIRA MESA  Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p> <p><b>OPERATION SAMAHAN - MIRA MESA</b> Provider ID: 432308  9855 ERMA RD STE 105 SAN DIEGO, CA 92131-1007  Phone: 844-200-2426  After Hours Phone: 844-200-2426 License Number: A71544 NPI: 1801907449 Accepting New Patients: Yes  Site English Spoken: yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: OPERATION SAMAHAN - MIRA MESA  Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p> <p><b>OPERATION SAMAHAN - MIRA MESA</b> Provider ID: 432308</p>
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## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426


License Number: NP22974

NPI: 1801907449

Accepting New Patients: Yes


 Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN - MIRA  
MESA

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007



 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426

License Number: NP95010585

NPI: 1801907449

Accepting New Patients: Yes

 Site English Spoken: yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog


Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN - MIRA  
MESA

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007

 Phone: 844-200-2426

Fax: 858-536-8034

 After Hours Phone:  
844-200-2426

NPI: 1801907449

Accepting New Patients: Yes


 Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:


OPERATION SAMAHAN - MIRA  
MESA

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)


#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007

 Phone: 844-200-2426

Fax: 858-536-8034

 After Hours Phone:  
844-200-2426

License Number: 80000146

NPI: 1801907449

Accepting New Patients: Yes


 Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:

OPERATION SAMAHAN - MIRA  
MESA

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382

 2630 1ST AVE  
SAN DIEGO, CA 92103-6599

 Phone: 619-234-2158

Fax: 619-234-0206

 After Hours Phone:  
619-234-2158

NPI: 1598122871


Accepting New Patients: Yes

 Site English Spoken: yes  
 Site Languages(s) Spoken:

Korean, Spanish, Hindi

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN

DIEGO AMERICAN INDIAN  
HEALTH CENTER

 Website: [www.sdaihc.org](http://www.sdaihc.org)

#### SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382

 2630 1ST AVE  
SAN DIEGO, CA 92103-6599

 Phone: 619-234-2158

Fax: 619-234-0206

 After Hours Phone:  
619-234-2158

License Number: 90000168



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Site Languages(s) Spoken:  
Korean, Spanish, Hindi

Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: Yes

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
DIEGO AMERICAN INDIAN  
HEALTH CENTER

Website: [www.sdaihc.org](http://www.sdaihc.org)

#### **DOWNTOWN FAMILY CTR AT CONNECTIONS**

Provider ID: 417782

1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

Phone: 619-515-2430

After Hours Phone:  
619-515-2430

License Number: 20A7147

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: Yes

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
DOWNTOWN FAMILY CTR AT  
CONNECTIONS

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **DOWNTOWN FAMILY CTR AT CONNECTIONS**

Provider ID: 417782

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: 619-515-2430

After Hours Phone:  
619-515-2430

License Number: PA58826

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: Yes

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
DOWNTOWN FAMILY CTR AT  
CONNECTIONS

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **DOWNTOWN FAMILY CTR AT CONNECTIONS**

Provider ID: 417782

1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

Phone: 619-515-2430

Fax: 619-578-2410

After Hours Phone:  
619-515-2430

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: Yes

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
DOWNTOWN FAMILY CTR AT  
CONNECTIONS

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **DOWNTOWN FAMILY CTR AT CONNECTIONS**

Provider ID: 417782

1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

Phone: 619-515-2430

Fax: 619-578-2410

After Hours Phone:  
619-515-2430

License Number: 550002251

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
DOWNTOWN FAMILY CTR AT  
CONNECTIONS

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR OF SDELM ST**

Provider ID: 419167

140 ELM ST  
SAN DIEGO, CA 92101-2602

Phone: 619-515-2520

Fax: 619-231-0431

After Hours Phone:  
619-515-2520

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CTR OF SDELM ST

Website: [www.fhcsd.org](http://www.fhcsd.org)


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

#### **FAMILY HEALTH CTR OF SDELM ST**

Provider ID: 419167

 140 ELM ST  
SAN DIEGO, CA 92101-2602

 Phone: 619-515-2520

Fax: 619-231-0431

 After Hours Phone:  
619-515-2520

License Number: 550002061

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CTR OF SDELM ST


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

 After Hours Phone:  
619-515-2525

License Number: A128091

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes


Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGOCITY  
COLLEGE


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

 After Hours Phone:  
619-515-2525

License Number: A163977

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGOCITY  
COLLEGE

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

 After Hours Phone:  
619-515-2525

License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY

#### **HLTH CTR SAN DIEGOCITY COLLEGE**


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

 After Hours Phone:  
619-515-2525

License Number: DPM4819

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGOCITY  
COLLEGE

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

 After Hours Phone:  
619-515-2525

License Number: NP95010814

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE*  
 *Website: www.fhcsd.org*

#### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

*Provider ID: 417429*

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 *Phone: 619-515-2525*

 *After Hours Phone: 619-515-2525*


*License Number: PA22762*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE*

 *Website: www.fhcsd.org*


#### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

*Provider ID: 417429*

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 *Phone: 619-515-2525*

*Fax: 619-501-5814*


 *After Hours Phone: 619-515-2525*


*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE*

 *Website: www.fhcsd.org*


#### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

*Provider ID: 417429*

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 *Phone: 619-515-2525*

*Fax: 619-501-5814*

 *After Hours Phone: 619-515-2525*


*License Number: 550002865*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*


*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE*

 *Website: www.fhcsd.org*

#### **ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER**

*Provider ID: 403583*


 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638


 *Phone: 619-233-8500*

 *After Hours Phone: 619-233-8500*

*License Number: A104052*

*NPI: 1598122871*


 *Site English Spoken: yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER*


 *Website: N/A*

#### **ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER**

*Provider ID: 403583*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 *Phone: 619-233-8500*

 *After Hours Phone: 619-233-8500*


*License Number: A109828*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: yes*  
*Cultural Competency: No*


*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER*

 *Website: N/A*

#### **ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER**

*Provider ID: 403583*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 *Phone: 619-233-8500*

 *After Hours Phone: 619-233-8500*

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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License Number: A115598

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: ST

VINCENT DE PAUL VILLAGE

FAMILY HEALTH CENTER

Website: N/A

#### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

Phone: 619-233-8500

After Hours Phone:  
619-233-8500

License Number: A136275

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: ST

VINCENT DE PAUL VILLAGE

FAMILY HEALTH CENTER

Website: N/A

#### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638



Phone: 619-233-8500



After Hours Phone:  
619-233-8500

License Number: A42127

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: ST

VINCENT DE PAUL VILLAGE

FAMILY HEALTH CENTER

Website: N/A

#### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

Phone: 619-233-8500

After Hours Phone:  
619-233-8500

License Number: A54702

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: ST

VINCENT DE PAUL VILLAGE

FAMILY HEALTH CENTER

Website: N/A

#### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

Phone: 619-233-8500

After Hours Phone:  
619-233-8500

License Number: A60801

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: ST

VINCENT DE PAUL VILLAGE

FAMILY HEALTH CENTER

Website: N/A

#### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

Phone: 619-233-8500

After Hours Phone:  
619-233-8500

License Number: A67762

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: ST

VINCENT DE PAUL VILLAGE

FAMILY HEALTH CENTER

Website: N/A

## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

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#### **ST VINCENT DE PAUL VILLAGE** Website: N/A **FAMILY HEALTH CENTER**

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: A82123

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: ST


VINCENT DE PAUL VILLAGE


FAMILY HEALTH CENTER

 Website: N/A

#### **ST VINCENT DE PAUL VILLAGE** Website: N/A **FAMILY HEALTH CENTER**

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: C53121

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: ST


VINCENT DE PAUL VILLAGE


FAMILY HEALTH CENTER

#### **ST VINCENT DE PAUL VILLAGE** Website: N/A **FAMILY HEALTH CENTER**

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: G29879

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: ST


VINCENT DE PAUL VILLAGE


FAMILY HEALTH CENTER

 Website: N/A

#### **ST VINCENT DE PAUL VILLAGE** Website: N/A **FAMILY HEALTH CENTER**

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: G71080

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: ST

#### VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

#### **ST VINCENT DE PAUL VILLAGE** **FAMILY HEALTH CENTER**

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: G72486

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: ST


VINCENT DE PAUL VILLAGE


FAMILY HEALTH CENTER

 Website: N/A

#### **ST VINCENT DE PAUL VILLAGE** **FAMILY HEALTH CENTER**

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: NP10769

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes



Cultural Competency: No

American Sign Language (ASL):



N

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER*  
 *Website: N/A*


#### **ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER**

*Provider ID: 403583*  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
 *Phone: 619-233-8500*  
 *After Hours Phone: 619-233-8500*  
*License Number: PA54617*  
*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER*

 *Website: N/A*


#### **SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED**


*Provider ID: 517998*  
 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*  
*NPI: 1598122871*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED*

 *Website: N/A*

#### **SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED**


*Provider ID: 517998*  
 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: 20A7502*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED*



 *Website: N/A*

#### **SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED**


*Provider ID: 517998*  
 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*

*License Number: 550003882*

*Accepting New Patients: Yes*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED*  
 *Website: N/A*

#### **SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED**


*Provider ID: 517998*  
 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: NP95005999*

*NPI: 1598122871*

*Accepting New Patients: Yes*


 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED*






 *Website: N/A*

#### **NORTH PARK FAMILY HEALTH CENTERS**







*Provider ID: 416831*  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120

## D. Blue Shield Promise Medi-Cal List of Network Providers







### D1. Federally Qualified Health Clinics

 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: 20A11535  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)







#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: 20A14919  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)







#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A103099  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)






#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A108228  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A113001  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A114181  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


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 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424


License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424


License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes


Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: NORTH


PARK FAMILY HEALTH  
CENTERS


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A126181

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A132576

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No







## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics







<p>American Sign Language (ASL):  Site English Spoken: Yes N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p> Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL):  Site English Spoken: Yes N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p>NPI: 1134155377 Accepting New Patients: Yes American Sign Language (ASL):  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL):  Site English Spoken: Yes N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>
<p><b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 416831  3514 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: A163464 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL):  Site English Spoken: Yes N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p><b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 416831  3514 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: A178499 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL):  Site English Spoken: Yes N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p><b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 416831  3514 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: A68463 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL):  Site English Spoken: Yes N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>
<p><b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 416831  3514 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: A164859 NPI: 1134155377 Accepting New Patients: Yes</p>	<p><b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 416831  3514 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: A51318</p>	<p><b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 416831  3514 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424</p>

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics




 After Hours Phone:  
619-515-2424  
License Number: A72005  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**







Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A95577  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831







 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: C174771  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**







Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: G78814  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH**

#### **CENTERS**


































Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: NP95013978  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: PA21042  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 416831  3514 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424 Fax: 619-683-7586  After Hours Phone: 619-515-2424 NPI: 1134155377 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: www.fhcsd.org	<b>PARK FAMILY HEALTH CENTERS</b>  Website: www.fhcsd.org	 Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: www.fhcsd.org
<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362  3544 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: 20A11535 NPI: 1134155377 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: www.fhcsd.org	<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362  3544 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: 20A14919 NPI: 1134155377 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: www.fhcsd.org	<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362  3544 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: 20A14919 NPI: 1134155377 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: www.fhcsd.org
<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 416831  3514 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424 Fax: 619-683-7586  After Hours Phone: 619-515-2424 License Number: 90000469 NPI: 1134155377 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH	<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362  3544 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: 20A14794 NPI: 1134155377 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N	<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362  3544 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: 20A15068 NPI: 1134155377 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Yes Cultural Competency: No





## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics







<p>American Sign Language (ASL):  Site English Spoken: Yes N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p>American Sign Language (ASL):  Site English Spoken: Yes N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p>NPI: 1134155377 Accepting New Patients: Yes American Sign Language (ASL):  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>
<p><b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362  3544 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: 20A15413 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p><b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362  3544 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: A113001 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p><b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362  3544 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: A116680 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>
<p><b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362  3544 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: 20A20252 NPI: 1134155377 Accepting New Patients: Yes</p>	<p><b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362  3544 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424  After Hours Phone: 619-515-2424 License Number: A114181</p>	<p><b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362  3544 30TH ST SAN DIEGO, CA 92104-4120  Phone: 619-515-2424</p>

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics




 After Hours Phone:  
619-515-2424  
License Number: A118095  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**







Provider ID: 206362  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A140646  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362







 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A147758  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**







Provider ID: 206362  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A148014  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH**

#### **CENTERS**

Provider ID: 206362  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A154298  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A173486  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: 619-515-2424 After Hours Phone: 619-515-2424 License Number: A180044 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	<b>CENTERS</b> Website: www.fhcsd.org	Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: 619-515-2424 After Hours Phone: 619-515-2424 License Number: A72005 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: 619-515-2424 After Hours Phone: 619-515-2424 License Number: A72005 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: 619-515-2424 After Hours Phone: 619-515-2424 License Number: A68463 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: 619-515-2424 After Hours Phone: 619-515-2424 License Number: G78814 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: 619-515-2424 After Hours Phone: 619-515-2424 License Number: NP95002226 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: 619-515-2424 After Hours Phone: 619-515-2424 License Number: NP95002226 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: 619-515-2424 After Hours Phone: 619-515-2424 License Number: NP95006792 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	<b>NORTH PARK FAMILY HEALTH CENTERS</b> Provider ID: 206362 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: 619-515-2424 After Hours Phone: 619-515-2424 License Number: NP95006792 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

<p><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS</i></p> <p> <i>Website: www.fhcsd.org</i></p>	<p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS</i></p> <p> <i>Website: www.fhcsd.org</i></p>	<p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC</i></p> <p> <i>Website: www.lamaestra.org</i></p>
<p><b>NORTH PARK FAMILY HEALTH CENTERS</b></p> <p><i>Provider ID: 206362</i></p> <p> 3544 30TH ST SAN DIEGO, CA 92104-4120</p> <p> <i>Phone: 619-515-2424</i></p> <p> <i>After Hours Phone: 619-515-2424</i></p> <p><i>License Number: PA17220</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS</i></p> <p> <i>Website: www.fhcsd.org</i></p>	<p><b>NORTH PARK FAMILY HEALTH CENTERS</b></p> <p><i>Provider ID: 206362</i></p> <p> 3544 30TH ST SAN DIEGO, CA 92104-4120</p> <p> <i>Phone: 619-515-2424</i></p> <p><i>Fax: 619-501-0627</i></p> <p> <i>After Hours Phone: 619-515-2424</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS</i></p> <p> <i>Website: www.fhcsd.org</i></p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b></p> <p><i>Provider ID: 185268</i></p> <p> 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608</p> <p> <i>Phone: 619-255-9154</i></p> <p> <i>After Hours Phone: 619-255-9154</i></p> <p><i>License Number: A163693</i></p> <p><i>NPI: 1609849074</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC</i></p> <p> <i>Website: www.lamaestra.org</i></p>
<p><b>NORTH PARK FAMILY HEALTH CENTERS</b></p> <p><i>Provider ID: 206362</i></p> <p> 3544 30TH ST SAN DIEGO, CA 92104-4120</p> <p> <i>Phone: 619-515-2424</i></p> <p> <i>After Hours Phone: 619-515-2424</i></p> <p><i>License Number: PA18746</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i></p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b></p> <p><i>Provider ID: 185268</i></p> <p> 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608</p> <p> <i>Phone: 619-255-9154</i></p> <p> <i>After Hours Phone: 619-255-9154</i></p> <p><i>License Number: A123929</i></p> <p><i>NPI: 1609849074</i></p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b></p> <p><i>Provider ID: 185268</i></p> <p> 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608</p> <p> <i>Phone: 619-255-9155</i></p> <p> <i>After Hours Phone: 619-255-9155</i></p>

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

License Number: A111170

NPI: 1609849074


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC

 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
619-255-9155

License Number: A75533

NPI: 1609849074


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC


 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
619-255-9155

License Number: A82639

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC


 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
619-255-9155

License Number: C55979

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC INC


 Website: [www.lamaestra.org](http://www.lamaestra.org)


#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
619-255-9155

License Number: DC28966

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC


 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
619-255-9155

License Number: G45632

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC INC

 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC




## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
619-255-9155

License Number: G87837

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC

 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
619-255-9155

License Number: NP95013257


NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC


 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
619-255-9155

License Number: PA13694

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC

 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
619-255-9155

License Number: PA21625

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC INC


 Website: [www.lamaestra.org](http://www.lamaestra.org)

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#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

Fax: 619-284-4731

 After Hours Phone:  
619-255-9155

License Number: 20A6433

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes


Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC

 Website: [www.lamaestra.org](http://www.lamaestra.org)


#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

Fax: 619-749-5480

 After Hours Phone:  
619-255-9155

License Number: A81682

NPI: 1609849074

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N




 Accessibility: CONTACT

## D. Blue Shield Promise Medi-Cal List of Network Providers



### D1. Federally Qualified Health Clinics

**PROVIDER**  
Medical Group/IPA: LA  
**MAESTRA FAMILY CLINIC INC**  
 Website: [www.lamaestra.org](http://www.lamaestra.org)




#### **LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185268  
 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
 Phone: 619-280-7072  
 After Hours Phone:  
619-280-7072  
License Number: 20A14222  
NPI: 1609849074

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
**PROVIDER**  
Medical Group/IPA: LA  
**MAESTRA FAMILY CLINIC INC**  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### **LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185268  
 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
 Phone: 619-564-8765  
 After Hours Phone:  
619-564-8765  
License Number: NP95009891  
NPI: 1609849074



Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):

**N**  
 Accessibility: CONTACT  
**PROVIDER**  
Medical Group/IPA: LA  
**MAESTRA FAMILY CLINIC INC**  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### **LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185268  
 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
 Phone: 619-798-3947  
 After Hours Phone:  
619-798-3947

License Number: DC32800  
NPI: 1609849074  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
**PROVIDER**  
Medical Group/IPA: LA  
**MAESTRA FAMILY CLINIC INC**  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### **MID-CITY COMMUNITY CLINIC**

Provider ID: 233597  
 4290 POLK AVE  
SAN DIEGO, CA 92105-1524  
 Phone: 619-563-0250  
 After Hours Phone:  
619-563-0250  
License Number: 20A7662  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
**PROVIDER**  
Medical Group/IPA: MID-CITY  
**COMMUNITY CLINIC**  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### **MID-CITY COMMUNITY CLINIC**

Provider ID: 233597  
 4290 POLK AVE  
SAN DIEGO, CA 92105-1524  
 Phone: 619-563-0250  
 After Hours Phone:  
619-563-0250

License Number: A112176  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
**PROVIDER**  
Medical Group/IPA: MID-CITY  
**COMMUNITY CLINIC**  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)




#### **MID-CITY COMMUNITY CLINIC**

Provider ID: 233597  
 4290 POLK AVE  
SAN DIEGO, CA 92105-1524  
 Phone: 619-563-0250  
 After Hours Phone:  
619-563-0250  
License Number: A163512  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


American Sign Language (ASL): *N* American Sign Language (ASL): *N* Cultural Competency: *No*  
American Sign Language (ASL): *N*  
 Accessibility: *CONTACT PROVIDER*  Accessibility: *CONTACT PROVIDER*  Accessibility: *CONTACT PROVIDER*  
Medical Group/IPA: *MID-CITY COMMUNITY CLINIC* Medical Group/IPA: *MID-CITY COMMUNITY CLINIC* Medical Group/IPA: *MID-CITY COMMUNITY CLINIC*  
 Website: *www.sdfamilycare.org*  Website: *www.sdfamilycare.org*  Website: *www.sdfamilycare.org*

#### MID-CITY COMMUNITY CLINIC

Provider ID: *233597*  
 4290 POLK AVE  
SAN DIEGO, CA 92105-1524  
 Phone: *619-563-0250*  
 After Hours Phone:  
*619-563-0250*


License Number: *A175116*  
NPI: *1598122871*  
Accepting New Patients: *Yes*  
 Site English Spoken: *Yes*  
Cultural Competency: *No*

American Sign Language (ASL): *N*  
 Accessibility: *CONTACT PROVIDER*

Medical Group/IPA: *MID-CITY COMMUNITY CLINIC*  
 Website: *www.sdfamilycare.org*


#### MID-CITY COMMUNITY CLINIC


Provider ID: *233597*  
 4290 POLK AVE  
SAN DIEGO, CA 92105-1524  
 Phone: *619-563-0250*  
 After Hours Phone:  
*619-563-0250*


License Number: *DPM4434*  
NPI: *1598122871*  
Accepting New Patients: *Yes*  
 Site English Spoken: *Yes*  
Cultural Competency: *No*

#### MID-CITY COMMUNITY CLINIC




Provider ID: *233597*  
 4290 POLK AVE  
SAN DIEGO, CA 92105-1524  
 Phone: *619-563-0250*  
 After Hours Phone:  
*619-563-0250*


License Number: *G60630*  
NPI: *1598122871*  
Accepting New Patients: *Yes*  
 Site English Spoken: *Yes*  
Cultural Competency: *No*

American Sign Language (ASL): *N*  
 Accessibility: *CONTACT PROVIDER*


Medical Group/IPA: *MID-CITY COMMUNITY CLINIC*  
 Website: *www.sdfamilycare.org*


#### MID-CITY COMMUNITY CLINIC



Provider ID: *233532*  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105-1690  
 Phone: *619-280-2058*  
 After Hours Phone:  
*619-280-2058*

License Number: *A112176*  
NPI: *1598122871*  
Accepting New Patients: *Yes*  
 Site English Spoken: *Yes*




#### MID-CITY COMMUNITY CLINIC

Provider ID: *233532*  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105-1690  
 Phone: *619-280-2058*  
 After Hours Phone:  
*619-280-2058*

License Number: *A152267*  
NPI: *1598122871*  
Accepting New Patients: *Yes*  
 Site English Spoken: *Yes*  
Cultural Competency: *No*  
American Sign Language (ASL): *N*

 Accessibility: *CONTACT PROVIDER*  
Medical Group/IPA: *MID-CITY COMMUNITY CLINIC*  
 Website: *www.sdfamilycare.org*

#### MID-CITY COMMUNITY CLINIC

Provider ID: *233532*  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105-1690  
 Phone: *619-280-2058*  
 After Hours Phone:  
*619-280-2058*

License Number: *A163512*  
NPI: *1598122871*

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: MID-CITY  
COMMUNITY CLINIC

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105-1690

Phone: 619-280-2058

After Hours Phone:  
619-280-2058

License Number: A61238

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: MID-CITY  
COMMUNITY CLINIC

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105-1690

Phone: 619-280-2058

After Hours Phone:  
619-280-2058

License Number: A72833

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: MID-CITY  
COMMUNITY CLINIC

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105-1690

Phone: 619-280-2058

After Hours Phone:  
619-280-2058

License Number: A94449

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: MID-CITY  
COMMUNITY CLINIC

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105-1690

Phone: 619-280-2058

After Hours Phone:  
619-280-2058

License Number: NP95019446

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: MID-CITY  
COMMUNITY CLINIC

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### FAMILY HEALTH CTR IBARRA

Provider ID: 417987

4874 POLK AVE  
SAN DIEGO, CA 92105-2026

Phone: 619-515-2426

After Hours Phone:  
619-515-2426

License Number: 20A17577

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CTR IBARRA

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HEALTH CTR IBARRA

Provider ID: 417987




4874 POLK AVE  
SAN DIEGO, CA 92105-2026

Phone: 619-515-2426







After Hours Phone:

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

619-515-2426  
License Number: 20A19345  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CTR IBARRA  
 Website: www.fhcsd.org

#### **FAMILY HEALTH CTR IBARRA**







Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
 Phone: 619-515-2426  
 After Hours Phone: 619-515-2426  
License Number: A145023  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CTR IBARRA  
 Website: www.fhcsd.org

#### **FAMILY HEALTH CTR IBARRA**




Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
 Phone: 619-515-2426  
 After Hours Phone: 619-515-2426  
License Number: A173486

NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CTR IBARRA  
 Website: www.fhcsd.org

#### **FAMILY HEALTH CTR IBARRA**







Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
 Phone: 619-515-2426  
 After Hours Phone: 619-515-2426  
License Number: G149974  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CTR IBARRA  
 Website: www.fhcsd.org

#### **FAMILY HEALTH CTR IBARRA**





Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
 Phone: 619-515-2426  
 After Hours Phone: 619-515-2426  
License Number: NP17838  
NPI: 1134155377  
Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CTR IBARRA  
 Website: www.fhcsd.org

#### **FAMILY HEALTH CTR IBARRA**
































Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
 Phone: 619-515-2426  
 After Hours Phone: 619-515-2426  
License Number: NP95004443  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CTR IBARRA  
 Website: www.fhcsd.org

#### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
 Phone: 619-515-2426  
 After Hours Phone: 619-515-2426  
License Number: PA21385  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

<p>American Sign Language (ASL):  Accessibility: CONTACT PROVIDER</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: FAMILY HEALTH CTR IBARRA</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p>PROVIDER</p> <p>Medical Group/IPA: KING CHAVEZ HEALTH CENTER</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	
<p><b>FAMILY HEALTH CTR IBARRA</b></p> <p>Provider ID: 417987</p> <p> 4874 POLK AVE SAN DIEGO, CA 92105-2026</p> <p> Phone: 619-515-2426</p> <p> After Hours Phone: 619-515-2426</p> <p>License Number: PA58098</p> <p>NPI: 1134155377</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: FAMILY HEALTH CTR IBARRA</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p><b>FAMILY HEALTH CTR IBARRA</b></p> <p>Provider ID: 417987</p> <p> 4874 POLK AVE SAN DIEGO, CA 92105-2026</p> <p> Phone: 619-515-2426</p> <p> After Hours Phone: 619-515-2426</p> <p>License Number: PA59481</p> <p>NPI: 1134155377</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: FAMILY HEALTH CTR IBARRA</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p><b>KING CHAVEZ HEALTH CENTER</b></p> <p>Provider ID: 451167</p> <p> 950 S EUCLID AVE SAN DIEGO, CA 92114-6201</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: 20A7435</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: KING CHAVEZ HEALTH CENTER</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
<p><b>FAMILY HEALTH CTR IBARRA</b></p> <p>Provider ID: 417987</p> <p> 4874 POLK AVE SAN DIEGO, CA 92105-2026</p> <p> Phone: 619-515-2426</p> <p> After Hours Phone: 619-515-2426</p> <p>License Number: PA58905</p> <p>NPI: 1134155377</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p><b>KING CHAVEZ HEALTH CENTER</b></p> <p>Provider ID: 451167</p> <p> 950 S EUCLID AVE SAN DIEGO, CA 92114-6201</p> <p> Phone: 619-428-4463</p> <p> After Hours Phone: 619-428-4463</p> <p>License Number: G71855</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p><b>KING CHAVEZ HEALTH CENTER</b></p> <p>Provider ID: 451167</p> <p> 950 S EUCLID AVE SAN DIEGO, CA 92114-6201</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: 20A8204</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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*PROVIDER*  
Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A101017  
NPI: 1598122871




Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A125329  
NPI: 1598122871




Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT

*PROVIDER*  
Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A134995  
NPI: 1598122871




Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A153223  
NPI: 1598122871




Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT


*PROVIDER*  
Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A165432  
NPI: 1598122871


Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A45942  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No


American Sign Language (ASL):  
N

 Accessibility: CONTACT



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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*PROVIDER*  
Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A79383  
NPI: 1598122871




Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A96919  
NPI: 1598122871


Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT

*PROVIDER*  
Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: DC27523  
NPI: 1598122871




Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: NP15657  
NPI: 1598122871




Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT


*PROVIDER*  
Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: NP8563  
NPI: 1598122871




Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
Fax: 619-662-4158  
 After Hours Phone:  
619-662-4100  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No


American Sign Language (ASL):  
N

 Accessibility: CONTACT






## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

**PROVIDER**  
Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

Provider ID: 418142  
 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
 After Hours Phone:  
619-515-2454  
License Number: 20A12796  
NPI: 1134155377




Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CTR SAN DIEGO-OAK  
PARK  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

Provider ID: 418142  
 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
 After Hours Phone:  
619-515-2454  
License Number: 20A14772  
NPI: 1134155377




Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CTR SAN DIEGO-OAK  
PARK  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

Provider ID: 418142  
 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
 After Hours Phone:  
619-515-2454  
License Number: C174538  
NPI: 1134155377




Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CTR SAN DIEGO-OAK  
PARK  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**


Provider ID: 418142  
 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
 After Hours Phone:  
619-515-2454  
License Number: PA58505  
NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No



American Sign Language (ASL):  
N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CTR SAN DIEGO-OAK  
PARK

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

Provider ID: 418142  
 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
Fax: 619-794-2696


 After Hours Phone:  
619-515-2454

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CTR SAN DIEGO-OAK  
PARK

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

Provider ID: 418142  
 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
Fax: 619-794-2696

 After Hours Phone:  
619-515-2454

License Number: 550003556  
NPI: 1134155377

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CTR SAN DIEGO-OAK  
PARK

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A112379

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHC - OCEAN  
VIEW

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A120447

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHC - OCEAN  
VIEW


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A120576

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHC - OCEAN  
VIEW

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A153414

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHC - OCEAN  
VIEW

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A157505

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH CHC - OCEAN  
VIEW

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A162332


NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHC - OCEAN  
VIEW


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A78373

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHC - OCEAN  
VIEW

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C54198

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHC - OCEAN  
VIEW

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C55180

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHC - OCEAN  
VIEW


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: DC33300


NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH CHC - OCEAN  
VIEW

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

Fax: 619-595-0258

 After Hours Phone:  
619-662-4100


NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


YSIDRO HEALTH CHC - OCEAN VIEW

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


**SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

Fax: 619-858-1003

 After Hours Phone:  
619-662-4100

License Number: A88893

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN


YSIDRO HEALTH CHC - OCEAN VIEW


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-263-2499

 After Hours Phone:  
619-263-2499

License Number: 20A7241

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: Yes

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone:  
619-515-2420

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone:  
619-515-2420

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone:  
619-515-2420


License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone:  
619-515-2420

License Number: A68463

NPI: 1134155377

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560


License Number: 20A13745

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: 20A14772

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560


License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: 20A15471

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A113448


NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A115598

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A118095


NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A119689


NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A126187

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A137260

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A140912

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A141057

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A142743

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560


License Number: A148014


NPI: 1134155377

Accepting New Patients: Yes

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715


 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560

License Number: A161373

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715


 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715


 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715


 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560

License Number: A164879

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715


 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone:  
619-515-2560

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone:  
619-515-2560

License Number: C174538

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS

#### FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone:  
619-515-2560

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone:  
619-515-2560

License Number: DC33150

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone:  
619-515-2560

License Number: G61394

NPI: 1134155377


Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone:  
619-515-2560

License Number: G78814

NPI: 1134155377


Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: MT2061555

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes


Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: NP10146

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: DIAMOND N


NEIGHBORHOODS FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: NP17362

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: NP19911

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: NP95000205

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: NP95001492

NPI: 1134155377

Accepting New Patients: Yes


Site English Spoken: Yes

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*


 *Website: www.fhcsd.org*

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*

 *4725 MARKET ST  
SAN DIEGO, CA 92102-4715*

 *Phone: 619-515-2560*

 *After Hours Phone:  
619-515-2560*


*License Number: NP95005321  
NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*


 *Website: www.fhcsd.org*

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*

 *4725 MARKET ST  
SAN DIEGO, CA 92102-4715*

 *Phone: 619-515-2560*

 *After Hours Phone:  
619-515-2560*

*License Number: NP95007000  
NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*


 *Website: www.fhcsd.org*

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*

 *4725 MARKET ST  
SAN DIEGO, CA 92102-4715*

 *Phone: 619-515-2560*

 *After Hours Phone:  
619-515-2560*

*License Number: NP95009292  
NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*

 *Website: www.fhcsd.org*

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*

 *4725 MARKET ST  
SAN DIEGO, CA 92102-4715*

 *Phone: 619-515-2560*

 *After Hours Phone:  
619-515-2560*

*License Number: NP95021154  
NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*


 *Website: www.fhcsd.org*

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*

 *4725 MARKET ST  
SAN DIEGO, CA 92102-4715*

 *Phone: 619-515-2560*

 *After Hours Phone:  
619-515-2560*

*License Number: PA20378  
NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*

 *Website: www.fhcsd.org*






#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*







 *4725 MARKET ST  
SAN DIEGO, CA 92102-4715*

## D. Blue Shield Promise Medi-Cal List of Network Providers







### D1. Federally Qualified Health Clinics

 Phone: 619-515-2560  
 After Hours Phone:  
619-515-2560  
License Number: PA58081  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)







#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone:  
619-515-2560  
License Number: PA58505  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)







#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone:  
619-515-2560  
License Number: PA60864  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)






#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone:  
619-515-2560  
License Number: RN810863  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
Fax: 619-263-2499  
 After Hours Phone:  
619-515-2560  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
Fax: 619-263-2499  
 After Hours Phone:  
619-515-2560  
License Number: A100391  
NPI: 1134155377  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

Provider ID: 419529

 2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone: 619-515-2422

License Number: A121451

NPI: 1134155377


Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL


 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

Provider ID: 419529

 2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone: 619-515-2422

License Number: A122238

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HLTH CTR OF SD SAN DIEGO COMMERCIAL


 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

Provider ID: 419529

 2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone: 619-515-2422

License Number: NP95011254

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

Provider ID: 419529

 2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone: 619-515-2422

License Number: PA20888

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL


 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

Provider ID: 419529

 2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone: 619-515-2422

License Number: PA53788

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

Provider ID: 419529

 2325 COMMERCIAL ST STE 1400
































SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

Fax: 619-269-0053

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 After Hours Phone: 619-515-2422 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	<i>Provider ID: 356145</i>  2391 ISLAND AVE SAN DIEGO, CA 92102-2941  Phone: 619-515-2435  After Hours Phone: 619-515-2435 License Number: A80504 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: SHERMAN HEIGHTS FAMILY HLTH CTRS INC  Website: N/A	<b>SHERMAN HEIGHTS FAMILY HLTH CTRS INC</b> <i>Provider ID: 356145</i>  2391 ISLAND AVE SAN DIEGO, CA 92102-2941  Phone: 619-515-2435  After Hours Phone: 619-515-2435 License Number: NP95011254 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: SHERMAN HEIGHTS FAMILY HLTH CTRS INC  Website: N/A
<b>FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL</b> <i>Provider ID: 419529</i>  2325 COMMERCIAL ST STE 1400 SAN DIEGO, CA 92113-1195  Phone: 619-515-2422 Fax: 619-269-0053  After Hours Phone: 619-515-2422 License Number: 550003113 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	<b>SHERMAN HEIGHTS FAMILY HLTH CTRS INC</b> <i>Provider ID: 356145</i>  2391 ISLAND AVE SAN DIEGO, CA 92102-2941  Phone: 619-515-2435  After Hours Phone: 619-515-2435 License Number: A97036 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: SHERMAN HEIGHTS FAMILY HLTH CTRS INC  Website: N/A	<b>SHERMAN HEIGHTS FAMILY HLTH CTRS INC</b> <i>Provider ID: 356145</i>  2391 ISLAND AVE SAN DIEGO, CA 92102-2941  Phone: 619-515-2435  After Hours Phone: 619-515-2435 License Number: PA16245 NPI: 1134155377 Accepting New Patients: Yes  Site English Spoken: yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: SHERMAN HEIGHTS FAMILY HLTH CTRS INC

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


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 Website: N/A

#### **SHERMAN HEIGHTS FAMILY HLTH CTRS INC**

Provider ID: 356145

 2391 ISLAND AVE  
SAN DIEGO, CA 92102-2941

 Phone: 619-515-2435

 After Hours Phone:  
619-515-2435

License Number: PA53788

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SHERMAN  
HEIGHTS FAMILY HLTH CTRS  
INC

 Website: N/A

#### **SHERMAN HEIGHTS FAMILY HLTH CTRS INC**

Provider ID: 356145

 2391 ISLAND AVE  
SAN DIEGO, CA 92102-2941

 Phone: 619-515-2435

Fax: 619-515-2435

 After Hours Phone:  
619-515-2435

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SHERMAN


HEIGHTS FAMILY HLTH CTRS  
INC


 Website: N/A

#### **SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE**

Provider ID: 517403

 316 25TH ST  
SAN DIEGO, CA 92102-3016

 Phone: 619-238-5551

 After Hours Phone:  
619-238-5551

License Number: A97270

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH 25TH ST  
FAMILY MEDICINE

 Website: N/A

#### **SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE**

Provider ID: 517403

 316 25TH ST  
SAN DIEGO, CA 92102-3016

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A156607

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH 25TH ST  
FAMILY MEDICINE


 Website: N/A

#### **SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE**

Provider ID: 517403

 316 25TH ST  
SAN DIEGO, CA 92102-3016

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP20849

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH 25TH ST  
FAMILY MEDICINE

 Website: N/A


#### **SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE**

Provider ID: 517403

 316 25TH ST  
SAN DIEGO, CA 92102-3016

 Phone: 619-662-4100

Fax: 619-238-3807

 After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

American Sign Language (ASL): Site English Spoken: Yes  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Website: N/A

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER

Website: www.fhcsd.org

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 20A12653

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER

Website: www.fhcsd.org

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 20A12732

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER

Website: www.fhcsd.org

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER

Website: www.fhcsd.org

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 20A15743

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER

Website: www.fhcsd.org

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 After Hours Phone:  
619-515-2300

License Number: 20A17072

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: 20A17478

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A103099

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### LOGAN HEIGHTS FAMILY

#### HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A113001

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A114181

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A116680

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A118095

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH


CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A120043

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A121451

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A122238

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A136616

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p><b>LOGAN HEIGHTS FAMILY HEALTH CENTER</b></p> <p>Provider ID: 206360</p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> Phone: 619-515-2300</p> <p> After Hours Phone: 619-515-2300</p> <p>License Number: A142703</p> <p>NPI: 1134155377</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p><b>LOGAN HEIGHTS FAMILY HEALTH CENTER</b></p> <p>Provider ID: 206360</p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> Phone: 619-515-2300</p> <p> After Hours Phone: 619-515-2300</p> <p>License Number: A146111</p> <p>NPI: 1134155377</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Yes</p>	<p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p><b>LOGAN HEIGHTS FAMILY HEALTH CENTER</b></p> <p>Provider ID: 206360</p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> Phone: 619-515-2300</p> <p> After Hours Phone: 619-515-2300</p> <p>License Number: A146838</p> <p>NPI: 1134155377</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p><b>LOGAN HEIGHTS FAMILY HEALTH CENTER</b></p> <p>Provider ID: 206360</p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> Phone: 619-515-2300</p> <p> After Hours Phone: 619-515-2300</p> <p>License Number: A147939</p> <p>NPI: 1134155377</p>	<p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p><b>LOGAN HEIGHTS FAMILY HEALTH CENTER</b></p> <p>Provider ID: 206360</p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> Phone: 619-515-2300</p> <p> After Hours Phone: 619-515-2300</p> <p>License Number: A148014</p> <p>NPI: 1134155377</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p><b>LOGAN HEIGHTS FAMILY HEALTH CENTER</b></p> <p>Provider ID: 206360</p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> Phone: 619-515-2300</p> <p> After Hours Phone: 619-515-2300</p>
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## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

License Number: A151631  
NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A160489

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A163183

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A163978

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


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#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: A164889

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER





Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A169752

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A177373

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN


#### HEIGHTS FAMILY HEALTH CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A177462

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


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 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

#### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A181809*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*

 *Website: www.fhcsd.org*

#### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A46161*

*NPI: 1134155377*


*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*


 *Website: www.fhcsd.org*

#### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A61687*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*


 *Website: www.fhcsd.org*

#### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A68124*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*


 *Website: www.fhcsd.org*

#### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A68463*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*


 *Website: www.fhcsd.org*

#### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A71671*

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

NPI: 1134155377


Accepting New Patients: Yes

 Site English Spoken: Yes


Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: Yes

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A72005

NPI: 1134155377


Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: Yes

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113


 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: Yes

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A77126

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A80504

NPI: 1134155377


Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A93385

NPI: 1134155377


Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

#### HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A95577

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A97036

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: DPM4819

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH


#### CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: DPM5661

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: G78814

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER




## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: G81658

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: Yes

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NM792

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: Yes

 Site English Spoken: Yes

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP10906

NPI: 1134155377


Accepting New Patients: Yes

 Site English Spoken: Yes


Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP11778

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No  
American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP17852

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP2286

NPI: 1134155377

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP95000205

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: NP95000602

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP95001705

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP95003689

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP95007253

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### LOGAN HEIGHTS FAMILY HEALTH CENTER


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP95011254


NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP95011313


NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP95015780

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP95022452

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: PA13752


NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: PA15227

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LOGAN

## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


#### HEIGHTS FAMILY HEALTH CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: PA16245

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: PA17864

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Site English Spoken: Yes  
Cultural Competency: No

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: PA20396

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: PA21591

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: PA23258

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: PA53788


NPI: 1134155377

Accepting New Patients: Yes

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113


 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: PA54661

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113


 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: PA61677

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113


 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: PT295463

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113


 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: PT30272

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113


 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: PT33914

NPI: 1134155377

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER




 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300

License Number: RN486421  
NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300

License Number: RN810863  
NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER




Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY

#### HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300

License Number: SP27677

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
Fax: 619-515-2510  
 After Hours Phone:  
619-515-2300


License Number: A178494

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

 1016 OUTER RD  
SAN DIEGO, CA 92154-1351  
 Phone: 619-429-3733  
 After Hours Phone:  
619-429-3733

License Number: A112781


NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: NESTOR  
COMMUNITY HEALTH CENTER

 Website: [www.ibclinic.org](http://www.ibclinic.org)

#### NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

 1016 OUTER RD  
SAN DIEGO, CA 92154-1351  
 Phone: 619-429-3733  
 After Hours Phone:  
619-429-3733

License Number: A165398

NPI: 1598122871

Accepting New Patients: Yes





































Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 <i>Accessibility: CONTACT PROVIDER</i>	<i>Spanish</i>	 <i>After Hours Phone: (844) 200-2426</i>
<i>Medical Group/IPA: NESTOR COMMUNITY HEALTH CENTER</i>	<i>Cultural Competency: No</i>	<i>License Number: 550002478</i>
 <i>Website: www.ibclinic.org</i>	<i>American Sign Language (ASL): N</i>	<i>NPI: 1699216622</i>
<b>NESTOR COMMUNITY HEALTH CENTER</b>	 <i>Accessibility: CONTACT PROVIDER</i>	<i>Accepting New Patients: Yes</i>
<i>Provider ID: 214492</i>	<i>Medical Group/IPA: NESTOR COMMUNITY HEALTH CENTER</i>	<i>Min/Max Age: 0\150</i>
 1016 OUTER RD	 <i>Website: www.ibclinic.org</i>	 <i>Site English Spoken: Y</i>
SAN DIEGO, CA 92154-1351	<b>NESTOR COMMUNITY HEALTH CENTER</b>	 <i>Site Languages(s) Spoken: Spanish</i>
 <i>Phone: 619-429-3733</i>	<i>Provider ID: 214492</i>	<i>Cultural Competency: N</i>
 <i>After Hours Phone: 619-429-3733</i>	 1016 OUTER RD	 <i>Hours: M-TU</i>
<i>License Number: NP22031</i>	SAN DIEGO, CA 92154-1351	<i>8:30AM-5:30PM</i>
<i>NPI: 1598122871</i>	 <i>Phone: 619-429-3733</i>	<i>W 10:00AM-7:00PM</i>
<i>Accepting New Patients: Yes</i>	<i>Fax: 619-628-5550</i>	<i>TH-F 8:30AM-5:30PM</i>
 <i>Site English Spoken: Yes</i>	 <i>After Hours Phone: 619-429-3733</i>	<i>American Sign Language (ASL): N</i>
 <i>Site Languages(s) Spoken: Spanish</i>	<i>License Number: 550001474</i>	 <i>Accessibility: CONTACT PROVIDER</i>
<i>Cultural Competency: No</i>	<i>NPI: 1598122871</i>	<i>Medical Group/IPA: Operation Samahan</i>
<i>American Sign Language (ASL): N</i>	<i>Accepting New Patients: Yes</i>	 <i>Website: www.operationsamahan.org</i>
 <i>Accessibility: CONTACT PROVIDER</i>	 <i>Site English Spoken: Yes</i>	<b>OPERATION SAMAHAN RANCHO PENASQUITOS</b>
<i>Medical Group/IPA: NESTOR COMMUNITY HEALTH CENTER</i>	 <i>Site Languages(s) Spoken: Spanish</i>	<i>Provider ID: 418535</i>
 <i>Website: www.ibclinic.org</i>	<i>Cultural Competency: No</i>	 9995 CARMEL MOUNTAIN RD STE B10 AND B11
<b>NESTOR COMMUNITY HEALTH CENTER</b>	<i>American Sign Language (ASL): N</i>	SAN DIEGO, CA 92129
<i>Provider ID: 214492</i>	 <i>Accessibility: CONTACT PROVIDER</i>	 <i>Phone: (844) 200-2426</i>
 1016 OUTER RD	<i>Medical Group/IPA: NESTOR COMMUNITY HEALTH CENTER</i>	<i>Fax: (858) 695-9074</i>
SAN DIEGO, CA 92154-1351	 <i>Website: www.ibclinic.org</i>	 <i>After Hours Phone: (844) 200-2426</i>
 <i>Phone: 619-429-3733</i>	<b>OPERATION SAMAHAN RANCHO PENASQUITOS</b>	<i>License Number: 550003857</i>
<i>Fax: 619-628-5550</i>	<i>Provider ID: 418535</i>	<i>NPI: 1699216622</i>
 <i>After Hours Phone: 619-429-3733</i>	 9995 CARMEL MOUNTAIN RD STE B10 AND B11	<i>Accepting New Patients: Yes</i>
<i>NPI: 1598122871</i>	SAN DIEGO, CA 92129	<i>Min/Max Age: 0\150</i>
<i>Accepting New Patients: Yes</i>	 <i>Phone: (844) 200-2426</i>	 <i>Site English Spoken: Y</i>
 <i>Site English Spoken: Yes</i>	<i>Fax: (858) 695-9074</i>	 <i>Site Languages(s) Spoken: Spanish</i>
 <i>Site Languages(s) Spoken: Spanish</i>		<i>Cultural Competency: N</i>
		 <i>Hours: M-TU</i>

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: Operation  
Samahan  
Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535  
9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129  
Phone: (844) 200-2426  
Fax: (858) 695-9074  
After Hours Phone: (844)  
200-2426  
License Number: 550003857  
NPI: 1699216622  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish  
Cultural Competency: N

Hours: M-TU  
8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: Operation  
Samahan  
Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### SAN DIEGO FAMILY CARE

Provider ID: 482070  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 810-8700  
Fax: (858) 633-4680  
After Hours Phone: (858)  
810-8700  
NPI: 1457724858  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Lithuanian, Vietnamese,  
Spanish, Chinese  
Cultural Competency: Y

Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP of  
Southern Cal-PHP  
Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 279-0925  
Fax: (858) 633-4680  
After Hours Phone: (858)  
279-0925  
NPI: 1609905215  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
Site English Spoken: Y

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian  
Cultural Competency: Y  
Hours: M-F  
8:30AM-5:30PM  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP of  
Southern Cal-PHP  
Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 279-0925  
Fax: (858) 633-4680  
After Hours Phone: (858)  
279-0925  
NPI: 1780665877  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian  
Cultural Competency: Y  
Hours: M-F  
8:30AM-5:30PM  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP of  
Southern Cal-PHP  
Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

#### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

Phone: (844) 200-2426

Fax: (858) 695-9074

After Hours Phone: (844)  
200-2426

License Number: 550002478

NPI: 1699216622

Accepting New Patients: Yes

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Cultural Competency: N

Hours: M-TU

8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Operation  
Samahan

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

Phone: (844) 200-2426

Fax: (858) 536-8034

After Hours Phone: (844)  
200-2426

License Number: 080000146

NPI: 1861933897

Accepting New Patients: Yes

Min/Max Age: 0\999

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Operation  
Samahan

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

Fax: (858) 578-4417

After Hours Phone: (844)  
200-2426

License Number: 080000146

NPI: 1871680397

Accepting New Patients: Yes

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: Y

Hours: M-F

8:00AM-4:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Operation  
Samahan

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 662-4100

Fax: (619) 824-9076

After Hours Phone: (619)  
662-4100

License Number: 550003882

NPI: 1205477841

Accepting New Patients: Yes

Min/Max Age: 0\120

Site English Spoken: Y

Site Languages(s) Spoken:  
Chinese, Spanish, Tagalog,  
Vietnamese

Cultural Competency: N

Hours: M-F

8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

Website: N/A

#### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

Fax: (858) 488-1394

After Hours Phone: (619)  
515-2444

License Number: 080000115

NPI: 1386689701


Accepting New Patients: Yes

Min/Max Age: 0\150

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-W  
8:30AM-5:30PM  
TH 9:00AM-6:00PM  
F 8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: Family  
Health Centers of San Diego

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545  
Fax: (619) 501-9645


 After Hours Phone: (619)  
515-2545


License Number: 550003099

NPI: 1629456900

Accepting New Patients: Yes

Min/Max Age: 0\150


 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-TH  
8:00AM-9:00PM  
F 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: Family  
Health Centers of San Diego

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 280-4213  
Fax: (619) 795-9849


 After Hours Phone: (619)  
280-4213

NPI: 1336353721

Accepting New Patients: Yes

Min/Max Age: 0\150


 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: La  
Maestra Family Clinic


 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

#### MID-CITY COMMUNITY CLINIC

Provider ID: 233597

 4290 POLK AVE  
SAN DIEGO, CA 92105


 Phone: (619) 563-0250  
Fax: (858) 633-4681


 After Hours Phone: (619)  
563-0250

NPI: 1962483040


Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:00AM-5:00PM

SA 8:00AM-2:00PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105  
 Phone: (619) 280-2058

Fax: (858) 633-4682


 After Hours Phone: (619)  
280-2058

NPI: 1962483040


Accepting New Patients: Yes

Min/Max Age: 0\22

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382

 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Fax: (619) 234-0206

☎ After Hours Phone: (619)  
234-2158

License Number: 090000168

NPI: 1003902917

Accepting New Patients: Yes

Min/Max Age: 0\150

☑ Site English Spoken: Y

☑ Site Languages(s) Spoken:  
Korean, Spanish, Hindi

Cultural Competency: N

🕒 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

🌐 Website: WWW.SDAIHC.ORG

Indian Health Services: Y

#### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

📍 3514 30TH ST  
SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424

Fax: (619) 683-7586

☎ After Hours Phone: (619)  
515-2424

License Number: 090000469

NPI: 1700821303

Accepting New Patients: Yes

Min/Max Age: 0\18

☑ Site English Spoken: Y  
Cultural Competency: N

🕒 Hours: M-TH  
8:00AM-5:00PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Family  
Health Centers of San Diego

🌐 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

#### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

📍 3544 30TH ST  
SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424

Fax: (619) 501-0627

☎ After Hours Phone: (619)  
515-2424

NPI: 1700821303

Accepting New Patients: Yes

Min/Max Age: 0\150

☑ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Family  
Health Centers of San Diego

🌐 Website: www.fhcsd.org

#### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

☎ Phone: (619) 233-8500

Fax: (619) 687-1067

☎ After Hours Phone: (619)  
233-8500

License Number: 090000297

NPI: 1598122871

Accepting New Patients: No

Min/Max Age: 0\999

☑ Site English Spoken: Y  
Cultural Competency: N

🕒 Hours: M-F  
8:00AM-5:30PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

🌐 Website: N/A

#### FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE

Provider ID: 417429

📍 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

☎ Phone: (619) 515-2525

Fax: (619) 501-5814

☎ After Hours Phone: (619)  
515-2525

License Number: 550002865

NPI: 1952729303

Accepting New Patients: Yes

Min/Max Age: 0\150

☑ Site English Spoken: Y  
Cultural Competency: N

🕒 Hours: M-F  
8:30AM-5:30PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Family  
Health Centers of San Diego

🌐 Website: www.fhcsd.org

Email: janeta@fhcsd.org

#### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

📍 1250 6TH AVE STE 100

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

SAN DIEGO, CA 92101  
☎ Phone: (619) 515-2430  
Fax: (619) 578-2410  
🕒 After Hours Phone: (619) 515-2430  
License Number: 550002251  
NPI: 1588901045  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
📄 Site English Spoken: Y  
Cultural Competency: N  
🕒 Hours: M-F  
8:00AM-5:00PM  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Medical Group/IPA: Family Health Centers of San Diego  
🌐 Website: www.fhcsd.org  
Email: jinah@fhcsd.org

#### FAMILY HEALTH CTR OF SD-ELM ST

Provider ID: 419167  
📄 140 ELM ST  
SAN DIEGO, CA 92101  
☎ Phone: (619) 515-2520  
Fax: (619) 231-0431  
🕒 After Hours Phone: (619) 515-2520  
License Number: 550002061  
NPI: 1316419070  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
📄 Site English Spoken: Y  
Cultural Competency: N  
🕒 Hours: M-F  
8:00AM-5:00PM  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT

PROVIDER  
Medical Group/IPA: Family Health Centers of San Diego  
🌐 Website: www.fhcsd.org  
Email: jinah@fhcsd.org

#### FAMILY HEALTH CTR IBARRA

Provider ID: 417987  
📄 4874 POLK AVE  
SAN DIEGO, CA 92105  
☎ Phone: (619) 515-2426  
Fax: (619) 255-8002  
🕒 After Hours Phone: (619) 515-2426  
License Number: 550003108  
NPI: 1477953933

Accepting New Patients: Yes  
Min/Max Age: 0\150  
📄 Site English Spoken: Y  
Cultural Competency: N  
🕒 Hours: M-F  
8:30AM-5:30PM  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: Family Health Centers of San Diego  
🌐 Website: www.fhcsd.org

#### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142  
📄 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105  
☎ Phone: (619) 515-2454  
Fax: (619) 794-2696  
🕒 After Hours Phone: (619) 515-2454  
License Number: 550003556  
NPI: 1336525906  
Accepting New Patients: Yes

Min/Max Age: 0\150  
📄 Site English Spoken: Y  
Cultural Competency: N  
🕒 Hours: M-F  
8:30AM-5:30PM  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
Medical Group/IPA: Family Health Centers of San Diego  
🌐 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360  
📄 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
Fax: (619) 234-2447  
🕒 After Hours Phone: (619) 515-2300  
NPI: 1447281936  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
📄 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
Medical Group/IPA: Family Health Centers of San Diego  
🌐 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

#### SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145  
📄 2391 ISLAND AVE

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

SAN DIEGO, CA 92102  
☎ Phone: (619) 515-2435  
Fax: (619) 515-2435  
🕒 After Hours Phone: (619) 515-2435  
NPI: 1174549232  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
📄 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Medical Group/IPA: Family Health Centers of San Diego  
🌐 Website: N/A  
Email: dalvarado@fhcsd.org

#### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529  
📄 2325 COMMERCIAL ST STE 1400  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2422  
Fax: (619) 269-0053  
🕒 After Hours Phone: (619) 515-2422  
License Number: 550003113  
NPI: 1235521782  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
📄 Site English Spoken: Y  
Cultural Competency: N  
🕒 Hours: M-F  
8:00AM-5:00PM  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Medical Group/IPA: Family

Health Centers of San Diego  
🌐 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

#### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: 517403  
📄 316 25TH ST  
SAN DIEGO, CA 92102  
☎ Phone: (619) 238-5551  
Fax: (619) 238-3807  
🕒 After Hours Phone: (619) 238-5551  
NPI: 1598308926

Accepting New Patients: Yes  
Min/Max Age: 0\120  
📄 Site English Spoken: Y  
Cultural Competency: N  
🕒 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
🌐 Website: N/A

#### SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409  
📄 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
☎ Phone: (619) 662-4100  
Fax: (619) 595-0258  
🕒 After Hours Phone: (619) 662-4100

NPI: 1326225632  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
📄 Site English Spoken: Y  
📄 Site Language(s) Spoken: ,

Spanish  
Cultural Competency: Y  
🕒 Hours: M-F  
8:00AM-5:00PM  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
🌐 Website: https://www.syhealth.org/locations

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
📄 4725 MARKET ST  
SAN DIEGO, CA 92102  
☎ Phone: (619) 515-2560  
Fax: (619) 263-2499  
🕒 After Hours Phone: (619) 515-2560  
NPI: 1982747671  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
📄 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Medical Group/IPA: Family Health Centers of San Diego  
🌐 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 624977  
📄 2204 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2355

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Fax: (619) 232-7011

☎ After Hours Phone: (619)  
515-2355

NPI: 1447281936

Accepting New Patients: Yes

Min/Max Age: 0\150

🗣 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Family  
Health Centers of San Diego

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 664747

📍 2114 NATIONAL AVE  
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2406

☎ After Hours Phone: (619)  
515-2406

License Number: 550003556

NPI: 1336525906

Accepting New Patients: Yes

Min/Max Age: 0\999

🗣 Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-F  
8:30AM-5:30PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Family  
Health Centers of San Diego

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

📍 950 S EUCLID AVE  
SAN DIEGO, CA 92114

☎ Phone: (619) 662-4100

Fax: (619) 205-1952

☎ After Hours Phone: (619)  
662-4100

NPI: 1538262092

Accepting New Patients: Yes

Min/Max Age: 0\150

🗣 Site English Spoken: Y

🗣 Site Languages(s) Spoken:  
Chinese, Spanish, Tagalog,  
Vietnamese

Cultural Competency: Y

🕒 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

🌐 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

#### NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

📍 1016 OUTER RD  
SAN DIEGO, CA 92154

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

☎ After Hours Phone: (619)  
429-3733

License Number: 550001474

NPI: 1215246996

Accepting New Patients: Yes

Min/Max Age: 0\150

🗣 Site English Spoken: Y

🗣 Site Languages(s) Spoken:  
Spanish

Cultural Competency: Y

🕒 Hours: M 8:30AM-5:00PM  
TU-TH 8:30AM-8:00PM  
F 8:30AM-5:00PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

🌐 Website: [www.ibclinic.org](http://www.ibclinic.org)  
Email: [avaldez@ibclinic.org](mailto:avaldez@ibclinic.org)

### SAN MARCOS

#### TRUECARE

Provider ID: 625875

📍 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

☎ Phone: 760-736-6767

☎ After Hours Phone:  
760-736-6767

License Number: DC29074

NPI: 1598122871

Accepting New Patients: Yes

🗣 Site English Spoken: Yes

🗣 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)





#### TRUECARE

Provider ID: 625875






📍 1595 GRAND AVE STE 100

## D. Blue Shield Promise Medi-Cal List of Network Providers






### D1. Federally Qualified Health Clinics

SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: G71182  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)






#### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: NM235844  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)






#### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: NM235997  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)





#### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: NP20893  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: NP18874  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: NP21368  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: NP95001653

NPI: 1598122871

Accepting New Patients: Yes


Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish


Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: NP95002545

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Medical Group/IPA: TRUECARE


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: NP95003903

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: PA17101

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: TRUECARE


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: PA19825

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: PA21723

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

<p>American Sign Language (ASL): Spanish N Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE Website: www.ihpsocal.org</p>	<p>Spanish Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE Website: www.ihpsocal.org</p>	<p>Accepting New Patients: Yes Site English Spoken: Yes Site Languages(s) Spoken: Spanish Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE Website: www.ihpsocal.org</p>
<p><b>TRUECARE</b> Provider ID: 625875 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973 Phone: 760-736-6767 After Hours Phone: 760-736-6767 License Number: PA22667 NPI: 1598122871 Accepting New Patients: Yes Site English Spoken: Yes Site Languages(s) Spoken: Spanish Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE Website: www.ihpsocal.org</p>	<p><b>TRUECARE</b> Provider ID: 625875 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973 Phone: 760-736-6767 Fax: 760-736-8740 After Hours Phone: 760-736-6767 NPI: 1598122871 Accepting New Patients: Yes Site English Spoken: Yes Site Languages(s) Spoken: Spanish Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE Website: www.ihpsocal.org</p>	<p><b>TRUECARE</b> Provider ID: 625875 1595 GRAND AVE STE 100 SAN MARCOS, CA 92078-2450 Phone: 760-520-8200 Fax: 360-462-2749 After Hours Phone: 760-520-8200 NPI: 1598122871 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE Website: www.ihpsocal.org</p>
<p><b>TRUECARE</b> Provider ID: 625875 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973 Phone: 760-736-6767 After Hours Phone: 760-736-6767 License Number: PA51867 NPI: 1598122871 Accepting New Patients: Yes Site English Spoken: Yes Site Languages(s) Spoken:</p>	<p><b>TRUECARE</b> Provider ID: 625875 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973 Phone: 760-736-6767 Fax: 760-736-8740 After Hours Phone: 760-736-6767 License Number: 80000167 NPI: 1598122871</p>	<p><b>TRUECARE</b> Provider ID: 625875 1595 GRAND AVE STE 100 SAN MARCOS, CA 92078-2450 Phone: 760-520-8200 Fax: 360-462-2749 After Hours Phone: 760-520-8200 License Number: 80000167</p>

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE Medical Group/IPA: TRUECARE Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92078-2450

 Phone: 760-736-6767

Fax: 760-736-6744

 After Hours Phone:  
760-736-6767

License Number: 1598122871

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes




Cultural Competency: No

American Sign Language (ASL): American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE Medical Group/IPA: TRUECARE Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92078-2450

 Phone: 760-736-6767

Fax: 760-736-6744

 After Hours Phone:  
760-736-6767

License Number: NP18788

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: TRUECARE Medical Group/IPA: TRUECARE Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92078-2450

 Phone: 760-736-6767

Fax: 760-736-6744

 After Hours Phone:  
760-736-6767

License Number: PA17718

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes



Cultural Competency: No

American Sign Language (ASL): American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE Medical Group/IPA: TRUECARE Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### TRUECARE

Provider ID: 614511

 1595 GRAND AVE STE 106  
SAN MARCOS, CA  
92078-2450

 Phone: 760-736-6767

Fax: 760-736-6744

 After Hours Phone:  
760-736-6767

License Number: 80000167

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE Medical Group/IPA: TRUECARE Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### TRUECARE

Provider ID: 614511

 1595 GRAND AVE STE 106  
SAN MARCOS, CA  
92078-2450

 Phone: 760-736-6767

Fax: 760-736-6744

 After Hours Phone:  
760-736-6767

License Number: C54157

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE Medical Group/IPA: TRUECARE Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:

760-736-6767

License Number: G74757

NPI: 1598122871

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: 20A15159

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A116562

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A48980

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: 20A17306

NPI: 1598122871

Accepting New Patients: Yes


Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A60958

NPI: 1598122871

Accepting New Patients: Yes


Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875


 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767






 After Hours Phone:

## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics





760-736-6767  
License Number: A63903  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE






Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone: 760-736-6767  
License Number: A71311  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE


Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973






 Phone: 760-736-6767  
 After Hours Phone: 760-736-6767  
License Number: A93248  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE






Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone: 760-736-6767  
License Number: C54157  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 614511  
 1595 GRAND AVE STE 106

SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
Fax: (760) 736-6744  
 After Hours Phone: (760) 736-6767  
License Number: 080000167  
NPI: 1811617939  
Accepting New Patients: Yes  
Min/Max Age: 0\999  
 Site English Spoken: Y  
Cultural Competency: N  
 Hours: M-F 8:00AM-5:00PM  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 614511  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
Fax: (760) 736-6744  
 After Hours Phone: (760) 736-6767  
License Number: 080000167  
NPI: 1245246917  
Accepting New Patients: Yes  
Min/Max Age: 0\999  
 Site English Spoken: Y  
Cultural Competency: N  
 Hours: M-F 8:00AM-5:00PM  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


*Southern Cal-PHP*

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **TRUECARE**

Provider ID: 614511

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

License Number: 080000167

NPI: 1598484255

Accepting New Patients: Yes

Min/Max Age: 0\999

 Site English Spoken: Y

Cultural Competency: N

 Hours: M-F

8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of


*Southern Cal-PHP*

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **TRUECARE**

Provider ID: 206426

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767


License Number: 080000167

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: N

 Hours: M-F

8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of


*Southern Cal-PHP*

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **TRUECARE**

Provider ID: 206426

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767


License Number: 080000167

NPI: 1598484255

Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: N

 Hours: M-F

8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of

*Southern Cal-PHP*


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **TRUECARE**

Provider ID: 206426

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767


License Number: 080000167

NPI: 1811617939

Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: N

 Hours: M-F

8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of

*Southern Cal-PHP*


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### **SAN YSIDRO**

#### **SAN YSIDRO HLTH SAN DIEGO**

#### **PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-600-4867

 After Hours Phone:  
619-600-4867

License Number: PA22855

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N




 Accessibility: CONTACT

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

*PROVIDER*  
Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-600-4870  
 After Hours Phone:  
619-600-4870  
License Number: NP95018617  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)




#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A113624  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A120584  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A145480  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes

Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A153975  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A164201  
NPI: 1598122871

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A167529

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A32571

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A40473

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A51843

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: C42207

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS


Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: DPM2930


NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO


PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G66745

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO


PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP12112

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO


PACE SENIOR HLTH SVS


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95001960

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO


PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95003671


NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO


PACE SENIOR HLTH SVS


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95003721

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN



## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95004315

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95017732

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO


PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95019995

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: PA58672


NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: PT302385

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


**SAN YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

Fax: 619-600-4870


 After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone:*  
*619-662-4100*

*License Number: 20A12555*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*

 4050 BEYER BLVD  
SAN YSIDRO, CA


92173-2007  
 *Phone: 619-662-4100*

 *After Hours Phone:*  
*619-662-4100*

*License Number: 20A14222*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone:*  
*619-662-4100*

*License Number: 20A14949*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007


 *Phone: 619-662-4100*


 *After Hours Phone:*  
*619-662-4100*

*License Number: 20A8516*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone:*  
*619-662-4100*

*License Number: A111118*

*NPI: 1598122871*

*Accepting New Patients: Yes*


 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*




## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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*PROVIDER*  
Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**


Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A112627  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)




#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**


Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A113914  
NPI: 1598122871


Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**





Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A138938  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER






Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD

SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A157505  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**


Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A169577  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A175006

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A178949

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A47906

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A74960

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A94813

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR







 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411






## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: C149818  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**





Provider ID: 227411


 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: C158543  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411





 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: C160626  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR



 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411





 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: G52183  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):



N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**



Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
Fax: 619-205-1948  
 After Hours Phone:  
619-662-4100  
License Number: A49307  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)





#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
Fax: 619-205-1948

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 After Hours Phone:  
619-662-4100  
License Number: A63844  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**



Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
Fax: 619-205-1948  
 After Hours Phone:  
619-662-4100  
License Number: A72721  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**


Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
Fax: 619-205-1948  
 After Hours Phone:  
619-662-4100  
License Number: A82187  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**


Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
Fax: 619-205-1948  
 After Hours Phone:  
619-662-4100  
License Number: G20087  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**


Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
Fax: 619-205-1948  
 After Hours Phone:  
619-662-4100  
License Number: G51462  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**








Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
Fax: 619-205-6305

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics








 After Hours Phone:  
619-662-4100  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**






Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-205-6341  
 After Hours Phone:  
619-205-6341  
License Number: A64487  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN**



#### **YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-428-4463  
 After Hours Phone:  
619-428-4463  
License Number: 20A8245  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)






#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-428-4463  
 After Hours Phone:  
619-428-4463  
License Number: A112627  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 20A10964  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No

American Sign Language (ASL):  
N



































 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100

## D. Blue Shield Promise Medi-Cal List of Network Providers


























### D1. Federally Qualified Health Clinics

-  *After Hours Phone:* 619-662-4100  
*License Number:* 20A11153  
*NPI:* 1598122871  
*Accepting New Patients:* Yes
-  *Site English Spoken:* Yes
-  *Site Languages(s) Spoken:* Spanish, Tagalog, Portuguese  
*Cultural Competency:* No  
*American Sign Language (ASL):* N
-  *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 *Website:* www.ihpsocal.org
- SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**  
*Provider ID:* 206292
-  4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007
-  *Phone:* 619-662-4100
-  *After Hours Phone:* 619-662-4100  
*License Number:* 20A12653  
*NPI:* 1598122871  
*Accepting New Patients:* Yes
-  *Site English Spoken:* Yes
-  *Site Languages(s) Spoken:* Spanish, Tagalog, Portuguese  
*Cultural Competency:* No  
*American Sign Language (ASL):* N
-  *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
-  *HEALTH CENTER*  
 *Website:* www.ihpsocal.org
- SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**  
*Provider ID:* 206292
-  4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007
-  *Phone:* 619-662-4100
-  *After Hours Phone:* 619-662-4100  
*License Number:* 20A17643  
*NPI:* 1598122871  
*Accepting New Patients:* Yes
-  *Site English Spoken:* Yes
-  *Site Languages(s) Spoken:* Spanish, Tagalog, Portuguese  
*Cultural Competency:* No  
*American Sign Language (ASL):* N
-  *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 *Website:* www.ihpsocal.org
- SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**  
*Provider ID:* 206292
-  4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007
-  *Phone:* 619-662-4100
-  *After Hours Phone:* 619-662-4100  
*License Number:* 20A7502  
*NPI:* 1598122871  
*Accepting New Patients:* Yes
-  *Site English Spoken:* Yes
-  *Site Languages(s) Spoken:* Spanish, Tagalog, Portuguese  
*Cultural Competency:* No  
*American Sign Language (ASL):* N
-  *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 *Website:* www.ihpsocal.org
- SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**  
*Provider ID:* 206292
-  4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007
-  *Phone:* 619-662-4100
-  *After Hours Phone:* 619-662-4100  
*License Number:* 20A8081  
*NPI:* 1598122871  
*Accepting New Patients:* Yes
-  *Site English Spoken:* Yes
-  *Site Languages(s) Spoken:* Spanish, Tagalog, Portuguese  
*Cultural Competency:* No  
*American Sign Language (ASL):* N
-  *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 *Website:* www.ihpsocal.org
- SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**  
*Provider ID:* 206292



## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics


-  4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 20A9907  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)
- SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**  
Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A101827  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)
- SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**  
Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A101017  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)
- SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**  
Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100
- License Number: A104660  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)
- SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**  
Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A106103  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A113482

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A114008

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,

Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A114893

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA

92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A125329

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese


Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A127188

NPI: 1598122871

Accepting New Patients: Yes


Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No


American Sign Language (ASL):

N




 Accessibility: CONTACT  
PROVIDER

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: A130348

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: A131021

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: A131952

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN**

#### **YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007



 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A132982

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007



 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A138568

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
License Number: A145008

NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese  
Cultural Competency: No  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100

After Hours Phone: 619-662-4100  
License Number: A145480  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese  
Cultural Competency: No  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
License Number: A157505  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese  
Cultural Competency: No  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO

HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100

License Number: A158364  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese  
Cultural Competency: No  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100

License Number: A159673  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 *Site Languages(s) Spoken:*  
*Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER*


 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*


 *After Hours Phone:*  
*619-662-4100*

*License Number: A169694*

*NPI: 1598122871*


*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

 *Site Languages(s) Spoken:*  
*Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*


 *After Hours Phone:*  
*619-662-4100*

*License Number: A170738*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

 *Site Languages(s) Spoken:*  
*Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*


 *After Hours Phone:*  
*619-662-4100*

*License Number: A173435*

*NPI: 1598122871*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

 *Site Languages(s) Spoken:*  
*Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*


 *After Hours Phone:*  
*619-662-4100*

*License Number: A175006*

*NPI: 1598122871*


*Accepting New Patients: Yes*

 *Site English Spoken: Yes*

 *Site Languages(s) Spoken:*  
*Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER*


 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone:*  
*619-662-4100*

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

License Number: A177337

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A180886

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A40061

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A40480

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog,

Portuguese

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A49267

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: [www.ihpsocal.org](http://www.ihpsocal.org)





#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER





Provider ID: 206292


4004 BEYER BLVD  
SAN YSIDRO, CA

## D. Blue Shield Promise Medi-Cal List of Network Providers




### D1. Federally Qualified Health Clinics


92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A49307  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: www.ihpsocal.org


**SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**  
Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A56153  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**



Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A63844  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER






Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A66885  
NPI: 1598122871

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A71304  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: www.ihpsocal.org


**SAN YSIDRO HEALTH SAN**


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

#### **YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A72235

NPI: 1598122871

Accepting New Patients: Yes


Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A77936

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A80832

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

After Hours Phone:

619-662-4100

License Number: A84160

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A93785

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO



## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics


#### HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: A99433

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: C42207

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: C51110

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: DC33693

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: G51462

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes



 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER*  
 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: G59670*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Languages(s) Spoken: Spanish, Tagalog, Portuguese*

*Cultural Competency: No*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER*


 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: G80107*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Languages(s) Spoken: Spanish, Tagalog, Portuguese*

*Cultural Competency: No*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: G81461*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Languages(s) Spoken: Spanish, Tagalog, Portuguese*

*Cultural Competency: No*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: NP12112*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Languages(s) Spoken: Spanish, Tagalog, Portuguese*

*Cultural Competency: No*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: NP95003355*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*




*Site Languages(s) Spoken: Spanish, Tagalog,*

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics



*Portuguese*  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: PA17162  
NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese


Cultural Competency: No  
American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER



 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA

92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: PA20490  
NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese



Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
Fax: 619-205-6305

 After Hours Phone:  
619-662-4100


NPI: 1598122871

Accepting New Patients: Yes


 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese


Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100  
Fax: 619-205-6341

 After Hours Phone:  
619-662-4100

License Number: DPM2930  
NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes  
Cultural Competency: No


American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100  
Fax: 619-205-6341



 After Hours Phone:  
619-662-4100

License Number: 20A7241  
NPI: 1598122871


Accepting New Patients: Yes

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese  
Cultural Competency: No

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-6341


 After Hours Phone: 619-662-4100

License Number: A164201

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN


#### YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-6341


 After Hours Phone: 619-662-4100

License Number: A55469

NPI: 1598122871


Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-6341


 After Hours Phone: 619-662-4100

License Number: A78373

NPI: 1598122871

Accepting New Patients: Yes

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish, Tagalog,

Portuguese

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 600-4870


 After Hours Phone: (619) 662-4100

NPI: 1801438239


Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y

 Site Languages(s) Spoken: , Spanish


Cultural Competency: Y

 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP

 Website: <https://www.syhealth.org/locations>

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6305  
After Hours Phone: (619) 662-4100  
NPI: 1952364747  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese  
Cultural Competency: Y  
Hours: M-F  
8:00AM-5:30PM  
SA 8:30AM-2:00PM  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411  
4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-1967  
After Hours Phone: (619) 662-4100  
NPI: 1558852947  
Accepting New Patients: Yes  
Min/Max Age: 0\150  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish, Tagalog  
Cultural Competency: Y

Hours: M-F  
8:00AM-5:00PM  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

### SPRING VALLE

#### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361  
8788 JAMACHA RD  
SPRING VALLE, CA 91977-4035  
Phone: 619-515-2555  
After Hours Phone: 619-515-2555  
License Number: 20A11535  
NPI: 1134155377  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC  
Website: [www.fhcsd.org](http://www.fhcsd.org)

#### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361  
8788 JAMACHA RD  
SPRING VALLE, CA

91977-4035  
Phone: 619-515-2555  
After Hours Phone: 619-515-2555  
License Number: 20A14919  
NPI: 1134155377  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC  
Website: [www.fhcsd.org](http://www.fhcsd.org)

#### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361  
8788 JAMACHA RD  
SPRING VALLE, CA 91977-4035  
Phone: 619-515-2555  
After Hours Phone: 619-515-2555  
License Number: 20A15459  
NPI: 1134155377  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC  
Website: [www.fhcsd.org](http://www.fhcsd.org)

#### GROSSMONT SPRING VALLEY

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

#### **FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

GROSSMONT SPRING VALLEY

FAMILY HLTH CTRS INC

Website: www.fhcsd.org

#### **GROSSMONT SPRING VALLEY**

#### **FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

GROSSMONT SPRING VALLEY

FAMILY HLTH CTRS INC

Website: www.fhcsd.org

#### **GROSSMONT SPRING VALLEY**

#### **FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

GROSSMONT SPRING VALLEY

FAMILY HLTH CTRS INC

Website: www.fhcsd.org

#### **GROSSMONT SPRING VALLEY**

#### **FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

GROSSMONT SPRING VALLEY

FAMILY HLTH CTRS INC

Website: www.fhcsd.org

#### **GROSSMONT SPRING VALLEY**

#### **FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

GROSSMONT SPRING VALLEY

FAMILY HLTH CTRS INC

Website: www.fhcsd.org

#### **GROSSMONT SPRING VALLEY**

#### **FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A149063

NPI: 1134155377

Accepting New Patients: Yes

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): NPI: 1134155377*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA:*


*GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC*

 *Website: www.fhcsd.org*

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

*Provider ID: 206361*

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 *Phone: 619-515-2555*

 *After Hours Phone:  
619-515-2555*

*License Number: A154298*


*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): NPI: 1134155377*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA:*


*GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC*

 *Website: www.fhcsd.org*

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

*Provider ID: 206361*

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 *Phone: 619-515-2555*

 *After Hours Phone:*

*619-515-2555*

*License Number: A163464*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA:*


*GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC*


 *Website: www.fhcsd.org*

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

*Provider ID: 206361*

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 *Phone: 619-515-2555*

 *After Hours Phone:  
619-515-2555*

*License Number: A164859*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA:*


*GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC*


 *Website: www.fhcsd.org*

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

*Provider ID: 206361*

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 *Phone: 619-515-2555*

 *After Hours Phone:  
619-515-2555*

*License Number: A169342*

*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA:*


*GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC*


 *Website: www.fhcsd.org*

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

*Provider ID: 206361*

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 *Phone: 619-515-2555*

 *After Hours Phone:  
619-515-2555*

*License Number: A178499*


*NPI: 1134155377*

*Accepting New Patients: Yes*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA:*

*GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC*

 *Website: www.fhcsd.org*

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

<b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b> Provider ID: 206361 8788 JAMACHA RD SPRING VALLE, CA 91977-4035 Phone: 619-515-2555 After Hours Phone: 619-515-2555 License Number: A55932 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org	<i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org	<i>American Sign Language (ASL):</i> N Accessibility: CONTACT PROVIDER <i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org
<b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b> Provider ID: 206361 8788 JAMACHA RD SPRING VALLE, CA 91977-4035 Phone: 619-515-2555 After Hours Phone: 619-515-2555 License Number: A76059 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org	<i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org	<i>American Sign Language (ASL):</i> N Accessibility: CONTACT PROVIDER <i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org
<b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b> Provider ID: 206361 8788 JAMACHA RD SPRING VALLE, CA 91977-4035 Phone: 619-515-2555 After Hours Phone: 619-515-2555 License Number: A68463 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org	<i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org	<i>American Sign Language (ASL):</i> N Accessibility: CONTACT PROVIDER <i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org
<b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b> Provider ID: 206361 8788 JAMACHA RD SPRING VALLE, CA 91977-4035 Phone: 619-515-2555 After Hours Phone: 619-515-2555 License Number: G78814 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No	<i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org	<i>American Sign Language (ASL):</i> N Accessibility: CONTACT PROVIDER <i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org
<b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b> Provider ID: 206361 8788 JAMACHA RD SPRING VALLE, CA 91977-4035 Phone: 619-515-2555 After Hours Phone: 619-515-2555 License Number: NP95013978 NPI: 1134155377 Accepting New Patients: Yes Site English Spoken: Yes Cultural Competency: No	<i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org	<i>American Sign Language (ASL):</i> N Accessibility: CONTACT PROVIDER <i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org



## D. Blue Shield Promise Medi-Cal List of Network Providers


### D1. Federally Qualified Health Clinics

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:


**GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC**


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555


License Number: PA54588

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

**GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC**


 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA

91977-4035

 Phone: 619-515-2555  
Fax: 619-462-5584

 After Hours Phone:  
619-515-2555

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:


**GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC**


 Website: [www.fhcsd.org](http://www.fhcsd.org)


### **SPRING VALLEY**

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:


**GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC**


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555


License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:

**GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC**


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Medical Group/IPA:


GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

Fax: (619) 462-5584

 After Hours Phone: (619)  
515-2555


NPI: 1508801069

Accepting New Patients: Yes

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Family  
Health Centers of San Diego

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

#### VALLEY CENTER

#### NEIGHBORHOOD HEALTHCARE

Provider ID: 519918

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

Fax: (360) 462-2750

 After Hours Phone: (760)  
742-9919


License Number: 080000483

NPI: 1437335148

Accepting New Patients: Yes

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: N/A

#### NEIGHBORHOOD HEALTHCARE

Provider ID: 519918

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

Fax: (360) 462-2750


 After Hours Phone: (760)  
742-9919


License Number: 080000397

NPI: 1437335148

Accepting New Patients: Yes

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: N/A

#### NEIGHBORHOOD HEALTHCARE

Provider ID: 519918

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

Fax: (360) 462-2750


 After Hours Phone: (760)  
742-9919


License Number: 080000397

NPI: 1437335148

Accepting New Patients: Yes

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: N/A

#### NEIGHBORHOOD HEALTHCARE

Provider ID: 519918

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

Fax: (360) 462-2750


 After Hours Phone: (760)  
742-9919


License Number: 080000483

NPI: 1437335148

Accepting New Patients: Yes

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: N


 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

*PROVIDER*  
Medical Group/IPA: IHP of  
Southern Cal-PHP  
 Website: N/A

#### VISTA

#### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 135 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: A60517

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VISTA  
COMMUNITY CLINIC

GRAPEVINE

 Website: N/A

#### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 136 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000  
Fax: 760-414-3892

 After Hours Phone:  
760-631-5000

License Number: 80000328

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: Yes

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VISTA  
COMMUNITY CLINIC

GRAPEVINE


 Website: N/A

#### VCC DURIAN

Provider ID: 411518

 105 DURIAN ST STE A  
VISTA, CA 92083-6206  
 Phone: 844-308-5003

Fax: 760-414-3892

 After Hours Phone:  
844-308-5003

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VCC  
DURIAN


 Website: N/A

#### VCC DURIAN

Provider ID: 411518

 105 DURIAN ST STE A  
VISTA, CA 92083-6206  
 Phone: 844-308-5003

Fax: 760-414-3892

 After Hours Phone:  
844-308-5003

License Number: 1851300123

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VCC  
DURIAN


 Website: N/A

#### VCC DURIAN

Provider ID: 411518

 105 DURIAN ST STE A  
VISTA, CA 92083-6206  
 Phone: 844-308-5003

Fax: 760-414-3892

 After Hours Phone:  
844-308-5003

License Number: 80000328

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VCC  
DURIAN

 Website: N/A

#### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 134 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: DC32054

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes


## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

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*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE*


 *Website: N/A*

#### **VISTA COMMUNITY CLINIC GRAPEVINE**

*Provider ID: 400339*

 134 GRAPEVINE RD  
VISTA, CA 92083-4004

 *Phone: 760-631-5000*

 *After Hours Phone:  
760-631-5000*

*License Number: NP7791*


*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE*


 *Website: N/A*

#### **VISTA COMMUNITY CLINIC GRAPEVINE**

*Provider ID: 400339*

 134 GRAPEVINE RD  
VISTA, CA 92083-4004

 *Phone: 760-631-5000*

 *After Hours Phone:  
760-631-5000*

*License Number: PA20775*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE*


 *Website: N/A*

#### **VISTA COMMUNITY CLINIC GRAPEVINE**

*Provider ID: 400339*

 134 GRAPEVINE RD  
VISTA, CA 92083-4004

 *Phone: 760-631-5000*

 *After Hours Phone:  
760-631-5000*

*License Number: RN410247*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE*

 *Website: N/A*


#### **VISTA COMMUNITY CLINIC GRAPEVINE**

*Provider ID: 400339*

 134 GRAPEVINE RD  
VISTA, CA 92083-4004

 *Phone: 760-631-5000*

*Fax: 760-414-3892*

 *After Hours Phone:  
760-631-5000*


*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE*


 *Website: N/A*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206338*

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 *Phone: 844-308-5003*

 *After Hours Phone:  
844-308-5003*

*License Number: NP11448*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Site English Spoken: Yes*


*Site Language(s) Spoken:  
Spanish*

*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: VISTA COMMUNITY CLINIC*

 *Website: www.vistacommunityclinic.org*


#### **VISTA COMMUNITY CLINIC**


*Provider ID: 206338*

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

 Phone: 844-308-5003

 After Hours Phone:  
844-308-5003

License Number: PA20775

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: C52564

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: DC32054

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: DPM3999

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish


Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VISTA


#### COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: G51286

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: G79676

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes





























Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):





## D. Blue Shield Promise Medi-Cal List of Network Providers






### D1. Federally Qualified Health Clinics






- N**  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: VISTA COMMUNITY CLINIC*  
 *Website: www.vistacommunityclinic.org*
- VISTA COMMUNITY CLINIC**  
*Provider ID: 206338*  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*  
*License Number: G86902*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: VISTA COMMUNITY CLINIC*  
 *Website: www.vistacommunityclinic.org*
- VISTA COMMUNITY CLINIC**  
*Provider ID: 206338*  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*  
*License Number: NP10896*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Yes*
- Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: VISTA COMMUNITY CLINIC*  
 *Website: www.vistacommunityclinic.org*
- VISTA COMMUNITY CLINIC**  
*Provider ID: 206338*  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*  
*License Number: NP95003571*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: VISTA COMMUNITY CLINIC*  
 *Website: www.vistacommunityclinic.org*
- VISTA COMMUNITY CLINIC**  
*Provider ID: 206338*  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*
- License Number: NP95009149*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: VISTA COMMUNITY CLINIC*  
 *Website: www.vistacommunityclinic.org*
- VISTA COMMUNITY CLINIC**  
*Provider ID: 206338*  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*  
*License Number: NP95009284*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: VISTA COMMUNITY CLINIC*  
 *Website: www.vistacommunityclinic.org*
- VISTA COMMUNITY CLINIC**  
*Provider ID: 206338*  
 1000 VALE TERRACE DR





## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics






VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000  
License Number: PA19629  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: VISTA  
COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)




**VISTA COMMUNITY CLINIC**  
Provider ID: 206338  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000  
License Number: NP95016368  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: VISTA  
COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**  
Provider ID: 206338  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-414-3892  
 After Hours Phone:  
760-414-3892  
License Number: DC31392  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: VISTA  
COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**  
Provider ID: 206338  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-414-3892  
 After Hours Phone:  
760-414-3892  
License Number: NP23217  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VISTA  
COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**  
Provider ID: 206338  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-414-3892  
 After Hours Phone:  
760-414-3892  
License Number: NP95003087  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: VISTA  
COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


**VISTA COMMUNITY CLINIC**  
Provider ID: 206338  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-414-3892  
Fax: 760-414-3892  
 After Hours Phone:  
760-414-3892  
License Number: 20A9149  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

*Cultural Competency: No*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA  
COMMUNITY CLINIC*

 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206338*

 *1000 VALE TERRACE DR  
VISTA, CA 92084-5218*

 *Phone: 760-631-5000*

 *After Hours Phone:  
760-631-5000*

*License Number: 20A13745*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish*

*Cultural Competency: No*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA  
COMMUNITY CLINIC*

 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206338*

 *1000 VALE TERRACE DR  
VISTA, CA 92084-5218*

 *Phone: 760-631-5000*

 *After Hours Phone:  
760-631-5000*

*License Number: 20A18374*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish*

*Cultural Competency: No*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA  
COMMUNITY CLINIC*


 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206338*

 *1000 VALE TERRACE DR  
VISTA, CA 92084-5218*

 *Phone: 760-631-5000*

 *After Hours Phone:  
760-631-5000*

*License Number: 20A7241*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish*

*Cultural Competency: No*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA  
COMMUNITY CLINIC*


 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206338*

 *1000 VALE TERRACE DR  
VISTA, CA 92084-5218*

 *Phone: 760-631-5000*

 *After Hours Phone:  
760-631-5000*

*License Number: 20A8949*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish*

*Cultural Competency: No*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VISTA  
COMMUNITY CLINIC*


 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**

*Provider ID: 206338*

 *1000 VALE TERRACE DR  
VISTA, CA 92084-5218*

 *Phone: 760-631-5000*

 *After Hours Phone:  
760-631-5000*

*License Number: A125026*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish*

*Cultural Competency: No*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: VISTA  
COMMUNITY CLINIC*

 *Website: www.vistacommunityclinic.org*

#### **VISTA COMMUNITY CLINIC**





## D. Blue Shield Promise Medi-Cal List of Network Providers

### D1. Federally Qualified Health Clinics

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: A173511

NPI: 1598122871

Accepting New Patients: Yes


Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: A56214

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: A62780

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: A80635

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish


Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: C143703

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: C162072

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes








Site Languages(s) Spoken:

## D. Blue Shield Promise Medi-Cal List of Network Providers




### D1. Federally Qualified Health Clinics





*Spanish*  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC








Provider ID: 206338  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000  
License Number: C171929  
NPI: 1598122871  
Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VCC DURIAN

Provider ID: 411518  
 105 DURIAN ST STE A  
VISTA, CA 92083  
 Phone: (844) 308-5003  
Fax: (760) 414-3892  
 After Hours Phone: (844)  
308-5003








License Number: 1851300123  
NPI: 1851300123  
Accepting New Patients: Yes  
Min/Max Age: 0\999  
 Site English Spoken: Y  
Cultural Competency: Y  
 Hours: M-F  
8:30AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
License Number: 080000328  
NPI: 1851300123  
Accepting New Patients: Yes  
Min/Max Age: 0\999  
 Site English Spoken: Y  
Cultural Competency: Y  
 Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

[nityclinic.org](http://nityclinic.org)  
Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

#### VCC DURIAN

Provider ID: 411518  
 105 DURIAN ST STE A  
VISTA, CA 92083  
 Phone: (844) 308-5003  
Fax: (760) 414-3892  
 After Hours Phone: (844)  
308-5003  
License Number: 080000328  
NPI: 1851300123  
Accepting New Patients: Yes  
Min/Max Age: 0\999  
 Site English Spoken: Y  
Cultural Competency: Y  
 Hours: M-F  
8:30AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

## D2. Primary Care Directory

### ALPINE

#### **CERTIFIED NURSE PRACTITIONER**

**KAHL, NICHOLAS**

Provider ID: 517802


Provider Gender: Male


License Number: NP95006360


NPI: 1821306598

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **CERTIFIED NURSE PRACTITIONER**

**KAHL, NICHOLAS**

Provider ID: 517802


Provider Gender: Male


License Number: NP95006360


NPI: 1821306598

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **CERTIFIED NURSE PRACTITIONER**

**SANDERS, JESSICA**

Provider ID: 517802


Provider Gender: Female


License Number: NP23004


NPI: 1760765333

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **CERTIFIED NURSE PRACTITIONER**

**SANDERS, JESSICA**

Provider ID: 517802


Provider Gender: Female


License Number: NP23004


NPI: 1760765333


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **CERTIFIED NURSE PRACTITIONER**

**TODD, MIKAYLA**


Provider ID: 517802

Provider Gender: Female

License Number: NP95005999


NPI: 1316478092


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **CERTIFIED NURSE**

## D2. Primary Care Directory

### **PRACTITIONER**


#### **TODD, MIKAYLA**

Provider ID: 517802

Provider Gender: Female

License Number: NP95005999


NPI: 1316478092


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**


#### **ABDULRAHIM, AHMED**


Provider ID: 517802

Provider Gender: Male

License Number: DC28335


NPI: 1619040292


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Burmese


Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

 Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**


#### **ABDULRAHIM, AHMED**


Provider ID: 517802

Provider Gender: Male

License Number: DC28335

NPI: 1619040292


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Burmese


Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

 Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **KELCHNER, MATTHEW**

Provider ID: 517802

Provider Gender: Male


License Number: DC22733


NPI: 1174656755


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CHIROPRACTOR**

#### **KELCHNER, MATTHEW**

Provider ID: 517802

Provider Gender: Male

License Number: DC22733


NPI: 1174656755


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

## D2. Primary Care Directory

### **FAMILY PRACTICE**

#### **BAUTISTA, LUIS**

Provider ID: 517802

Provider Gender: Male

License Number: A97270

NPI: 1295712206


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
ST AGNES MEDICAL CENTER  
Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **BAUTISTA, LUIS**

Provider ID: 517802

Provider Gender: Male

License Number: A97270

NPI: 1295712206

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO,  
ST AGNES MEDICAL CENTER

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **DUBE, BIANCA**

Provider ID: 517802

Provider Gender: Female

License Number: C172036


NPI: 1740535152


Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **DUBE, BIANCA**

Provider ID: 517802

Provider Gender: Female

License Number: C172036


NPI: 1740535152


Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
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 Phone: (619) 662-4100

Fax: (619) 205-6305


 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **KAUFHOLD, ANNE**

Provider ID: 517802

Provider Gender: Female

License Number: A88893

NPI: 1164508073

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

## D2. Primary Care Directory


 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **KAUFHOLD, ANNE**


Provider ID: 517802

Provider Gender: Female

License Number: A88893

NPI: 1164508073

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Arabic, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **VAN HOLLEBEKE, RACHEL**


Provider ID: 517802

Provider Gender: Female

License Number: A177337

NPI: 1497217756

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **VAN HOLLEBEKE, RACHEL**

Provider ID: 517802

Provider Gender: Female

License Number: A177337

NPI: 1497217756

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL


Board Certified Specialty: No

 1620 ALPINE BLVD STE 110

ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **WYLIE, BLAKE**

Provider ID: 517802

Provider Gender: Male

License Number: 20A11088

NPI: 1922314145

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,


SCRIPPS MEMORIAL

HOSPITAL ENCINITAS

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **WYLIE, BLAKE**

## D2. Primary Care Directory

Provider ID: 517802

Provider Gender: Male


License Number: 20A11088


NPI: 1922314145


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **FQHC**


#### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE,**

Provider ID: 517802

NPI: 1770124315

 Provider English Spoken: Y  
Cultural Competency: N

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

Fax: (619) 320-3347

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM


### **FQHC**


#### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE,**

Provider ID: 517802

NPI: 1770124315

 Provider English Spoken: Y  
Cultural Competency: N

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

Fax: (619) 320-3347

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM


### **PEDIATRICS**

#### **STENSMAN, LARS**

Provider ID: 595793

Provider Gender: Male


NPI: 1659638062


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Danish, French,  
Norwegian, Swedish

Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **STENSMAN, LARS**


Provider ID: 517802

Provider Gender: Male

License Number: A158569


NPI: 1659638062


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Danish, French,  
Norwegian, Swedish


Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **STENSMAN, LARS**

Provider ID: 517802

## D2. Primary Care Directory

Provider Gender: Male  
License Number: A158569  
NPI: 1659638062

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Danish, French,  
Norwegian, Swedish  
Cultural Competency: N  
Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
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 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **BAISLEY, SHAWN**

Provider ID: 517802  
Provider Gender: Male  
License Number: PA52347  
NPI: 1376936120

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **BAISLEY, SHAWN**

Provider ID: 517802  
Provider Gender: Male  
License Number: PA52347  
NPI: 1376936120

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
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662-4100  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

Provider ID: 517802  
Provider Gender: Female  
License Number: PA20490  
NPI: 1619100237

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

g  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

Provider ID: 517802  
Provider Gender: Female  
License Number: PA20490  
NPI: 1619100237

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
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662-4100  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## CARLSBAD

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **YOUNG, JENNIFER**

Provider ID: 480120  
Provider Gender: Female  
License Number: NP95003087  
NPI: 1558701094

Provider English Spoken: Y



## D2. Primary Care Directory

*Cultural Competency: N*  
*Board Certified Specialty: No*

 1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760)  
736-6767*  
 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **YOUNG, JENNIFER**

*Provider ID: 480120*




*Provider Gender: Female*

*License Number: NP95003087*

*NPI: 1558701094*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760)  
736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

*SA 8:00AM-2:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **YOUNG, JENNIFER**

*Provider ID: 480120*




*Provider Gender: Female*

*License Number: NP95003087*

*NPI: 1558701094*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760)  
736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **YOUNG, JENNIFER**

*Provider ID: 480120*


*Provider Gender: Female*



*License Number: NP95003087*

*NPI: 1558701094*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008


 *Phone: (760) 736-6767*  
 *After Hours Phone: (760)  
736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM*


### **FQHC**


#### **TRUECARE,**

*Provider ID: 480120*

*NPI: 1245246917*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008

 *Phone: (760) 736-6767*

*Fax: (760) 720-7204*

 *After Hours Phone: (760)  
736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM*

### **FQHC**

#### **TRUECARE,**

*Provider ID: 480120*


*NPI: 1245246917*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

## D2. Primary Care Directory

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 Fax: (760) 720-7204


 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### INTERNAL MEDICINE


#### **PONIACHIK, SAMUEL**

Provider ID: 480120

Provider Gender: Male

License Number: G74757


NPI: 1467485078

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767


 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### INTERNAL MEDICINE


#### **PONIACHIK, SAMUEL**

Provider ID: 480120

Provider Gender: Male

License Number: G74757

NPI: 1467485078

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767


 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### INTERNAL MEDICINE


#### **PONIACHIK, SAMUEL**


Provider ID: 480120

Provider Gender: Male

License Number: G74757

NPI: 1467485078

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 1295 CARLSBAD VILLAGE

DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### INTERNAL MEDICINE

#### **PONIACHIK, SAMUEL**


Provider ID: 480120

Provider Gender: Male

License Number: G74757

NPI: 1467485078

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

## D2. Primary Care Directory

### **OBSTETRICS / GYNECOLOGY**


#### **POUNTNEY, MARLENE**

Provider ID: 480120

Provider Gender: Female

License Number: A93248

NPI: 1174703680

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **POUNTNEY, MARLENE**


Provider ID: 480120

Provider Gender: Female

License Number: A93248

NPI: 1174703680

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **POUNTNEY, MARLENE**

Provider ID: 480120

Provider Gender: Female

License Number: A93248

NPI: 1174703680

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767


 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **POUNTNEY, MARLENE**

Provider ID: 480120

Provider Gender: Female

License Number: A93248

NPI: 1174703680

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **PEDIATRICS**

#### **BURGAMY, ELIZABETH**

Provider ID: 326275

Provider Gender: Female

## D2. Primary Care Directory

NPI: 1164609558

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SHARP MEMORIAL

HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No


 3257 CAMINO DE LOS

COCHES STE 202

CARLSBAD, CA 92009

 Phone: (760) 633-3640

Fax: (760) 633-3644

 After Hours Phone: (760)  
633-3640

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**


#### **IYENGAR, RADHA**


Provider ID: 480120

Provider Gender: Female

License Number: A49273

NPI: 1265448112

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Spanish,  
Tagalog, Tamil


Cultural Competency: N

Board Certified Specialty: No

 1295 CARLSBAD VILLAGE


DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)

736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **PEDIATRICS**


#### **IYENGAR, RADHA**


Provider ID: 480120

Provider Gender: Female

License Number: A49273

NPI: 1265448112

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Spanish,  
Tagalog, Tamil


Cultural Competency: N


Board Certified Specialty: No

 1295 CARLSBAD VILLAGE

DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **PEDIATRICS**

#### **IYENGAR, RADHA**


Provider ID: 480120

Provider Gender: Female

License Number: A49273

NPI: 1265448112

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Spanish,  
Tagalog, Tamil


Cultural Competency: N


Board Certified Specialty: No


 1295 CARLSBAD VILLAGE

DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **PEDIATRICS**

#### **IYENGAR, RADHA**


Provider ID: 480120

Provider Gender: Female

License Number: A49273

NPI: 1265448112

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Spanish,  
Tagalog, Tamil


Cultural Competency: N


Board Certified Specialty: No

 1295 CARLSBAD VILLAGE


DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767







 After Hours Phone: (760)

## D2. Primary Care Directory

736-6767  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM







### PEDIATRICS

#### **MUTH, NATALIE**

Provider ID: 328451  
Provider Gender: Female  
NPI: 1497982888  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 3257 CAMINO DE LOS  
COCHES STE 202  
CARLSBAD, CA 92009  
 Phone: (760) 633-3640  
Fax: (760) 633-3644  
 After Hours Phone: (760)  
633-3640  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM





### PEDIATRICS



#### **O'CONNOR, ERICA**

Provider ID: 651599  
Provider Gender: Female  
NPI: 1134782725  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3257 CAMINO DE LOS  
COCHES STE 202  
CARLSBAD, CA 92009  
 Phone: (760) 633-3640  
Fax: (760) 633-3644  
 After Hours Phone: (760)  
633-3640  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **TANAKA, MARY**

Provider ID: 465387  
Provider Gender: Female  
NPI: 1295962686  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Thai  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
 3257 CAMINO DE LOS  
COCHES STE 202  
CARLSBAD, CA 92009  
 Phone: (760) 633-3640  
Fax: (760) 633-3644

 After Hours Phone: (760)  
633-3640  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PHYSICIANS ASSISTANT

#### **CHISWICK, GARY**

Provider ID: 480120  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
 1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008  
 Phone: (760) 736-6767  
Fax: (760) 720-7204  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### PHYSICIANS ASSISTANT

#### **CHISWICK, GARY**

## D2. Primary Care Directory

---

Provider ID: 480120

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008

Phone: (760) 736-6767

Fax: (760) 720-7204

After Hours Phone: (760)  
736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### PHYSICIANS ASSISTANT

#### **CHISWICK, GARY**

Provider ID: 480120

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

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Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### PHYSICIANS ASSISTANT

#### **CHISWICK, GARY**

Provider ID: 480120

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

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CARLSBAD, CA 92008

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Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### PHYSICIANS ASSISTANT

#### **RUSSO, KRISTA**

Provider ID: 480120

Provider Gender: Female

License Number: PA53036

NPI: 1922471192

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### PHYSICIANS ASSISTANT

#### **RUSSO, KRISTA**

Provider ID: 480120

Provider Gender: Female

License Number: PA53036

NPI: 1922471192

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767


Website: N/A

Medi-Cal Open Panel: Yes

## D2. Primary Care Directory

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### PHYSICIANS ASSISTANT

#### **RUSSO, KRISTA**

Provider ID: 480120

Provider Gender: Female

License Number: PA53036


NPI: 1922471192


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
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 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
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### PHYSICIANS ASSISTANT

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Provider Gender: Female

License Number: PA53036


NPI: 1922471192

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Cultural Competency: N


Board Certified Specialty: No

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 Phone: (760) 736-6767

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 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

## CHULA VISTA

### ALLERGY IMMUNOLOGY



#### **REDDY, SUMANA**

Provider ID: 427322

Provider Gender: Female

License Number: C52581

NPI: 1053300251


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Cambodian, Hindi,  
Spanish, Telugu

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### ALLERGY IMMUNOLOGY

#### **REDDY, SUMANA**


Provider ID: 427322

Provider Gender: Female

License Number: C52581

NPI: 1053300251

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Cambodian, Hindi,  
Spanish, Telugu

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100


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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **CHAPIN, DENISE**

Provider ID: 206355

Provider Gender: Female

License Number: NP23687


## D2. Primary Care Directory


NPI: 1952737033

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCSO.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **CHAPIN, DENISE**

Provider ID: 206355

Provider Gender: Female


License Number: NP23687


NPI: 1952737033

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCSO.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


#### **FERNANDEZ LEYVA, JUAN**

Provider ID: 206355

Provider Gender: Male

License Number: NP95001964

NPI: 1194115568


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:


MARTHAO@FHCSO.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


#### **FERNANDEZ LEYVA, JUAN**

Provider ID: 206355

Provider Gender: Male

License Number: NP95001964

NPI: 1194115568


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCSO.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **IBARRA, MARTHA**

Provider ID: 427322

Provider Gender: Female

License Number: NP12112

NPI: 1114957289

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL


CHULA VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150



## D2. Primary Care Directory

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


**IBARRA, MARTHA**

Provider ID: 427322

Provider Gender: Female

License Number: NP12112

NPI: 1114957289

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL


CHULA VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **CERTIFIED NURSE PRACTITIONER**

**LEONARD, BEVERLY**

Provider ID: 206355

Provider Gender: Female

NPI: 1285772392


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


**LEONARD, BEVERLY**

Provider ID: 206355

Provider Gender: Female

License Number: NP10943

NPI: 1285772392


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**OWEN, MICHAEL**

Provider ID: 206355

Provider Gender: Female

License Number: NP95001492

NPI: 1073869145


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**OWEN, MICHAEL**



Provider ID: 206355

Provider Gender: Female

License Number: NP95001492

NPI: 1073869145


## D2. Primary Care Directory


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **QUILALANG, SUSAN**

Provider ID: 427322

Provider Gender: Female


License Number: RN371480


NPI: 1841200482


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **QUILALANG, SUSAN**

Provider ID: 427322

Provider Gender: Female


License Number: NP5579


NPI: 1841200482


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **QUILALANG, SUSAN**

Provider ID: 427322

Provider Gender: Female


License Number: NP5579

NPI: 1841200482

 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

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662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **QUILALANG, SUSAN**

Provider ID: 427322

Provider Gender: Female


License Number: RN371480


NPI: 1841200482


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **ROSS, CRYSTAL**

Provider ID: 427322

Provider Gender: Female

License Number: NP95015413

## D2. Primary Care Directory

NPI: 1548683378


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **ROSS, CRYSTAL**

Provider ID: 427322

Provider Gender: Female

License Number: NP95015413

NPI: 1548683378


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
GROSSMONT HOSPITAL


Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

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662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **SICKLES, MAGGIE**

Provider ID: 427322

Provider Gender: Female


License Number: NP22000


NPI: 1821346826


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


#### **SICKLES, MAGGIE**

Provider ID: 427322

Provider Gender: Female


License Number: NP22000


NPI: 1821346826


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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CHULA VISTA, CA 91910

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662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **VEGA, TERESA**

Provider ID: 206355

Provider Gender: Female

License Number: NP95001705

NPI: 1912304569

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

**VEGA, TERESA**

*Provider ID: 206355*

*Provider Gender: Female*

*License Number: NP95001705*

*NPI: 1912304569*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 515-2500*

 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*

*Email:*

*MARTHAO@FHCS.D.ORG*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

**WILLIAMS, TAKISHA**

*Provider ID: 206355*

*Provider Gender: Female*

*License Number: NP95013978*

*NPI: 1881727386*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 515-2500*

 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*

*Email:*

*MARTHAO@FHCS.D.ORG*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

**WILLIAMS, TAKISHA**

*Provider ID: 206355*

*Provider Gender: Female*

*License Number: NP95013978*

*NPI: 1881727386*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

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*Email:*

*MARTHAO@FHCS.D.ORG*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT*

PROVIDER

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**BOSTON, LAURA**

*Provider ID: 206355*

*Provider Gender: Female*

*License Number: NM792*

*NPI: 1174553259*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 515-2500*

 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*

*Email:*

*MARTHAO@FHCS.D.ORG*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**BOSTON, LAURA**

*Provider ID: 206355*

*Provider Gender: Female*

*License Number: NM792*

*NPI: 1174553259*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

## D2. Primary Care Directory

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
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515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**


##### **MARTINEZ, NANCY**

Provider ID: 427322

Provider Gender: Female

License Number: NM1539

NPI: 1578576070

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**


##### **MARTINEZ, NANCY**

Provider ID: 427322

Provider Gender: Female

License Number: NM1539

NPI: 1578576070

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 678 3RD AVE  
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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**


#### **HASHEM, SHIVA**

Provider ID: 206355

Provider Gender: Female

License Number: DC26269


NPI: 1952950776


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

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 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:


MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **CHIROPRACTOR**

#### **HASHEM, SHIVA**

Provider ID: 206355

Provider Gender: Female

License Number: DC26269


NPI: 1952950776


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

## D2. Primary Care Directory

### **CHIROPRACTOR**


#### **KAZEM, HARON**

Provider ID: 427322

Provider Gender: Male

License Number: DC33295


NPI: 1306221262

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CHIROPRACTOR**


#### **KAZEM, HARON**

Provider ID: 427322

Provider Gender: Male

License Number: DC33295


NPI: 1306221262

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Board Certified Specialty: No


 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

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662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CHIROPRACTOR**

#### **PLANTE, CHARLES**

Provider ID: 427322


Provider Gender: Male

License Number: DC31963


NPI: 1760464960


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

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662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **PLANTE, CHARLES**

Provider ID: 427322


Provider Gender: Male

License Number: DC31963


NPI: 1760464960


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **REYNOSO, ALFONSO**

Provider ID: 427322


Provider Gender: Male

License Number: DC20760


NPI: 1285921627


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### **CHIROPRACTOR**

#### **REYNOSO, ALFONSO**

Provider ID: 427322

Provider Gender: Male


License Number: DC20760


NPI: 1285921627


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
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 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **ENDOCRINOLOGY**

#### **METABOLISM DIABETES**

#### **CARRILLO, MARITZA**

Provider ID: 427322

Provider Gender: Female

License Number: A163183


NPI: 1649628587


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

*/clinics/chula-vista-medic  
al-plaza*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **ENDOCRINOLOGY**

#### **METABOLISM DIABETES**

#### **CARRILLO, MARITZA**

Provider ID: 427322

Provider Gender: Female

License Number: A163183


NPI: 1649628587


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **ENDOCRINOLOGY**

#### **METABOLISM DIABETES**



#### **CRUZ, MICHAEL**

Provider ID: 427322

Provider Gender: Male

License Number: A138772

NPI: 1265851133


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **ENDOCRINOLOGY**

#### **METABOLISM DIABETES**



#### **CRUZ, MICHAEL**

Provider ID: 427322

Provider Gender: Male

License Number: A138772

NPI: 1265851133

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

## D2. Primary Care Directory

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **VINCENT, LAUREN**

Provider ID: 427322  
Provider Gender: Female  
License Number: A134303  
NPI: 1053757997  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **VINCENT, LAUREN**


Provider ID: 427322

Provider Gender: Female  
License Number: A134303  
NPI: 1053757997  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
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 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **ALANIZ, MATEO**

Provider ID: 427322  
Provider Gender: Male  
License Number: A124388  
NPI: 1700175577  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

al- plaza  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **ALANIZ, MATEO**

Provider ID: 427322  
Provider Gender: Male  
License Number: A124388  
NPI: 1700175577  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **AMANAT, SOROOSH**

Provider ID: 427322  
Provider Gender: Male



## D2. Primary Care Directory

License Number: A153022

NPI: 1003279621

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

### **FAMILY PRACTICE**

#### **AMANAT, SOROOSH**

Provider ID: 427322

Provider Gender: Male

License Number: A153022

NPI: 1003279621

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

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After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

### **FAMILY PRACTICE**

#### **ARCE GOMEZ, LAURA**

Provider ID: 427322

Provider Gender: Female

License Number: A123604

NPI: 1053532986

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: CHULA

VISTA COMM HOSP

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
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Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **ARCE GOMEZ, LAURA**

Provider ID: 427322

Provider Gender: Female

License Number: A123604

NPI: 1053532986

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: CHULA

VISTA COMM HOSP

Board Certified Specialty: No

678 3RD AVE

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **CAMPOS, MELISSA**

Provider ID: 427322

Provider Gender: Female

License Number: A138474

NPI: 1427475318

Provider English Spoken: Y

Cultural Competency: N

## D2. Primary Care Directory

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CAMPOS, MELISSA**

Provider ID: 427322

Provider Gender: Female

License Number: A138474

NPI: 1427475318

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

678 3RD AVE  
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Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **DY, DIANE**

Provider ID: 206355

Provider Gender: Female

License Number: A153344

NPI: 1467807560

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **DY, DIANE**

Provider ID: 206355

Provider Gender: Female

License Number: A153344

NPI: 1467807560

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

251 LANDIS AVE  
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After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ELSAIED, MOHAMMED**

Provider ID: 19561

Provider Gender: Male

NPI: 1821033424

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Arabic, German,  
Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

PARADISE VALLEY HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

330 OXFORD ST STE 106  
CHULA VISTA, CA 91911

Phone: (619) 409-1802

Fax: (619) 409-1831

After Hours Phone: (619)  
409-1802

Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory

N

 **Accessibility:** CONTACT PROVIDER  
**Hours:** M-TH 9:00AM-5:00PM  
F 8:00AM-4:00PM



### **FAMILY PRACTICE**

#### **ELSAYED, MOHAMMED**

**Provider ID:** 19561

**Provider Gender:** Male

**NPI:** 1821033424


 **Provider English Spoken:** Y  
 **Provider Language(s) Spoken:** Arabic, German, Spanish

**Cultural Competency:** N


**Hospital Affiliation:** SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL

**Board Certified Specialty:** No

 330 OXFORD ST STE 106  
CHULA VISTA, CA 91911

 **Phone:** (619) 409-1802

**Fax:** (619) 409-1831

 **After Hours Phone:** (619) 409-1802

 **Website:** N/A

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

**Hours:** M-TH 9:00AM-5:00PM  
F 8:00AM-4:00PM

### **FAMILY PRACTICE**


#### **GARCIA, KARLA**

**Provider ID:** 427322

**Provider Gender:** Female

**License Number:** A120672

**NPI:** 1154647410

 **Provider English Spoken:** Y


 **Provider Language(s) Spoken:** Spanish


**Cultural Competency:** N


**Hospital Affiliation:** SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL

**Board Certified Specialty:** No

 678 3RD AVE  
CHULA VISTA, CA 91910

 **Phone:** (619) 662-4100


 **After Hours Phone:** (619) 662-4100

 **Website:** [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

 **Accessibility:** CONTACT PROVIDER

**Hours:** M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**


#### **GARCIA, KARLA**

**Provider ID:** 427322

**Provider Gender:** Female

**License Number:** A120672

**NPI:** 1154647410

 **Provider English Spoken:** Y


 **Provider Language(s) Spoken:** Spanish


**Cultural Competency:** N


**Hospital Affiliation:** SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL

**Board Certified Specialty:** No

 678 3RD AVE  
CHULA VISTA, CA 91910

 **Phone:** (619) 662-4100

 **After Hours Phone:** (619) 662-4100

 **Website:** [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

 **Accessibility:** CONTACT PROVIDER

**Hours:** M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **HUBLEY, PAUL**


**Provider ID:** 206355

**Provider Gender:** Male

**License Number:** A73172

**NPI:** 1568496974


 **Provider English Spoken:** Y


 **Provider Language(s) Spoken:** Spanish

**Cultural Competency:** N

**Board Certified Specialty:** No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 **Phone:** (619) 515-2500

 **After Hours Phone:** (619) 515-2500

 **Website:** [www.fhcscd.org](http://www.fhcscd.org)

**Email:**

MARTHAO@FHCSO.ORG

**Medi-Cal Open Panel:** Yes

## D2. Primary Care Directory

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **HUBLEY, PAUL**

Provider ID: 206355

Provider Gender: Male

License Number: A73172

NPI: 1568496974


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
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 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500


 Website: www.fhcsd.org  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **JIMENEZ, KRYSTAL**

Provider ID: 427322

Provider Gender: Female

License Number: A159831

NPI: 1922531250

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **JIMENEZ, KRYSTAL**

Provider ID: 427322

Provider Gender: Female

License Number: A159831

NPI: 1922531250

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **LACH, REBECCA**

Provider ID: 427322

Provider Gender: Female

License Number: A177922

NPI: 1679137780

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **LACH, REBECCA**

Provider ID: 427322

Provider Gender: Female

License Number: A177922

NPI: 1679137780

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

## D2. Primary Care Directory

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **LAW, KAREN**

Provider ID: 427322

Provider Gender: Female

License Number: A138534

NPI: 1205253150

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **LAW, KAREN**

Provider ID: 427322

Provider Gender: Female

License Number: A138534

NPI: 1205253150

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **MCKENNETT, MARIANNE**

Provider ID: 427322

Provider Gender: Female

License Number: G57243

NPI: 1376639666

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **MCKENNETT, MARIANNE**

Provider ID: 427322

Provider Gender: Female

License Number: G57243

NPI: 1376639666

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

## D2. Primary Care Directory

### **FAMILY PRACTICE**

#### **MENON, POOJA**

Provider ID: 427322


Provider Gender: Female

License Number: A123263


NPI: 1053600064


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **MENON, POOJA**

Provider ID: 427322


Provider Gender: Female

License Number: A123263


NPI: 1053600064


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**



#### **MERRILL, SARAH**

Provider ID: 427322

Provider Gender: Female

License Number: A123492

NPI: 1225399512

 Provider English Spoken: Y  
 Provider Language(s)


Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **MERRILL, SARAH**

Provider ID: 427322

Provider Gender: Female

License Number: A123492

NPI: 1225399512

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **MOYA, MARY**

Provider ID: 427322

Provider Gender: Female

License Number: A80185

NPI: 1093844417

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

## D2. Primary Care Directory

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **MOYA, MARY**

Provider ID: 427322

Provider Gender: Female

License Number: A80185

NPI: 1093844417

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NGUYEN, CARIE**

Provider ID: 427322

Provider Gender: Female

License Number: A106103

NPI: 1174781132

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **NGUYEN, LINH**

Provider ID: 417641

Provider Gender: Female

License Number: A144995

NPI: 1619357993

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 352 L ST  
CHULA VISTA, CA 91911  
 Phone: (619) 515-2325  
 After Hours Phone: (619)  
515-2325

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NGUYEN, LINH**

Provider ID: 417641

Provider Gender: Female

License Number: A144995

NPI: 1619357993

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 352 L ST  
CHULA VISTA, CA 91911  
 Phone: (619) 515-2325  
 After Hours Phone: (619)  
515-2325

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### **FAMILY PRACTICE**

#### **NGUYEN, CARIE**

Provider ID: 427322

Provider Gender: Female

License Number: A106103


NPI: 1174781132


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **PALOMINO, MARY**

Provider ID: 427322

Provider Gender: Female

License Number: A115699

NPI: 1770718975

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**


#### **PALOMINO, MARY**

Provider ID: 427322

Provider Gender: Female

License Number: A115699

NPI: 1770718975

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **PEDROTTY, JOHN**

Provider ID: 427322

Provider Gender: Male

License Number: G80234

NPI: 1992861629

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP  
CORONADO HOSP AND


HEALTHCARE CTR

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PEDROTTY, JOHN**

Provider ID: 427322

Provider Gender: Male

License Number: G80234

NPI: 1992861629

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N




## D2. Primary Care Directory

Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PEREZ, PERLITA**

Provider ID: 206355

Provider Gender: Female

License Number: A119689

NPI: 1174810972

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **PEREZ, PERLITA**

Provider ID: 206355

Provider Gender: Female

License Number: A119689

NPI: 1174810972

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PIEROS, JANELLE**


Provider ID: 427322

Provider Gender: Female

License Number: 20A13225

NPI: 1386935914

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Faroese, Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA

VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **PIEROS, JANELLE**

Provider ID: 427322

Provider Gender: Female

License Number: 20A13225

NPI: 1386935914

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Faroese, Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

## D2. Primary Care Directory



American Sign Language (ASL): *Cultural Competency: N*  
*N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **PINA, RAQUEL**

*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: A177698*  
*NPI: 1255893368*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Email:*

*MARTHAO@FHCS.D.ORG*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*



*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **PINA, RAQUEL**

*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: A177698*  
*NPI: 1255893368*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Email:*

*MARTHAO@FHCS.D.ORG*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **PISINGER, PATRICIA**

*Provider ID: 427322*  
*Provider Gender: Female*  
*License Number: A69264*  
*NPI: 1861428302*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*

 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/chula- vista- medic al- plaza*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*



### **FAMILY PRACTICE**

#### **PISINGER, PATRICIA**

*Provider ID: 427322*  
*Provider Gender: Female*  
*License Number: A69264*  
*NPI: 1861428302*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*

 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/chula- vista- medic al- plaza*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*


*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **ROSENBLATT, EUGENE**

*Provider ID: 427322*  
*Provider Gender: Male*  
*License Number: 20A9060*  
*NPI: 1427123991*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 678 3RD AVE

## D2. Primary Care Directory

CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **ROSENBLATT, EUGENE**

Provider ID: 427322  
Provider Gender: Male  
License Number: 20A9060  
NPI: 1427123991  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SERPAS, SHAILA**

Provider ID: 427322  
Provider Gender: Female

License Number: G74728  
NPI: 1124039136  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **SERPAS, SHAILA**

Provider ID: 427322  
Provider Gender: Female  
License Number: G74728  
NPI: 1124039136  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **SHAHTAJI, ALAN**

Provider ID: 427322  
Provider Gender: Male  
License Number: 20A11087  
NPI: 1972751089  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes

## D2. Primary Care Directory

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SHAHTAJI, ALAN**

Provider ID: 427322

Provider Gender: Male

License Number: 20A11087


NPI: 1972751089


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SWARTZ, JOHN**

Provider ID: 427322

Provider Gender: Male

License Number: G72486

NPI: 1396754131

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL, LOS ANGELES  
COUNTY HARBOR UCLA  
MEDICAL CENTER

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**


#### **SWARTZ, JOHN**

Provider ID: 427322

Provider Gender: Male

License Number: G72486

NPI: 1396754131

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL, LOS ANGELES  
COUNTY HARBOR UCLA  
MEDICAL CENTER

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **TALAVERA, GREGORY**

Provider ID: 427322

Provider Gender: Male

License Number: A40061

NPI: 1740337161


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

## D2. Primary Care Directory

### **FAMILY PRACTICE**

#### **TALAVERA, GREGORY**

Provider ID: 427322

Provider Gender: Male

License Number: A40061


NPI: 1740337161

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **TEE, ALEXANDRA**

Provider ID: 427322

Provider Gender: Female

License Number: A164392

NPI: 1881198406

Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **TEE, ALEXANDRA**

Provider ID: 427322

Provider Gender: Female

License Number: A164392

NPI: 1881198406

Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **TOLEDO-NADER, CAROLL**

Provider ID: 427322

Provider Gender: Male

License Number: A41486

NPI: 1427126648

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **TOLEDO-NADER, CAROLL**

Provider ID: 427322

Provider Gender: Male

License Number: A41486

NPI: 1427126648

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


## D2. Primary Care Directory


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **TREJO, RAUL**

Provider ID: 427322

Provider Gender: Male

License Number: A77936

NPI: 1174534184

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **TREJO, RAUL**

Provider ID: 427322

Provider Gender: Male

License Number: A77936

NPI: 1174534184

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 678 3RD AVE  
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 Phone: (619) 662-4100

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662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **VELASQUEZ, SHARON**

Provider ID: 427322

Provider Gender: Female

License Number: A71304

NPI: 1972732584

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **VELASQUEZ, SHARON**

Provider ID: 427322

Provider Gender: Female

License Number: A71304

NPI: 1972732584

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

## D2. Primary Care Directory

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **WHITLEY, NICHOLAS**

Provider ID: 427322

Provider Gender: Male

License Number: A118250

NPI: 1629394721

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **WHITLEY, NICHOLAS**

Provider ID: 427322

Provider Gender: Male

License Number: A118250

NPI: 1629394721

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **YOON, RYAN**

Provider ID: 427322

Provider Gender: Male

License Number: A114600

NPI: 1942435144

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **YOON, RYAN**

Provider ID: 427322

Provider Gender: Male

License Number: A114600

NPI: 1942435144

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

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662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FQHC**

## D2. Primary Care Directory


### CHULA VISTA FAMILY HLTH CTR,

Provider ID: 206355


NPI: 1346480837

 Provider English Spoken: Y  
Cultural Competency: N

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500  
Fax: (619) 397-1161

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FQHC


### CHULA VISTA FAMILY HLTH CTR,

Provider ID: 206355


NPI: 1346480837

 Provider English Spoken: Y  
Cultural Competency: N

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500  
Fax: (619) 397-1161

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FQHC


### CHULA VISTA PEDIATRICS,


Provider ID: 482034

NPI: 1326486861

 Provider English Spoken: Y  
Cultural Competency: N

 855 3RD AVE STE 2200  
CHULA VISTA, CA 91911

 Phone: (619) 662-4100  
Fax: (619) 662-4196


 After Hours Phone: (619)  
662-4100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-4:00PM

### FQHC


### CHULA VISTA PEDIATRICS,


Provider ID: 482034

NPI: 1326486861

 Provider English Spoken: Y  
Cultural Competency: N

 855 3RD AVE STE 2200  
CHULA VISTA, CA 91911

 Phone: (619) 662-4100  
Fax: (619) 662-4196

 After Hours Phone: (619)  
662-4100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-4:00PM

### FQHC

### FAMILY HLTH CTR SAN


### DIEGO-RICE FAM HC,

Provider ID: 417641

NPI: 1083959464

 Provider English Spoken: Y  
Cultural Competency: N

 352 L ST  
CHULA VISTA, CA 91911

 Phone: (619) 515-2325  
Fax: (619) 420-0660

 After Hours Phone: (619)  
515-2325


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### FQHC

### FAMILY HLTH CTR SAN


### DIEGO-RICE FAM HC,

Provider ID: 417641


NPI: 1083959464

 Provider English Spoken: Y  
Cultural Competency: N

 352 L ST  
CHULA VISTA, CA 91911

 Phone: (619) 515-2325  
Fax: (619) 420-0660

 After Hours Phone: (619)  
515-2325

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)



## D2. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM


### **FQHC**

#### **SAN YSIDRO HEALTH CHULA VISTA,**


Provider ID: 427322

NPI: 1326486861

 Provider English Spoken: Y  
Cultural Competency: N


 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 425-6941

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-4:00PM


### **FQHC**

#### **SAN YSIDRO HEALTH CHULA VISTA,**


Provider ID: 427322

NPI: 1326486861


 Provider English Spoken: Y  
Cultural Competency: N


 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 425-6941

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-4:00PM

### **GENERAL DENTISTRY**

#### **PHAM, QUYNH**

Provider ID: 427322


Provider Gender: Female

License Number: DDS102880


NPI: 1366917353


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **GENERAL DENTISTRY**

#### **PHAM, QUYNH**

Provider ID: 427322


Provider Gender: Female

License Number: DDS102880


NPI: 1366917353


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **GENERAL PRACTICE**

#### **SAMI, REMAN**

Provider ID: 427322

Provider Gender: Female

License Number: 20A19457


NPI: 1295362242

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)


## D2. Primary Care Directory

/clinics/chula- vista- medic  
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **GENERAL PRACTICE**


#### **SAMI, REMAN**

Provider ID: 427322

Provider Gender: Female

License Number: 20A19457

NPI: 1295362242


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza](http://www.syhealth.org/clinics/chula- vista- medic<br/>al- plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **HEMATOLOGY / ONCOLOGY**

#### **QUIROZ, ELISA**


Provider ID: 427322

Provider Gender: Female

License Number: A162816

NPI: 1932558301

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Portuguese,  
Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza](http://www.syhealth.org/clinics/chula- vista- medic<br/>al- plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **HEMATOLOGY / ONCOLOGY**


#### **QUIROZ, ELISA**


Provider ID: 427322

Provider Gender: Female

License Number: A162816

NPI: 1932558301

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Portuguese,  
Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza](http://www.syhealth.org/clinics/chula- vista- medic<br/>al- plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **INTERNAL MEDICINE**

#### **CHEN, TSUH YIN**


Provider ID: 427322

Provider Gender: Female

License Number: C55563

NPI: 1093803520

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Portuguese,  
Spanish


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza](http://www.syhealth.org/clinics/chula- vista- medic<br/>al- plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

## D2. Primary Care Directory

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### **CHEN, TSUH YIN**

Provider ID: 427322

Provider Gender: Female

License Number: C55563

NPI: 1093803520

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Portuguese,  
Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### **DALHOUMI, SARAH**


Provider ID: 427322

Provider Gender: Female

License Number: A121861

NPI: 1033435383


 Provider English Spoken: Y

 Provider Language(s)


Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### **DALHOUMI, SARAH**


Provider ID: 427322

Provider Gender: Female

License Number: A121861

NPI: 1033435383


 Provider English Spoken: Y

 Provider Language(s)


Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **HAMMETT, ERIN**


Provider ID: 427322

Provider Gender: Female

License Number: 20A14025

NPI: 1467884098

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP


CORONADO HOSP AND  
HEALTHCARE CTR, SANTA  
BARBARA COTTAGE HOSP,  
GOLETA VALLEY COTTAGE  
HOSP


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **HAMMETT, ERIN**


Provider ID: 427322

Provider Gender: Female

License Number: 20A14025

## D2. Primary Care Directory

NPI: 1467884098

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP


CORONADO HOSP AND  
HEALTHCARE CTR, SANTA  
BARBARA COTTAGE HOSP,  
GOLETA VALLEY COTTAGE  
HOSP

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **KAKAIYA, ROSHNI**

Provider ID: 427322

Provider Gender: Female

License Number: 20A19485

NPI: 1073179529


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE


#### **KAKAIYA, ROSHNI**

Provider ID: 427322

Provider Gender: Female

License Number: 20A19485

NPI: 1073179529


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **UWEDJOJEVWE, LETICIA**

Provider ID: 380242

Provider Gender: Female

NPI: 1891882221

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 340 4TH AVE STE 10  
CHULA VISTA, CA 91910

 Phone: (619) 934-2215

Fax: (619) 500-5955

 After Hours Phone: (619)  
934-2215

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM  
F 8:00AM-4:00PM

### INTERNAL MEDICINE

#### **VELAZQUEZ CAMARENA, MARIA**


Provider ID: 427322

Provider Gender: Female

License Number: A56153

NPI: 1518965714

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

## D2. Primary Care Directory

VISTA

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

**VELAZQUEZ CAMARENA, MARIA**

Provider ID: 427322

Provider Gender: Female

License Number: A56153

NPI: 1518965714

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

**WEN, AKI YEN CHANG**

Provider ID: 427322

Provider Gender: Male

License Number: 20A12555

NPI: 1205126505

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

**WEN, AKI YEN CHANG**

Provider ID: 427322

Provider Gender: Male

License Number: 20A12555

NPI: 1205126505

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### OBSTETRICS / GYNECOLOGY

**ALIMONOS, LYSISTRATI**

Provider ID: 206355

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

251 LANDIS AVE

CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619) 515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCSD.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

## D2. Primary Care Directory

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **ALIMONOS, LYSISTRATI**

Provider ID: 206355

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL


Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**


Provider ID: 206355

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY


BIRCH HOSP FOR WOMEN


AND NEWBORNS

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **BUECHNER, CHARLENE**


Provider ID: 206355

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY


BIRCH HOSP FOR WOMEN


AND NEWBORNS

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**


Provider ID: 206355

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,


GROSSMONT HOSPITAL, TRI


CITY MEDICAL CTR

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**


#### **CARTER, KHALIL**

*Provider ID: 206355*

*Provider Gender: Male*

*License Number: A113001*

*NPI: 1225231582*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL,*


*GROSSMONT HOSPITAL, TRI*

*CITY MEDICAL CTR*

*Board Certified Specialty: No*

 *251 LANDIS AVE  
CHULA VISTA, CA 91910*

 *Phone: (619) 515-2500*

 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*

*Email:*

*MARTHAO@FHCSO.ORG*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**


#### **CERVANTES, SANDRA**

*Provider ID: 206355*

*Provider Gender: Female*

*License Number: A118095*

*NPI: 1073701041*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SHARP*


*CORONADO HOSP AND*


*HEALTHCARE CTR,*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 *251 LANDIS AVE  
CHULA VISTA, CA 91910*

 *Phone: (619) 515-2500*

 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*

*Email:*

*MARTHAO@FHCSO.ORG*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**


#### **CERVANTES, SANDRA**


*Provider ID: 206355*

*Provider Gender: Female*

*License Number: A118095*

*NPI: 1073701041*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SHARP*


*CORONADO HOSP AND*


*HEALTHCARE CTR,*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

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*Email:*

*MARTHAO@FHCSO.ORG*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**


*Provider ID: 206355*

*Provider Gender: Female*

*License Number: A163464*

*NPI: 1326531401*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL, Sharp*

*Grossmont Hospital*

*Board Certified Specialty: No*

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*Email:*

*MARTHAO@FHCSO.ORG*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

## D2. Primary Care Directory

American Sign Language (ASL): Cultural Competency: N

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **CHAKRABARTI, PRIYA**

Provider ID: 206355

Provider Gender: Female

License Number: A163464

NPI: 1326531401

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 251 LANDIS AVE  
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 Website: www.fhcsd.org

Email:


MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **DE MIK, TRAVIS**

Provider ID: 206355

Provider Gender: Male


License Number: A108228


NPI: 1629277322


 Provider English Spoken: Y

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **DE MIK, TRAVIS**

Provider ID: 206355

Provider Gender: Male

License Number: A108228


NPI: 1629277322


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
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Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 206355

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 251 LANDIS AVE  
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 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **DORUELO, ASHLEY**


Provider ID: 206355

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital



## D2. Primary Care Directory

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:


MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 206355

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese


Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
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515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 206355

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

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Email:

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 206355

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 251 LANDIS AVE  
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Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 206355

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

## D2. Primary Care Directory

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No

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Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 206355

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 206355

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

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MERCY HOSPITAL,

GROSSMONT HOSPITAL

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 206355

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

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Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 206355

Provider Gender: Female

License Number: A116680

NPI: 1700073962



Provider English Spoken: Y


## D2. Primary Care Directory

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

*Board Certified Specialty: No*

 251 LANDIS AVE  
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 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*

*Email:*

MARTHAO@FHCS.D.ORG

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**


#### **MELENDEZ BERRIOS, IARA DEL**


*Provider ID: 206355*

*Provider Gender: Female*

*License Number: A114181*

*NPI: 1740514249*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*



*Hospital Affiliation: SCRIPPS MERCY HOSPITAL,*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 251 LANDIS AVE

CHULA VISTA, CA 91910

 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*

*Email:*

MARTHAO@FHCS.D.ORG

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**


#### **MELENDEZ BERRIOS, IARA DEL**

*Provider ID: 206355*

*Provider Gender: Female*

*License Number: A114181*

*NPI: 1740514249*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*



*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL,*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

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*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **MENDEZ, DIEGO**

*Provider ID: 427322*

*Provider Gender: Male*

*License Number: A47906*

*NPI: 1437181922*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: MERCY GENERAL HOSPITAL, SCRIPPS*

*MERCY HOSPITAL CHULA*

*VISTA, BAKERSFIELD*

*MEMORIAL HOSP, SHARP*

*MEMORIAL HOSPITAL,*

*Adventist Health Bakersfield,*

*SCRIPPS MERCY HOSPITAL,*

*SCRIPPS MEMORIAL*



*HOSPITAL, SCRIPPS*


*MEMORIAL HOSPITAL, KERN*

*MEDICAL CENTER*

*Board Certified Specialty: No*

 678 3RD AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/chula- vista- medic al- plaza*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT*

## D2. Primary Care Directory

### PROVIDER

#### **OBSTETRICS / GYNECOLOGY**

##### **MENDEZ, DIEGO**

Provider ID: 427322

Provider Gender: Male

License Number: A47906

NPI: 1437181922

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: MERCY  
GENERAL HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA

VISTA, BAKERSFIELD

MEMORIAL HOSP, SHARP

MEMORIAL HOSPITAL,

Adventist Health Bakersfield,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, KERN

MEDICAL CENTER

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### **OBSTETRICS / GYNECOLOGY**

##### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206355

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

251 LANDIS AVE  
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Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

[MARTHAO@FHCS.D.ORG](mailto:MARTHAO@FHCS.D.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

#### **OBSTETRICS / GYNECOLOGY**

##### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206355

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

#### **OBSTETRICS / GYNECOLOGY**

##### **SAPRA, SONIA**

Provider ID: 206355

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

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Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

## D2. Primary Care Directory

MARTHAO@FHCSO.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **SAPRA, SONIA**

Provider ID: 206355

Provider Gender: Female

License Number: A164859

NPI: 1952751711

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Hindi


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

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Email:

MARTHAO@FHCSO.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **SEFA-BOAKYE, KOFI**

Provider ID: 427322

Provider Gender: Male

License Number: G59670

NPI: 1902993660

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR,  
SHARP CORONADO HOSP


AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **SEFA-BOAKYE, KOFI**

Provider ID: 427322

Provider Gender: Male

License Number: G59670

NPI: 1902993660

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP CORONADO HOSP


AND HEALTHCARE CTR,


SCRIPPS MERCY HOSPITAL


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 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SHORT, ABI ADE**


Provider ID: 427322

Provider Gender: Male

License Number: A114893

NPI: 1750559589

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE


VALLEY HOSPITAL, SHARP


CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL


CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

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 Phone: (619) 662-4100

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662-4100



 Website: www.syhealth.org  
/clinics/chula- vista- medic

## D2. Primary Care Directory

al- plaza  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM


### **OBSTETRICS / GYNECOLOGY** **SHORT, ABI ADE**

Provider ID: 427322  
Provider Gender: Male  
License Number: A114893  
NPI: 1750559589  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL  
Board Certified Specialty: No



 678 3RD AVE  
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 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**


Provider ID: 206355  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No



 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:  
MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


### **OBSTETRICS / GYNECOLOGY**


#### **STABEN, REBECCA**

Provider ID: 206355  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500



 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **TRUJILLO, JENNIFER**

Provider ID: 427322  
Provider Gender: Female  
License Number: 20A8204  
NPI: 1053407593  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR  
Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### **OBSTETRICS / GYNECOLOGY**

#### **TRUJILLO, JENNIFER**

Provider ID: 427322

Provider Gender: Female

License Number: 20A8204

NPI: 1053407593

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 206355

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 206355

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206355

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory

N

 **Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

**Provider ID:** 206355

**Provider Gender:** Male

**License Number:** G78814

**NPI:** 1699790634


 **Provider English Spoken:** Y  
**Cultural Competency:** N


**Hospital Affiliation:**

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

**Board Certified Specialty:** No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 **Phone:** (619) 515-2500

 **After Hours Phone:** (619)  
515-2500

 **Website:** [www.fhcsd.org](http://www.fhcsd.org)

**Email:**


MARTHAO@FHCS.D.ORG

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

**Hours:** M-F 8:00AM-5:00PM

### **OPHTHALMOLOGY**


#### **MANI, NASRIN**


**Provider ID:** 427322

**Provider Gender:** Female

**License Number:** A40473

**NPI:** 1023061314

 **Provider English Spoken:** Y

 **Provider Language(s)**  
**Spoken:** Arabic, Faroese,  
Farsi, Persian, Spanish

**Cultural Competency:** N

**Hospital Affiliation:** SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL, UCSD


MEDICAL CTR, SHARP CHULA


VISTA MED CTR, GROSSMONT


HOSPITAL

**Board Certified Specialty:** No

 678 3RD AVE  
CHULA VISTA, CA 91910

 **Phone:** (619) 662-4100

 **After Hours Phone:** (619)  
662-4100

 **Website:** [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

### **OPHTHALMOLOGY**

#### **MANI, NASRIN**


**Provider ID:** 427322

**Provider Gender:** Female

**License Number:** A40473

**NPI:** 1023061314

 **Provider English Spoken:** Y

 **Provider Language(s)**  
**Spoken:** Arabic, Faroese,  
Farsi, Persian, Spanish

**Cultural Competency:** N


**Hospital Affiliation:** SCRIPPS


MEMORIAL HOSPITAL, SHARP


MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR, SHARP CHULA  
VISTA MED CTR, GROSSMONT  
HOSPITAL

**Board Certified Specialty:** No

 678 3RD AVE  
CHULA VISTA, CA 91910

 **Phone:** (619) 662-4100

 **After Hours Phone:** (619)  
662-4100

 **Website:** [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

### **OPHTHALMOLOGY**

#### **PAPASTERGIU, GEORGIOS**


**Provider ID:** 427322

**Provider Gender:** Male

**License Number:** A127706

**NPI:** 1790054393

 **Provider English Spoken:** Y

 **Provider Language(s)**  
**Spoken:** Arabic, Farsi,  
French, Greek, Italian,  
Spanish

**Cultural Competency:** N

**Hospital Affiliation:** EL CENTRO

REGIONAL MEDICAL CENTER,


SCRIPPS MEMORIAL

HOSPITAL, SHARP MEMORIAL

HOSPITAL

**Board Certified Specialty:** No


 678 3RD AVE  
CHULA VISTA, CA 91910

 **Phone:** (619) 662-4100

 **After Hours Phone:** (619)



## D2. Primary Care Directory

662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### OPHTHALMOLOGY



#### **PAPASTERGIU, GEORGIOS**

Provider ID: 427322

Provider Gender: Male

License Number: A127706

NPI: 1790054393


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Farsi,  
French, Greek, Italian,  
Spanish


Cultural Competency: N


Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### OPHTHALMOLOGY



#### **PONS, MAURICIO**

Provider ID: 427322

Provider Gender: Male

License Number: A87650

NPI: 1376723759


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, EL  
CENTRO REGIONAL MEDICAL  
CENTER, SHARP MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### OPHTHALMOLOGY

#### **PONS, MAURICIO**

Provider ID: 427322

Provider Gender: Male

License Number: A87650

NPI: 1376723759

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, EL  
CENTRO REGIONAL MEDICAL  
CENTER, SHARP MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### OPHTHALMOLOGY



#### **SKAF, AYHAM**

Provider ID: 427322

Provider Gender: Male

License Number: A120584

NPI: 1285888628

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL

## D2. Primary Care Directory

### HOSPITAL

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### OPHTHALMOLOGY

#### SKAF, AYHAM

Provider ID: 427322

Provider Gender: Male

License Number: A120584

NPI: 1285888628

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### AKASHI, MARC

Provider ID: 163322

Provider Gender: Male

NPI: 1205002417

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

769 MEDICAL CENTER CT STE 300

CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350  
After Hours Phone: (619) 482-3090

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### ATIENZA, PAMELA

Provider ID: 106987

Provider Gender: Female

NPI: 1417916107

Provider English Spoken: Y

Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

890 EASTLAKE PKWY STE 200

CHULA VISTA, CA 91914

Phone: (619) 656-6817

Fax: (619) 656-6908

After Hours Phone: (619) 506-1218

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### PEDIATRICS

#### BARBADILLO, FERDINAND

Provider ID: 70456

Provider Gender: Male

NPI: 1982662193

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

890 EASTLAKE PKWY STE 200


CHULA VISTA, CA 91914

Phone: (619) 656-6817

Fax: (619) 656-6908

After Hours Phone: (619)

## D2. Primary Care Directory

656-6817  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**


#### **BROUDY, ABRAHAM**

Provider ID: 109328  
Provider Gender: Male  
NPI: 1528039526  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, RADY CHILDRENS  
HOSPITAL SAN DIEGO, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
 2440 FENTON ST STE 100  
CHULA VISTA, CA 91914  
 Phone: (619) 656-3040  
Fax: (619) 656-3045  
 After Hours Phone: (619)  
656-3040  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **CAPETANAKIS, ELENI**

Provider ID: 89610  
Provider Gender: Female  
NPI: 1346211554  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Greek, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SHARP CHULA  
VISTA MED CTR  
Board Certified Specialty: No  
 865 3RD AVE STE 101  
CHULA VISTA, CA 91911  
 Phone: (619) 426-7910  
Fax: (619) 426-2337  
 After Hours Phone: (619)  
426-7910  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM






### **PEDIATRICS**

#### **CORDOBA, MIGUEL**

Provider ID: 88187  
Provider Gender: Male  
NPI: 1053382176  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N






Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP CHULA VISTA MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No



 865 3RD AVE STE 101  
CHULA VISTA, CA 91911  
 Phone: (619) 426-7910  
Fax: (619) 426-2337  
 After Hours Phone: (619)  
426-7910  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **DONG, TAMMY**







Provider ID: 427322  
Provider Gender: Female  
License Number: A66903  
NPI: 1386655413  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100


## D2. Primary Care Directory

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**


#### **DONG, TAMMY**

Provider ID: 427322  
Provider Gender: Female  
License Number: A66903  
NPI: 1386655413  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**


#### **DORINGO, ELAINIE**

Provider ID: 267100  
Provider Gender: Female  
NPI: 1013005636  
 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: ALVARADO HOSPITAL LLC, RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
 865 3RD AVE STE 101  
CHULA VISTA, CA 91911  
 Phone: (619) 426-7910  
Fax: (619) 426-2337  
 After Hours Phone: (619) 426-7910  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**







#### **FLETCHER, EMILY**

Provider ID: 232312  
Provider Gender: Female  
NPI: 1780935940  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP CHULA VISTA MED CTR, MERCY HOSPITAL BAKERSFIELD, RADY CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
Board Certified Specialty: No  
 2440 FENTON ST STE 100  
CHULA VISTA, CA 91914  
 Phone: (619) 656-3040  
Fax: (619) 656-3045  
 After Hours Phone: (619) 656-3040  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **FLORES, ERNEST**

Provider ID: 658652  
Provider Gender: Male  
NPI: 1043848807  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 865 3RD AVE STE 101  
CHULA VISTA, CA 91911  
 Phone: (619) 426-7910  
Fax: (619) 426-2337  
 After Hours Phone: (619) 426-7910  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT

## D2. Primary Care Directory

**PROVIDER**  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **PEDIATRICS**

#### **FRESNO, BLANCA**

Provider ID: 102434

Provider Gender: Female

NPI: 1346258787

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

1741 EASTLAKE PKWY STE  
107

CHULA VISTA, CA 91915

Phone: (619) 482-1700

Fax: (619) 475-4578

After Hours Phone: (619)  
482-1700

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **GARCIA, RAFAEL**

Provider ID: 360408

Provider Gender: Male

NPI: 1053414086

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No

752 MEDICAL CENTER CT  
STE 210

CHULA VISTA, CA 91911

Phone: (619) 656-0206

Fax: (619) 656-8936

After Hours Phone: (619)  
656-0206

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **GARCIA, CARLOS**

Provider ID: 64734

Provider Gender: Male

NPI: 1417959370

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No

1392 E PALOMAR ST STE  
501

CHULA VISTA, CA 91913

Phone: (619) 271-4059

Fax: (619) 271-7451

After Hours Phone: (619)  
271-4059

Website: N/A

Email:

HERITAGEPARKPEDIATRICS@YAHOO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5:30PM

F 8:30AM-5:00PM

### **PEDIATRICS**

#### **GHAHREMANI, SIMIN**

Provider ID: 482034

Provider Gender: Female

License Number: C51110

NPI: 1508904657

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No

855 3RD AVE STE 2200  
CHULA VISTA, CA 91911

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **GHAHREMANI, SIMIN**

Provider ID: 482034

Provider Gender: Female

License Number: C51110

NPI: 1508904657

Provider English Spoken: Y


Provider Language(s) Spoken: Farsi


Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 855 3RD AVE STE 2200 CHULA VISTA, CA 91911

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **GHAHREMANI, SIMIN**

Provider ID: 634787

Provider Gender: Female

NPI: 1508904657

Provider English Spoken: Y


Provider Language(s) Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 280 E ST CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 662-4196

 After Hours Phone: (619) 662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **HOLLICK, NATALIE**

Provider ID: 473802

Provider Gender: Female


NPI: 1558716845

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 865 3RD AVE STE 101 CHULA VISTA, CA 91911

 Phone: (619) 426-7910

Fax: (619) 426-2337

 After Hours Phone: (619) 426-7910

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **ISAIAS, AGNELA**

Provider ID: 482034

Provider Gender: Female

License Number: A82912

NPI: 1790772572

Provider English Spoken: Y


Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: GROSSMONT HOSPITAL, ALVARADO HOSPITAL LLC, SHARP CORONADO HOSP AND HEALTHCARE CTR

Board Certified Specialty: No

 855 3RD AVE STE 2200 CHULA VISTA, CA 91911

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **ISAIAS, AGNELA**

Provider ID: 482034

Provider Gender: Female

License Number: A82912

NPI: 1790772572

Provider English Spoken: Y

Provider Language(s)

## D2. Primary Care Directory

*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR  
*Board Certified Specialty: No*  
855 3RD AVE STE 2200  
CHULA VISTA, CA 91911  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **JACOBS-KLEISLI, MILAGROS**

*Provider ID: 467596*  
*Provider Gender: Female*  
*NPI: 1811221641*  
Provider English Spoken: Y  
*Cultural Competency: N*  
*Hospital Affiliation:*  
GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, HUNTINGTON  
MEMORIAL HOSPITAL, USC  
Arcadia Hospital  
*Board Certified Specialty: No*  
769 MEDICAL CENTER CT  
STE 300  
CHULA VISTA, CA 91911  
Phone: (619) 482-3090  
Fax: (619) 482-7350

After Hours Phone: (619)  
482-3090  
Website: N/A  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
N  
Accessibility: CONTACT  
PROVIDER  
*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-0:00PM*

### **PEDIATRICS**

#### **KORSAND, SID**

*Provider ID: 482034*  
*Provider Gender: Male*  
*License Number: A49591*  
*NPI: 1588634513*

Provider English Spoken: Y  
Provider Language(s)  
*Spoken: Farsi, Turkish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
855 3RD AVE STE 2200  
CHULA VISTA, CA 91911  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **KORSAND, SID**

*Provider ID: 482034*  
*Provider Gender: Male*  
*License Number: A49591*

*NPI: 1588634513*  
Provider English Spoken: Y  
Provider Language(s)  
*Spoken: Farsi, Turkish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
855 3RD AVE STE 2200  
CHULA VISTA, CA 91911  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **KORSAND, SID**

*Provider ID: 634788*  
*Provider Gender: Male*  
*NPI: 1588634513*  
Provider English Spoken: Y  
Provider Language(s)  
*Spoken: Farsi, Turkish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
280 E ST  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
Fax: (619) 662-4196  
After Hours Phone: (619)  
662-4100  
Website: N/A  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
N  
Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

---

Hours: M-F 8:00AM-5:00PM


### **PEDIATRICS**

#### **MCMAHON, SHARON**

Provider ID: 648721

Provider Gender: Female

NPI: 1487279246


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 865 THIRD AVE STE 101

CHULA VISTA, CA 91911

 Phone: (619) 426-7910

Fax: (619) 426-2337

 After Hours Phone: (619)  
426-7910

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM


### **PEDIATRICS**

#### **MISTRY, CHETAN**

Provider ID: 86439

Provider Gender: Male

NPI: 1467505834

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN


DIEGO, SCRIPPS MERCY

HOSPITAL


Board Certified Specialty: No

 2440 FENTON ST STE 100

CHULA VISTA, CA 91914

 Phone: (619) 656-3040

Fax: (619) 656-3045

 After Hours Phone: (619)  
656-3040

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM


### **PEDIATRICS**

#### **MOSQUERA, DIANA**

Provider ID: 371232

Provider Gender: Female

NPI: 1144238098

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO

Board Certified Specialty: No


 769 MEDICAL CENTER CT

STE 300

CHULA VISTA, CA 91911

 Phone: (619) 482-3090

Fax: (619) 482-7350

 After Hours Phone: (619)  
482-3090

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **MOSQUERA, DIANA**

Provider ID: 463001

Provider Gender: Female

NPI: 1144238098

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN


DIEGO

Board Certified Specialty: No

 865 3RD AVE STE 101

CHULA VISTA, CA 91911

 Phone: (619) 426-7910

 After Hours Phone: (619)  
426-7910

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **NGUYEN, TRUC**

Provider ID: 78518

Provider Gender: Female

NPI: 1881884054

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO,

WASHINGTON HOSPITAL,



## D2. Primary Care Directory

### SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

2440 FENTON ST STE 100  
CHULA VISTA, CA 91914

Phone: (619) 656-3040

Fax: (619) 656-3045

After Hours Phone: (619)  
656-3040

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **PIANSAY, MARIA CORAZON**

Provider ID: 427322

Provider Gender: Female

License Number: A93785

NPI: 1669680351

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **PIANSAY, MARIA CORAZON**

Provider ID: 427322

Provider Gender: Female

License Number: A93785

NPI: 1669680351

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SALAZAR, JUANITA**

Provider ID: 206355

Provider Gender: Female

License Number: A78355

NPI: 1912938325

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

[MARTHAO@FHCSD.ORG](mailto:MARTHAO@FHCSD.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SALAZAR, JUANITA**

Provider ID: 206355

Provider Gender: Female

License Number: A78355

NPI: 1912938325

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No






## D2. Primary Care Directory


 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS







#### **SANTIAGO, ROXANE**


Provider ID: 269279  
Provider Gender: Female  
NPI: 1033461801  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP CHULA VISTA  
MED CTR, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MEMORIAL  
HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SCRIPPS MERCY  
HOSPITAL  
Board Certified Specialty: No  
 865 3RD AVE STE 101  
CHULA VISTA, CA 91911  
 Phone: (619) 426-7910  
Fax: (619) 426-2337  
 After Hours Phone: (619)  
426-7910  
 Website: N/A  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **SHETH, HASMUKH**

Provider ID: 427322  
Provider Gender: Male  
License Number: A45942  
NPI: 1396812236  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Gujarati, Hindi,  
Urdu  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS



#### **SHETH, HASMUKH**

Provider ID: 427322

Provider Gender: Male  
License Number: A45942  
NPI: 1396812236  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Gujarati, Hindi,  
Urdu  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **VALENCIA, MARILES**

Provider ID: 104059  
Provider Gender: Female  
NPI: 1275541625  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PARADISE VALLEY  
HOSPITAL, SHARP CHULA  
VISTA MED CTR, RADY

## D2. Primary Care Directory

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No  
1741 EASTLAKE PKWY STE  
107

CHULA VISTA, CA 91915

Phone: (619) 482-1700

Fax: (619) 475-4578

After Hours Phone: (619)  
482-1700

Website: N/A

Email:

PEDIATRICSINPARADISE@YAHOO.COM

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **YAO, CATHERINE**

Provider ID: 371204

Provider Gender: Female

NPI: 1801166442

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

769 MEDICAL CENTER CT  
STE 300

CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)  
482-3090

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **ZARGAR, SHABNAM**

Provider ID: 371075

Provider Gender: Female

NPI: 1417256074

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, DESERT  
REGIONAL MED CTR, JOHN F  
KENNEDY MEMORIAL HOSP,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Board Certified Specialty: No

769 MEDICAL CENTER CT  
STE 300

CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)  
482-3090

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PHYSICIANS ASSISTANT

#### **BALDONADO, ANALICIA**

Provider ID: 417641

Provider Gender: Female

License Number: PA61683

NPI: 1215477765

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

352 L ST

CHULA VISTA, CA 91911

Phone: (619) 515-2325

After Hours Phone: (619)  
515-2325

Website: www.fhcsd.org

Email: chantalt@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PHYSICIANS ASSISTANT

#### **BALDONADO, ANALICIA**

Provider ID: 417641

Provider Gender: Female

License Number: PA61683

NPI: 1215477765

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

352 L ST

CHULA VISTA, CA 91911

Phone: (619) 515-2325

After Hours Phone: (619)  
515-2325

Website: www.fhcsd.org

Email: chantalt@fhcsd.org


Medi-Cal Open Panel: Yes

## D2. Primary Care Directory

Min/Max Age: 0\150

American Sign Language (ASL): License Number: PA54404

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**


#### **INDA, PRISCILLA**


Provider ID: 427322

Provider Gender: Female

License Number: PA54404

NPI: 1679008379

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Russian,  
Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): License Number: PA13796

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**


#### **INDA, PRISCILLA**


Provider ID: 427322

Provider Gender: Female

License Number: PA54404

NPI: 1679008379

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Russian,  
Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
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 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**


#### **MENDEZ, JESUS**

Provider ID: 427322

Provider Gender: Male


License Number: PA13796

NPI: 1023202108


 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **MENDEZ, JESUS**

Provider ID: 427322

Provider Gender: Male


License Number: PA13796

NPI: 1023202108


 Provider English Spoken: Y

Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

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662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **QUICK, ELISABETH**


Provider ID: 206355

Provider Gender: Female

License Number: PA21591

NPI: 1790055010

 Provider English Spoken: Y

 Provider Language(s)

## D2. Primary Care Directory

*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Email: MARTHAO@FHCS.D.ORG*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **QUICK, ELISABETH**

*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: PA21591*  
*NPI: 1790055010*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Email: MARTHAO@FHCS.D.ORG*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*

### **PROVIDER**






### **PHYSICIANS ASSISTANT**

#### **REVELES, DIANA**

*Provider ID: 417641*  
*Provider Gender: Female*  
*License Number: PA19306*  
*NPI: 1548455405*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 352 L ST  
CHULA VISTA, CA 91911  
 *Phone: (619) 515-2325*  
 *After Hours Phone: (619) 515-2325*  
 *Website: www.fhcsd.org*  
*Email: chantalt@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **REVELES, DIANA**

*Provider ID: 417641*  
*Provider Gender: Female*  
*License Number: PA19306*  
*NPI: 1548455405*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 352 L ST  
CHULA VISTA, CA 91911  
 *Phone: (619) 515-2325*  
 *After Hours Phone: (619)*

515-2325

 *Website: www.fhcsd.org*  
*Email: chantalt@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **PODIATRIST**

#### **MANCHEL, BRUCE**

*Provider ID: 427322*  
*Provider Gender: Male*  
*License Number: DPM2930*  
*NPI: 1790890788*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR*  
*Board Certified Specialty: No*  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/chula- vista- medic al- plaza*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **PODIATRIST**

#### **MANCHEL, BRUCE**






*Provider ID: 427322*


## D2. Primary Care Directory

Provider Gender: Male  
License Number: DPM2930  
NPI: 1790890788  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**

#### **SCHNEIDER, SARAH**

Provider ID: 206355  
Provider Gender: Female  
License Number: DPM4819  
NPI: 1326282237  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**


#### **SCHNEIDER, SARAH**

Provider ID: 206355  
Provider Gender: Female  
License Number: DPM4819  
NPI: 1326282237  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
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Email:  
MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **REGISTERED NURSE LICENSED**

#### **VOCATIONAL NURSE**

#### **QUILALANG, SUSAN**

Provider ID: 427322  
Provider Gender: Female  
License Number: NP5579  
NPI: 1841200482  
 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **REGISTERED NURSE LICENSED**

#### **VOCATIONAL NURSE** **QUILALANG, SUSAN**

Provider ID: 427322  
Provider Gender: Female  
License Number: RN371480  
NPI: 1841200482  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **REGISTERED NURSE LICENSED**

## D2. Primary Care Directory

### **VOCATIONAL NURSE**

#### **QUILALANG, SUSAN**

Provider ID: 427322

Provider Gender: Female


License Number: NP5579


NPI: 1841200482


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED NURSE LICENSED**

#### **VOCATIONAL NURSE**

#### **QUILALANG, SUSAN**

Provider ID: 427322

Provider Gender: Female


License Number: RN371480


NPI: 1841200482


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

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 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **AMAYA, RICARDO**

Provider ID: 206355

Provider Gender: Male


License Number: PT37189


NPI: 1437445566


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

[MARTHAO@FHCS.D.ORG](mailto:MARTHAO@FHCS.D.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **AMAYA, RICARDO**

Provider ID: 206355

Provider Gender: Male


License Number: PT37189

NPI: 1437445566

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

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 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email:

[MARTHAO@FHCS.D.ORG](mailto:MARTHAO@FHCS.D.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **CUMMINGS, GEORGE**

Provider ID: 206355

Provider Gender: Male

License Number: PT295173

NPI: 1497236384


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email:

[MARTHAO@FHCS.D.ORG](mailto:MARTHAO@FHCS.D.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

---

### **REGISTERED PHYSICAL THERAPIST**

#### **CUMMINGS, GEORGE**

Provider ID: 206355

Provider Gender: Male

License Number: PT295173

NPI: 1497236384

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **GEORGE, JENNIFER**

Provider ID: 206355

Provider Gender: Female

License Number: PT294245

NPI: 1215402177

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **REGISTERED PHYSICAL THERAPIST**

#### **GEORGE, JENNIFER**

Provider ID: 206355

Provider Gender: Female

License Number: PT294245

NPI: 1215402177

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **REGISTERED PHYSICAL THERAPIST**

#### **GONZALES, MICHELLE**

Provider ID: 206355

Provider Gender: Female

License Number: PT291706

NPI: 1548714652

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:


MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **GONZALES, MICHELLE**

Provider ID: 206355

Provider Gender: Female

License Number: PT291706

NPI: 1548714652

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE




## D2. Primary Care Directory

CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:  
MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER






### **REGISTERED PHYSICAL THERAPIST**

#### **MIGNEA, DAVID**

Provider ID: 206355  
Provider Gender: Male  
License Number: PT293536  
NPI: 1043736879  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:  
MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER







### **REGISTERED PHYSICAL THERAPIST**


#### **MIGNEA, DAVID**

Provider ID: 206355  
Provider Gender: Male  
License Number: PT293536  
NPI: 1043736879  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:  
MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **RODRIGUEZ, CASSANDRA**

Provider ID: 206355  
Provider Gender: Female  
License Number: PT292823  
NPI: 1770025595  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **RODRIGUEZ, CASSANDRA**


Provider ID: 206355  
Provider Gender: Female  
License Number: PT292823  
NPI: 1770025595  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 251 LANDIS AVE  
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 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:  
MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **RHEUMATOLOGY**



#### **REDDY, DANA**


Provider ID: 427322  
Provider Gender: Female  
License Number: A115598  
NPI: 1144538778

## D2. Primary Care Directory

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CHULA VISTA MED CTR,*  
*SCRIPPS MERCY HOSPITAL,*  
*SHARP MEMORIAL HOSPITAL,*  
*SCRIPPS MEMORIAL*  
*HOSPITAL, SCRIPPS*  
*MEMORIAL HOSPITAL*  
*ENCINITAS*

*Board Certified Specialty: No*


 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
*662-4100*

 *Website: www.syhealth.org*  
*/clinics/chula- vista- medic*  
*al- plaza*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **RHEUMATOLOGY**


#### **REDDY, DANA**

*Provider ID: 427322*

*Provider Gender: Female*


*License Number: A115598*


*NPI: 1144538778*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CHULA VISTA MED CTR,*  
*SCRIPPS MERCY HOSPITAL,*  
*SHARP MEMORIAL HOSPITAL,*  
*SCRIPPS MEMORIAL*  
*HOSPITAL, SCRIPPS*  
*MEMORIAL HOSPITAL*

#### **ENCINITAS**

*Board Certified Specialty: No*

 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
*662-4100*

 *Website: www.syhealth.org*  
*/clinics/chula- vista- medic*  
*al- plaza*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **SPEECH PATHOLOGIST**


#### **CABADING, DOREEN**

*Provider ID: 427322*



*Provider Gender: Female*


*License Number: SP18192*

*NPI: 1043507585*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 678 3RD AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
*662-4100*

 *Website: www.syhealth.org*  
*/clinics/chula- vista- medic*  
*al- plaza*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **SPEECH PATHOLOGIST**


#### **CABADING, DOREEN**

*Provider ID: 427322*



*Provider Gender: Female*


*License Number: SP18192*

*NPI: 1043507585*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 678 3RD AVE  
CHULA VISTA, CA 91910


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 *Website: www.syhealth.org*  
*/clinics/chula- vista- medic*  
*al- plaza*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

## **EL CAJON**

### **ALLERGY IMMUNOLOGY**



#### **REDDY, SUMANA**

*Provider ID: 569910*

*Provider Gender: Female*

*License Number: C52581*

*NPI: 1053300251*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Cambodian, Hindi,*  
*Spanish, Telugu*

*Cultural Competency: N*

*Hospital Affiliation:*

*GROSSMONT HOSPITAL*



*Board Certified Specialty: No*

## D2. Primary Care Directory

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **ALLERGY IMMUNOLOGY**

#### **REDDY, SUMANA**

Provider ID: 569910  
Provider Gender: Female  
License Number: C52581  
NPI: 1053300251  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Cambodian, Hindi,  
Spanish, Telugu  
Cultural Competency: N  
Hospital Affiliation:

#### **GROSSMONT HOSPITAL**


Board Certified Specialty: No




 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BELEN, NEZER**


Provider ID: 418340  
Provider Gender: Male  
License Number: NP95009292  
NPI: 1386120723  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM


### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BELEN, NEZER**

Provider ID: 418340  
Provider Gender: Male  
License Number: NP95009292  
NPI: 1386120723  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No



 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
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515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes





Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **DRISCOLL, SUSAN**


Provider ID: 569910  
Provider Gender: Female  
License Number: NP95012943  
NPI: 1477755684  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM







### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **DRISCOLL, SUSAN**

Provider ID: 569910  
Provider Gender: Female  
License Number: NP95012943  
NPI: 1477755684  
 Provider English Spoken: Y

## D2. Primary Care Directory

 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*








### **CERTIFIED NURSE PRACTITIONER**

**GARCIA, JOHNNY**  
*Provider ID: 418340*  
*Provider Gender: Male*  
*License Number: NP95007000*  
*NPI: 1932622156*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 525 E MAIN ST  
EL CAJON, CA 92020  
 *Phone: (619) 515-2498*  
 *After Hours Phone: (619) 515-2498*  
 *Website: www.fhcsd.org*  
*Email: janellek@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*



*PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

### **CERTIFIED NURSE PRACTITIONER**

**GARCIA, JOHNNY**  
*Provider ID: 418340*  
*Provider Gender: Male*  
*License Number: NP95007000*  
*NPI: 1932622156*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 525 E MAIN ST  
EL CAJON, CA 92020  
 *Phone: (619) 515-2498*  
 *After Hours Phone: (619) 515-2498*  
 *Website: www.fhcsd.org*  
*Email: janellek@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

### **CERTIFIED NURSE PRACTITIONER**

**HAMID, WAHIDA**  
*Provider ID: 569910*  
*Provider Gender: Female*  
*License Number: NP95001707*  
*NPI: 1164812293*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

**HAMID, WAHIDA**  
*Provider ID: 569910*  
*Provider Gender: Female*  
*License Number: NP95001707*  
*NPI: 1164812293*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

**HARPEL, SHERYL**

## D2. Primary Care Directory

Provider ID: 569910

Provider Gender: Female


License Number: NP95009329


NPI: 1780177147


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020


 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **HARPEL, SHERYL**

Provider ID: 569910

Provider Gender: Female


License Number: NP95009329


NPI: 1780177147


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CERTIFIED NURSE PRACTITIONER**



#### **HETTIG, JUDITH**

Provider ID: 418340

Provider Gender: Female

License Number: NP3439


NPI: 1396815866


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020


 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**



#### **HETTIG, JUDITH**

Provider ID: 418340

Provider Gender: Female

License Number: NP3439


NPI: 1396815866


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **JENSEN, ADRIENNE**

Provider ID: 569910

Provider Gender: Female

License Number: NP95023148

NPI: 1184389934


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

## D2. Primary Care Directory

### **PRACTITIONER**

#### **JENSEN, ADRIENNE**

Provider ID: 569910

Provider Gender: Female

License Number: NP95023148

NPI: 1184389934


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **KELLOGG, KRISTEN**

Provider ID: 418340

Provider Gender: Female

License Number: NP95009180

NPI: 1649757741


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)

515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **KELLOGG, KRISTEN**

Provider ID: 418340

Provider Gender: Female

License Number: NP95009180

NPI: 1649757741


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **LU, TAMMY**

Provider ID: 206354

Provider Gender: Female


License Number: NP95007253


NPI: 1457879132

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1111 W CHASE AVE  
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)  
515-2499

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **LU, TAMMY**

Provider ID: 206354

Provider Gender: Female


License Number: NP95007253


NPI: 1457879132

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1111 W CHASE AVE  
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)  
515-2499

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### **CERTIFIED NURSE PRACTITIONER**

#### **OCHOA, ERLINDA**

Provider ID: 418501

Provider Gender: Female


License Number: NP4430


NPI: 1346437464


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5991

 After Hours Phone: (619)  
795-5991

 Website: [www.lamaestra.org](http://www.lamaestra.org)

g  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

#### **OCHOA, ERLINDA**

Provider ID: 418501

Provider Gender: Female


License Number: NP4430


NPI: 1346437464

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5991

 After Hours Phone: (619)  
795-5991

 Website: [www.lamaestra.org](http://www.lamaestra.org)

g  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

#### **OCHOA, ERLINDA**

Provider ID: 185267

Provider Gender: Female


License Number: NP4430


NPI: 1346437464

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)  
312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)

g  
Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **OCHOA, ERLINDA**

Provider ID: 185267

Provider Gender: Female


License Number: NP4430


NPI: 1346437464


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)  
312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)


g  
Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **ODA, THAGHAR**

Provider ID: 418340

Provider Gender: Female

License Number: NP95000205


NPI: 1063835692


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

## D2. Primary Care Directory

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **ODA, THAGHAR**


Provider ID: 418340

Provider Gender: Female

License Number: RN810863

NPI: 1063835692


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **ODA, THAGHAR**


Provider ID: 418340

Provider Gender: Female

License Number: NP95000205

NPI: 1063835692


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **ODA, THAGHAR**


Provider ID: 418340

Provider Gender: Female

License Number: RN810863

NPI: 1063835692


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **OLVERA, LUISA**

Provider ID: 478971

Provider Gender: Female

License Number: NP95001710

NPI: 1598161309

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 401-0404

 After Hours Phone: (619)  
401-0404

 Website: N/A


Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: SU-SA 8:00AM-8:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **OLVERA, LUISA**

Provider ID: 478971




Provider Gender: Female


License Number: NP95001710

NPI: 1598161309



## D2. Primary Care Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR  
Board Certified Specialty: No  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 Phone: (619) 401-0404  
 After Hours Phone: (619)  
401-0404  
 Website: N/A


Email:  
iselaocha@borregohealth.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: SU-SA 8:00AM-8:00PM

### **CERTIFIED NURSE**



#### **PRACTITIONER**

#### **REAL, MARIA**

Provider ID: 185267  
Provider Gender: Female  
License Number: NP17328  
NPI: 1548450471

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)


312-0347  
 Website: www.lamaestra.org  
g  
Email:  
aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM





### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **REAL, MARIA**

Provider ID: 185267  
Provider Gender: Female  
License Number: NP17328  
NPI: 1548450471

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)  
312-0347  
 Website: www.lamaestra.org  
g  
Email:  
aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N







 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **REGEV, SHANEE**

Provider ID: 569910  
Provider Gender: Female  
License Number: NP95022460  
NPI: 1477218121

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**




#### **PRACTITIONER**

#### **REGEV, SHANEE**

Provider ID: 569910  
Provider Gender: Female  
License Number: NP95022460  
NPI: 1477218121





 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100

## D2. Primary Care Directory

 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **REID, EMILY**






Provider ID: 185267  
Provider Gender: Female  
License Number: NP95002766  
NPI: 1083081467  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619) 312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **CERTIFIED NURSE PRACTITIONER**






#### **REID, EMILY**



Provider ID: 185267  
Provider Gender: Female  
License Number: NP95002766  
NPI: 1083081467  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **CERTIFIED NURSE PRACTITIONER**






#### **SMITH, SHARON**


Provider ID: 418340  
Provider Gender: Female  
License Number: NP15444  
NPI: 1780603597  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **SMITH, SHARON**

Provider ID: 418340  
Provider Gender: Female  
License Number: RN428876  
NPI: 1780603597  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 525 E MAIN ST  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


### **CERTIFIED NURSE PRACTITIONER**

#### **SMITH, SHARON**

Provider ID: 418340  
Provider Gender: Female  
License Number: RN428876

## D2. Primary Care Directory

NPI: 1780603597

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

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 Phone: (619) 515-2498

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **SMITH, SHARON**

Provider ID: 418340

Provider Gender: Female

License Number: NP15444

NPI: 1780603597

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

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N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **VERDUZCO GONZALEZ,**


### **AURORA**

Provider ID: 185267

Provider Gender: Female

License Number: NP95001961

NPI: 1932452323

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 165 S 1ST ST

EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)  
312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **VERDUZCO GONZALEZ,**

### **AURORA**

Provider ID: 185267

Provider Gender: Female

License Number: NP95001961


NPI: 1932452323

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

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PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **VILLANUEVA DE GUTIE,**

### **BERENICE**

Provider ID: 185267

Provider Gender: Female

License Number: NP95002188

NPI: 1952795536


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 165 S 1ST ST


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Email:  
aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **VILLANUEVA DE GUTIE, BERENICE**

Provider ID: 185267  
Provider Gender: Female  
License Number: NP95002188  
NPI: 1952795536  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 165 S 1ST ST  
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Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

**WILLIAMS, BREAHA**  
Provider ID: 185267  
Provider Gender: Female  
License Number: NP95001840  
NPI: 1063884864




 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 165 S 1ST ST  
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Email:  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM


### **CERTIFIED NURSE**

### **PRACTITIONER**

**WILLIAMS, BREAHA**  
Provider ID: 185267  
Provider Gender: Female  
License Number: NP95001840  
NPI: 1063884864

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
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Email:  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **WILLIAMS, TAKISHA**

Provider ID: 418340  
Provider Gender: Female  
License Number: NP95013978  
NPI: 1881727386  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
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515-2498  
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Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### **CERTIFIED NURSE PRACTITIONER**


#### **WILLIAMS, TAKISHA**

Provider ID: 418340

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED REGISTERED NURSE MIDWIFE**


#### **CORRY, ANDREA**

Provider ID: 418340

Provider Gender: Female

License Number: NM1721

NPI: 1255489571


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)

515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED REGISTERED NURSE MIDWIFE**


#### **CORRY, ANDREA**

Provider ID: 418340

Provider Gender: Female

License Number: NM1721

NPI: 1255489571


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**


#### **SOSA, DAVID**

Provider ID: 206354

Provider Gender: Male

License Number: DC33150

NPI: 1013308675


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1111 W CHASE AVE

EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)  
515-2499

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **SOSA, DAVID**

Provider ID: 206354

Provider Gender: Male

License Number: DC33150

NPI: 1013308675


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 1111 W CHASE AVE

EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)  
515-2499

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **SOSA, DAVID**

Provider ID: 418340

## D2. Primary Care Directory

Provider Gender: Male


License Number: DC33150


NPI: 1013308675

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **SOSA, DAVID**

Provider ID: 418340

Provider Gender: Male


License Number: DC33150


NPI: 1013308675

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**


#### **UY, ASHLEY**


Provider ID: 418340

Provider Gender: Female

License Number: DC33869

NPI: 1174059760


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**


#### **UY, ASHLEY**


Provider ID: 418340

Provider Gender: Female

License Number: DC33869

NPI: 1174059760


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Board Certified Specialty: No

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **ENDOCRINOLOGY**

#### **METABOLISM DIABETES**

#### **NAGELBERG, JODI**

Provider ID: 418340

Provider Gender: Female


License Number: A146838


NPI: 1720474141

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **ENDOCRINOLOGY**

#### **METABOLISM DIABETES**

#### **NAGELBERG, JODI**


Provider ID: 418340

Provider Gender: Female

License Number: A146838


NPI: 1720474141


## D2. Primary Care Directory

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **AL ANI, NAJWAN**

Provider ID: 418340

Provider Gender: Female

License Number: A144974

NPI: 1275948473


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **AL ANI, NAJWAN**

Provider ID: 418340

Provider Gender: Female

License Number: A144974

NPI: 1275948473


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

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Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **ALGHAMDI, ASMA**

Provider ID: 569910

Provider Gender: Female

License Number: A167529


NPI: 1316310840


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

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 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ALGHAMDI, ASMA**

Provider ID: 569910

Provider Gender: Female


License Number: A167529


NPI: 1316310840


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **BRUHN, JOSHUA**

Provider ID: 418340

Provider Gender: Male

License Number: A186694

NPI: 1447888284

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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## D2. Primary Care Directory

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **BRUHN, JOSHUA**

Provider ID: 418340  
Provider Gender: Male  
License Number: A186694  
NPI: 1447888284  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
525 E MAIN ST  
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American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **FAMILY PRACTICE**

**CORMAN, DANIEL**  
Provider ID: 418340  
Provider Gender: Male  
License Number: 20A13060  
NPI: 1629339593  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
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American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

**CORMAN, DANIEL**  
Provider ID: 418340  
Provider Gender: Male  
License Number: 20A13060  
NPI: 1629339593  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619) 515-2498  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **DOMINGUEZ, DENNIS**

Provider ID: 569910  
Provider Gender: Male  
License Number: G43179  
NPI: 1225063811  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **DOMINGUEZ, DENNIS**

Provider ID: 569910  
Provider Gender: Male  
License Number: G43179  
NPI: 1225063811










## D2. Primary Care Directory

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL  
*Board Certified Specialty: No*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*  
 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**







#### **GHAFARI, DAUOD**


*Provider ID: 478971*  
*Provider Gender: Male*  
*License Number: A98486*  
*NPI: 1053417691*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Farsi, Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 *Phone: (619) 401-0404*  
 *After Hours Phone: (619)  
401-0404*  
 *Website: N/A*  
*Email:*  
*iselaocha@borregohealth.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**


#### **GHAFARI, DAUOD**






*Provider ID: 478971*  
*Provider Gender: Male*  
*License Number: A98486*  
*NPI: 1053417691*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Farsi, Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 *Phone: (619) 401-0404*  
 *After Hours Phone: (619)  
401-0404*  
 *Website: N/A*  
*Email:*

*iselaocha@borregohealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**

#### **GORDON, CHRISTOPHER**

*Provider ID: 418340*  
*Provider Gender: Male*  
*License Number: A83390*  
*NPI: 1477711521*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 525 E MAIN ST  
EL CAJON, CA 92020  
 *Phone: (619) 515-2498*  
 *After Hours Phone: (619)  
515-2498*  
 *Website: www.fhcsd.org*  
*Email: janellek@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

### **FAMILY PRACTICE**

#### **GORDON, CHRISTOPHER**

*Provider ID: 418340*  
*Provider Gender: Male*  
*License Number: A83390*  
*NPI: 1477711521*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 525 E MAIN ST  
EL CAJON, CA 92020  
 *Phone: (619) 515-2498*  
 *After Hours Phone: (619)  
515-2498*  
 *Website: www.fhcsd.org*  
*Email: janellek@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

### **FAMILY PRACTICE**

#### **HASTANAN, CAROL**

*Provider ID: 206354*

## D2. Primary Care Directory

---


Provider Gender: Female


License Number: A110192


NPI: 1861648461


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1111 W CHASE AVE  
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)  
515-2499


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **HASTANAN, CAROL**

Provider ID: 206354

Provider Gender: Female


License Number: A110192


NPI: 1861648461

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1111 W CHASE AVE  
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)  
515-2499


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **HODGKIN, EDWARD**

Provider ID: 418340

Provider Gender: Male


License Number: A177445


NPI: 1922619766

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **HODGKIN, EDWARD**

Provider ID: 418340

Provider Gender: Male


License Number: A177445


NPI: 1922619766

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **KASAWA, JOHN**


Provider ID: 569910

Provider Gender: Male

License Number: A79338


NPI: 1134230329


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **KASAWA, JOHN**

Provider ID: 569910


Provider Gender: Male



License Number: A79338

NPI: 1134230329

 Provider English Spoken: Y



## D2. Primary Care Directory

 *Provider Language(s)*  
*Spoken: Arabic, Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**



#### **LIN, SHUANG**






*Provider ID: 206354*  
*Provider Gender: Female*  
*License Number: A138887*  
*NPI: 1689093684*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Mandarin*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1111 W CHASE AVE  
EL CAJON, CA 92020  
 *Phone: (619) 515-2499*  
 *After Hours Phone: (619) 515-2499*  
 *Website: www.fhcsd.org*  
*Email: jaquelininc@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

### **FAMILY PRACTICE**

#### **LIN, SHUANG**

*Provider ID: 206354*  
*Provider Gender: Female*  
*License Number: A138887*  
*NPI: 1689093684*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Mandarin*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1111 W CHASE AVE  
EL CAJON, CA 92020  
 *Phone: (619) 515-2499*  
 *After Hours Phone: (619) 515-2499*  
 *Website: www.fhcsd.org*  
*Email: jaquelininc@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*



### **FAMILY PRACTICE**

#### **NASSIR, BASSAM**

*Provider ID: 569910*  
*Provider Gender: Male*  
*License Number: A101888*  
*NPI: 1386848166*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: No*







 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*


662-4100

 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **NASSIR, BASSAM**

*Provider ID: 569910*  
*Provider Gender: Male*  
*License Number: A101888*  
*NPI: 1386848166*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **PUTRUS, RAMIZ**


*Provider ID: 185267*  
*Provider Gender: Male*  
*License Number: A68184*  
*NPI: 1144300534*


## D2. Primary Care Directory


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)  
312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)


Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PUTRUS, RAMIZ**

Provider ID: 185267

Provider Gender: Male


License Number: A68184


NPI: 1144300534

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)  
312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

### **FAMILY PRACTICE**

#### **RONQUILLO, KAREN AN**

Provider ID: 658684


Provider Gender: Female


NPI: 1275160012

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 855 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 440-2751

 Fax: (858) 633-4692

 After Hours Phone: (619)  
440-2751

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **SALEM, RAMSEY**

Provider ID: 569910

Provider Gender: Male


License Number: A158364


NPI: 1245401298

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SALEM, RAMSEY**

Provider ID: 569910

Provider Gender: Male


License Number: A158364


NPI: 1245401298

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SCHUMAKER, EDWARD**

Provider ID: 418501

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5991

 After Hours Phone: (619)

## D2. Primary Care Directory

795-5991  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **SCHUMAKER, EDWARD**

Provider ID: 418501  
Provider Gender: Male  
License Number: 20A6433  
NPI: 1184616872  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

1032 BROADWAY  
EL CAJON, CA 92021  
Phone: (619) 795-5991  
After Hours Phone: (619) 795-5991  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **SCHUMAKER, EDWARD**

Provider ID: 185267  
Provider Gender: Male  
License Number: 20A6433

NPI: 1184616872  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
165 S 1ST ST  
EL CAJON, CA 92019  
Phone: (619) 312-0347  
After Hours Phone: (619) 312-0347  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SCHUMAKER, EDWARD**

Provider ID: 185267  
Provider Gender: Male  
License Number: 20A6433  
NPI: 1184616872  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

165 S 1ST ST  
EL CAJON, CA 92019  
Phone: (619) 312-0347  
After Hours Phone: (619) 312-0347  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **FQHC**

**CENTRO MEDICO EL CAJON,**  
Provider ID: 478971  
NPI: 1154480069

Provider English Spoken: Y  
Cultural Competency: N  
133 W MAIN ST STE 100  
EL CAJON, CA 92020  
Phone: (619) 873-8940  
Fax: (619) 401-0522  
After Hours Phone: (619) 873-8940  
Website: N/A  
Email: [iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: SU-SA 8:00AM-8:00PM

### **FQHC**

**CENTRO MEDICO EL CAJON,**  
Provider ID: 478971  
NPI: 1154480069

Provider English Spoken: Y  
Cultural Competency: N  
133 W MAIN ST STE 100  
EL CAJON, CA 92020  
Phone: (619) 873-8940  
Fax: (619) 401-0522  
After Hours Phone: (619)

## D2. Primary Care Directory

873-8940  
 Website: N/A  
Email:  
iselaocha@borregohealth.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: SU-SA 8:00AM-8:00PM

### **FQHC**


#### **CHASE AVENUE FAMILY HEALTH CTRS INC,**

Provider ID: 206354

NPI: 1104861681

 Provider English Spoken: Y  
Cultural Competency: N

 1111 W CHASE AVE  
EL CAJON, CA 92020

 Phone: (619) 515-2499

Fax: (619) 593-7164

 After Hours Phone: (619)  
515-2499

 Website: www.fhcsd.org


Email: jaquelin@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FQHC**


#### **CHASE AVENUE FAMILY HEALTH CTRS INC,**

Provider ID: 206354

NPI: 1104861681

 Provider English Spoken: Y  
Cultural Competency: N

 1111 W CHASE AVE  
EL CAJON, CA 92020

 Phone: (619) 515-2499

Fax: (619) 593-7164

 After Hours Phone: (619)  
515-2499

 Website: www.fhcsd.org

Email: jaquelin@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FQHC**


#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON,**

Provider ID: 418340

NPI: 1932561198

 Provider English Spoken: Y  
Cultural Competency: N

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

Fax: (619) 269-0191

 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM

### **FQHC**


#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON,**

Provider ID: 418340

NPI: 1932561198

 Provider English Spoken: Y  
Cultural Competency: N

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

Fax: (619) 269-0191

 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM


### **FQHC**


#### **LA MAESTRA CHC EL CAJON BROADWAY,**

Provider ID: 418501


NPI: 1134590086


 Provider English Spoken: Y  
Cultural Competency: N

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5991

Fax: (619) 795-5992

 After Hours Phone: (619)  
795-5991

 Website: www.lamaestra.or  
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory


Hours: M-F 8:30AM-5:30PM

### **FQHC**

#### **LA MAESTRA CHC EL CAJON BROADWAY,**


Provider ID: 418501

NPI: 1134590086

 Provider English Spoken: Y

Cultural Competency: N

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5991

Fax: (619) 795-5992

 After Hours Phone: (619)  
795-5991


 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FQHC**


#### **LA MAESTRA FAMILY CLINIC INC,**

Provider ID: 185267


NPI: 1336353721

 Provider English Spoken: Y  
Cultural Competency: N

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 312-0347

Fax: (619) 749-5480

 After Hours Phone: (619)  
312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:00AM-5:00PM

TH-F 8:00AM-5:00PM


### **FQHC**


#### **LA MAESTRA FAMILY CLINIC INC,**

Provider ID: 185267


NPI: 1336353721

 Provider English Spoken: Y  
Cultural Competency: N

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 312-0347

Fax: (619) 749-5480

 After Hours Phone: (619)  
312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:00AM-5:00PM


TH-F 8:00AM-5:00PM

### **FQHC**


#### **SAN YSIDRO HEALTH EL CAJON,**


Provider ID: 569910

NPI: 1568845741

 Provider English Spoken: Y

Cultural Competency: N

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

Fax: (619) 785-3356

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM


### **FQHC**


#### **SAN YSIDRO HEALTH EL CAJON,**

Provider ID: 569910

NPI: 1568845741

 Provider English Spoken: Y  
Cultural Competency: N

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

Fax: (619) 785-3356

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **HEPATOLOGY**

#### **GISH, ROBERT**


Provider ID: 185267


Provider Gender: Male

## D2. Primary Care Directory

License Number: G45632

NPI: 1548281322

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Dutch, French,  
Spanish, Vietnamese


Cultural Competency: N

Hospital Affiliation: LOMA


LINDA UNIVERSITY COMM


MED CTR

Board Certified Specialty: No

 165 S 1ST ST

EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)  
312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:


[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### HEPATOLOGY


#### **GISH, ROBERT**


Provider ID: 185267

Provider Gender: Male

License Number: G45632

NPI: 1548281322

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Dutch, French,  
Spanish, Vietnamese


Cultural Competency: N

Hospital Affiliation: LOMA


LINDA UNIVERSITY COMM


MED CTR

Board Certified Specialty: No

 165 S 1ST ST

EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)  
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 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### INTERNAL MEDICINE


#### **AL-TAMEEMI, AHMED**

Provider ID: 478971

Provider Gender: Male

License Number: A151547

NPI: 1134513211


 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

 133 W MAIN ST STE 100

EL CAJON, CA 92020

 Phone: (619) 401-0404

 After Hours Phone: (619)  
401-0404

 Website: N/A

Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **AL-TAMEEMI, AHMED**

Provider ID: 478971

Provider Gender: Male

License Number: A151547

NPI: 1134513211


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 133 W MAIN ST STE 100

EL CAJON, CA 92020

 Phone: (619) 401-0404

 After Hours Phone: (619)  
401-0404

 Website: N/A

Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **AWDISHO, ALAN**

Provider ID: 569910

Provider Gender: Male

License Number: 20A18702

NPI: 1164795498

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No




 875 EL CAJON BLVD

EL CAJON, CA 92020

 Phone: (619) 662-4100





## D2. Primary Care Directory

 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### **AWDISHO, ALAN**






Provider ID: 569910  
Provider Gender: Male  
License Number: 20A18702  
NPI: 1164795498

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **CARPENTER, ROBERT**

Provider ID: 569910  
Provider Gender: Male  
License Number: 20A10964  
NPI: 1356343040  
 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER



### INTERNAL MEDICINE

#### **CARPENTER, ROBERT**

Provider ID: 569910  
Provider Gender: Male  
License Number: 20A10964  
NPI: 1356343040  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER







### INTERNAL MEDICINE

#### **DUONG, MAI**


Provider ID: 418340  
Provider Gender: Female  
License Number: A127798  
NPI: 1629339304  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **DUONG, MAI**

Provider ID: 418340  
Provider Gender: Female  
License Number: A127798  
NPI: 1629339304  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



## D2. Primary Care Directory

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE



#### **GORGES, RANDA**

Provider ID: 418340  
Provider Gender: Female  
License Number: A138815  
NPI: 1285079509

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM


### INTERNAL MEDICINE

#### **GORGES, RANDA**

Provider ID: 418340  
Provider Gender: Female  
License Number: A138815  
NPI: 1285079509

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N






 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **JABRI, ZAIN**




Provider ID: 418501  
Provider Gender: Male  
License Number: A160760  
NPI: 1891159620

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: ST AGNES  
MEDICAL CENTER, CITY OF  
HOPE NATIONAL MED CTR,  
JOHN F KENNEDY MEMORIAL  
HOSP, SUTTER MEDICAL  
CENTER SACRAMENTO,  
PIONEERS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA  
Board Certified Specialty: No  
 1032 BROADWAY  
EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619)  
795-5991  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **JABRI, ZAIN**

Provider ID: 418501  
Provider Gender: Male  
License Number: A160760  
NPI: 1891159620  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: ST AGNES  
MEDICAL CENTER, CITY OF  
HOPE NATIONAL MED CTR,  
JOHN F KENNEDY MEMORIAL  
HOSP, SUTTER MEDICAL  
CENTER SACRAMENTO,  
PIONEERS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
 1032 BROADWAY

## D2. Primary Care Directory

EL CAJON, CA 92021  
Phone: (619) 795-5991  
After Hours Phone: (619) 795-5991  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **MANSY, TAMARA**

Provider ID: 569910  
Provider Gender: Female  
License Number: A164238  
NPI: 1396277737  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **MANSY, TAMARA**

Provider ID: 569910  
Provider Gender: Female  
License Number: A164238  
NPI: 1396277737

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **MAY, LOUIS**

Provider ID: 569910  
Provider Gender: Male  
License Number: A138568  
NPI: 1720497514  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: EISENHOWER MEDICAL CTR  
Board Certified Specialty: No  
875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **MAY, LOUIS**

Provider ID: 569910  
Provider Gender: Male  
License Number: A138568  
NPI: 1720497514  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: EISENHOWER MEDICAL CTR  
Board Certified Specialty: No  
875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **MICHAEL, RAMI**



Provider ID: 569910  
Provider Gender: Male  
License Number: A144513  
NPI: 1467871673  
Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
875 EL CAJON BLVD  
EL CAJON, CA 92020

## D2. Primary Care Directory



 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **MICHAEL, RAMI**

Provider ID: 569910  
Provider Gender: Male  
License Number: A144513  
NPI: 1467871673  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL



Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **NADI, FAHIMA**



Provider ID: 418340

Provider Gender: Female  
License Number: A175325  
NPI: 1770072290  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Pushto  
Cultural Competency: N  
Board Certified Specialty: No


 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **NADI, FAHIMA**



Provider ID: 418340  
Provider Gender: Female  
License Number: A175325  
NPI: 1770072290  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Pushto  
Cultural Competency: N  
Board Certified Specialty: No






 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE


#### **NARAYAN, ARCHANA**

Provider ID: 569910  
Provider Gender: Female  
License Number: A101773  
NPI: 1003053950  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Kannada  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER  
Board Certified Specialty: No


 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **NARAYAN, ARCHANA**


Provider ID: 569910  
Provider Gender: Female  
License Number: A101773  
NPI: 1003053950  
 Provider English Spoken: Y


## D2. Primary Care Directory

 *Provider Language(s)*  
*Spoken: Hindi, Kannada*  
*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR*  
*MEDICAL CENTER*

*Board Certified Specialty: No*

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)*  
*662-4100*


 *Website: www.syhealth.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### INTERNAL MEDICINE


#### **PARIKH, MILIND**


*Provider ID: 418340*

*Provider Gender: Male*

*License Number: 20A13745*

*NPI: 1194161406*

 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Gujarati, Hindi,*  
*Spanish*


*Cultural Competency: N*

*Hospital Affiliation: SHARP*  
*CHULA VISTA MED CTR, Sharp*  
*Grossmont Hospital, Adventist*  
*Health and Rideout*

*Board Certified Specialty: No*

 525 E MAIN ST  
EL CAJON, CA 92020

 *Phone: (619) 515-2498*

 *After Hours Phone: (619)*  
*515-2498*

 *Website: www.fhcsd.org*

*Email: janellek@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### INTERNAL MEDICINE


#### **PARIKH, MILIND**


*Provider ID: 418340*

*Provider Gender: Male*

*License Number: 20A13745*

*NPI: 1194161406*

 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Gujarati, Hindi,*  
*Spanish*


*Cultural Competency: N*

*Hospital Affiliation: SHARP*  
*CHULA VISTA MED CTR, Sharp*  
*Grossmont Hospital, Adventist*  
*Health and Rideout*

*Board Certified Specialty: No*

 525 E MAIN ST  
EL CAJON, CA 92020

 *Phone: (619) 515-2498*

 *After Hours Phone: (619)*  
*515-2498*

 *Website: www.fhcsd.org*

*Email: janellek@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### INTERNAL MEDICINE

#### **PETITT, JOHN**

*Provider ID: 478971*

*Provider Gender: Male*

*License Number: G52812*

*NPI: 1497992432*


 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 *Phone: (619) 401-0404*

 *After Hours Phone: (619)*  
*401-0404*

 *Website: N/A*

*Email:*

*iselaocha@borregohealth.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### INTERNAL MEDICINE

#### **PETITT, JOHN**

*Provider ID: 478971*

*Provider Gender: Male*

*License Number: G52812*

*NPI: 1497992432*


 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 *Phone: (619) 401-0404*

 *After Hours Phone: (619)*  
*401-0404*

 *Website: N/A*

*Email:*


*iselaocha@borregohealth.org*

## D2. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


### INTERNAL MEDICINE

#### **REDDY, ARJUN**

Provider ID: 428134

Provider Gender: Male

NPI: 1730132457

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 5442 SYCUAN RD  
EL CAJON, CA 92019

 Phone: (619) 445-0707

Fax: (619) 445-0988

 After Hours Phone: (619)  
445-0707

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:00PM


### INTERNAL MEDICINE


#### **ROUEL, LINDA**

Provider ID: 308485

Provider Gender: Female

NPI: 1326128950

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Arabic, Mandarin,  
Syriac

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 860 JAMACHA RD STE 107  
EL CAJON, CA 92019

 Phone: (619) 456-9920

Fax: (619) 456-9340

 After Hours Phone: (619)  
456-9920

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-7:00PM

### INTERNAL MEDICINE


#### **ROUEL, WADI**


Provider ID: 185267

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Arabic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation: SHARP


MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL


HOSPITAL, GROSSMONT


HOSPITAL


Board Certified Specialty: No

 165 S 1ST ST

EL CAJON, CA 92019

 Phone: (619) 269-1262

 After Hours Phone: (619)  
269-1262

 Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-TU 8:00AM-5:00PM

TH-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **ROUEL, WADI**


Provider ID: 185267

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,


SCRIPPS MEMORIAL


HOSPITAL, GROSSMONT

HOSPITAL

Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 269-1262

 After Hours Phone: (619)  
269-1262

 Website: www.lamaestra.org

Email:

## D2. Primary Care Directory


*aschmaltz@lamaestra.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): Provider ID: 418501

N

 Accessibility: CONTACT PROVIDER

Hours: M-TU 8:00AM-5:00PM

TH-F 8:00AM-5:00PM

### **INTERNAL MEDICINE**


#### **ROUEL, WADI**


Provider ID: 418501

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,


SCRIPPS MEMORIAL

HOSPITAL, GROSSMONT


HOSPITAL

Board Certified Specialty: No

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5983

 After Hours Phone: (619)  
795-5983


 Website: *www.lamaestra.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **INTERNAL MEDICINE**


#### **ROUEL, WADI**


Provider ID: 418501

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,


SCRIPPS MEMORIAL


HOSPITAL, GROSSMONT

HOSPITAL

Board Certified Specialty: No

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5983

 After Hours Phone: (619)  
795-5983

 Website: *www.lamaestra.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **INTERNAL MEDICINE**


#### **SHEIKH-MOHAMED, HALA**

Provider ID: 569910

Provider Gender: Female

License Number: A159247

NPI: 1972946770

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Arabic, Hindi, Urdu


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: *www.syhealth.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

#### **SHEIKH-MOHAMED, HALA**


Provider ID: 569910

Provider Gender: Female

License Number: A159247

NPI: 1972946770

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Hindi, Urdu


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: *www.syhealth.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

## D2. Primary Care Directory

### PROVIDER

#### **INTERNAL MEDICINE**

##### **TCHAKMAKJIAN, LEVON**

Provider ID: 569910

Provider Gender: Male

License Number: C144411

NPI: 1790744795

Provider English Spoken: Y

Provider Language(s)  
Spoken: Armenian, Hebrew

Cultural Competency: N

Hospital Affiliation: NORTH

BAY VACAVALLEY HOSPITAL

Board Certified Specialty: No

875 EL CAJON BLVD

EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### **INTERNAL MEDICINE**

##### **TCHAKMAKJIAN, LEVON**

Provider ID: 569910

Provider Gender: Male

License Number: C144411

NPI: 1790744795

Provider English Spoken: Y

Provider Language(s)  
Spoken: Armenian, Hebrew

Cultural Competency: N

Hospital Affiliation: NORTH

BAY VACAVALLEY HOSPITAL

Board Certified Specialty: No

875 EL CAJON BLVD

EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### **INTERNAL MEDICINE**

##### **ZAYED, AHMAD**

Provider ID: 478971

Provider Gender: Male

License Number: A169713

NPI: 1720500929

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Chinese,  
Mandarin, Persian, Tagalog

Cultural Competency: N

Hospital Affiliation: RIVERSIDE

COMMUNITY HOSP

Board Certified Specialty: No

133 W MAIN ST STE 100

EL CAJON, CA 92020

Phone: (619) 401-0404

After Hours Phone: (619)  
401-0404

Website: N/A

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8:00AM-8:00PM

#### **INTERNAL MEDICINE**

##### **ZAYED, AHMAD**

Provider ID: 478971

Provider Gender: Male

License Number: A169713

NPI: 1720500929

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Chinese,  
Mandarin, Persian, Tagalog

Cultural Competency: N

Hospital Affiliation: RIVERSIDE

COMMUNITY HOSP

Board Certified Specialty: No

133 W MAIN ST STE 100

EL CAJON, CA 92020

Phone: (619) 401-0404

After Hours Phone: (619)  
401-0404

Website: N/A

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8:00AM-8:00PM

#### **INTERVENTIONAL**

##### **CARDIOLOGY**

##### **KAFRI, HASSAN**

Provider ID: 569910

Provider Gender: Male

License Number: A96002

NPI: 1730258401

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, German,



## D2. Primary Care Directory

*Russian, Spanish*  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SHARP CHULA  
VISTA MED CTR  
Board Certified Specialty: No  
875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100  
Website: www.syhealth.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **INTERVENTIONAL CARDIOLOGY**

**KAFRI, HASSAN**  
Provider ID: 569910  
Provider Gender: Male  
License Number: A96002  
NPI: 1730258401  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Arabic, German,  
Russian, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SHARP CHULA

VISTA MED CTR  
Board Certified Specialty: No  
875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100  
Website: www.syhealth.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **INTERVENTIONAL CARDIOLOGY**


**MOUSSAVIAN, MEHRAN**  
Provider ID: 418340  
Provider Gender: Male  
License Number: 20A7241  
NPI: 1689788234  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, TRI  
CITY MEDICAL CTR, SHARP  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
MEMORIAL HOSPITAL,  
Adventist Health and Rideout  
Board Certified Specialty: No  
525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **INTERVENTIONAL CARDIOLOGY**

**MOUSSAVIAN, MEHRAN**  
Provider ID: 418340  
Provider Gender: Male  
License Number: 20A7241  
NPI: 1689788234  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, TRI  
CITY MEDICAL CTR, SHARP  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
MEMORIAL HOSPITAL,  
Adventist Health and Rideout  
Board Certified Specialty: No  
525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619)  
515-2498

## D2. Primary Care Directory


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **ALIMONOS, LYSISTRATI**

Provider ID: 418340

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **ALIMONOS, LYSISTRATI**

Provider ID: 418340

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **BUECHNER, CHARLENE**

Provider ID: 418340

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL


CHULA VISTA, SHARP MARY


BIRCH HOSP FOR WOMEN  
AND NEWBORNS


Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

Provider ID: 418340

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL


CHULA VISTA, SHARP MARY


BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

## D2. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **BULLOCH, EDGAR**

Provider ID: 478971

Provider Gender: Male

License Number: A113241

NPI: 1508046376

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,

Sharp Grossmont Hospital

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)  
873-8940

 Website: N/A


Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **BULLOCH, EDGAR**

Provider ID: 478971

Provider Gender: Male

License Number: A113241

NPI: 1508046376

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,

Sharp Grossmont Hospital

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)  
873-8940

 Website: N/A

Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **CARTER, KHALIL**

Provider ID: 418340

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL, TRI

CITY MEDICAL CTR

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **CARTER, KHALIL**

Provider ID: 418340

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL, TRI

CITY MEDICAL CTR

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

## D2. Primary Care Directory

### PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 418340

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 418340

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

Provider ID: 418340

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

Provider ID: 418340

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 418340

Provider Gender: Male

License Number: A108228


NPI: 1629277322


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 418340

Provider Gender: Male

License Number: A108228


NPI: 1629277322


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **DORUELO, ASHLEY**

Provider ID: 418340

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No

 525 E MAIN ST

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 418340

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 418340

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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 Phone: (619) 515-2498

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## D2. Primary Care Directory

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 418340

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **HO, MYLIEN**

Provider ID: 478971

Provider Gender: Female

License Number: A48215

NPI: 1851464606

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)  
873-8940

 Website: N/A

Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HO, MYLIEN**

Provider ID: 478971

Provider Gender: Female

License Number: A48215

NPI: 1851464606

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)

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 Website: N/A


Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **KHAN, ALIYA**

Provider ID: 418501

Provider Gender: Female

License Number: G50634


NPI: 1285687350


Provider English Spoken: Y


Provider Language(s)  
Spoken: Hindi, Urdu

Cultural Competency: N

Board Certified Specialty: No

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5991


 After Hours Phone: (619)  
795-5991

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **KHAN, ALIYA**

Provider ID: 418501

## D2. Primary Care Directory

Provider Gender: Female

License Number: G50634

NPI: 1285687350

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Urdu

Cultural Competency: N

Board Certified Specialty: No

1032 BROADWAY

EL CAJON, CA 92021

Phone: (619) 795-5991

After Hours Phone: (619)  
795-5991

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 8:00AM-2:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 418340

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 418340

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

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MERCY HOSPITAL,

GROSSMONT HOSPITAL

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Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 418340

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

525 E MAIN ST

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Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**


Provider ID: 418340

Provider Gender: Female

License Number: A116680

## D2. Primary Care Directory

NPI: 1700073962

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA DEL**


Provider ID: 418340

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

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 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **MELENDEZ BERRIOS, IARA DEL**


Provider ID: 418340

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **MENDEZ, DIEGO**

Provider ID: 569910

Provider Gender: Male

License Number: A47906

NPI: 1437181922

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: MERCY  
GENERAL HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, BAKERSFIELD

MEMORIAL HOSP, SHARP

MEMORIAL HOSPITAL,

Adventist Health Bakersfield,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL, KERN

MEDICAL CENTER

Board Certified Specialty: No

 875 EL CAJON BLVD

EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER



## D2. Primary Care Directory

Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **MENDEZ, DIEGO**

Provider ID: 569910

Provider Gender: Male

License Number: A47906

NPI: 1437181922

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: MERCY

GENERAL HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, BAKERSFIELD

MEMORIAL HOSP, SHARP

MEMORIAL HOSPITAL,

Adventist Health Bakersfield,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MEMORIAL


HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL, KERN

MEDICAL CENTER

Board Certified Specialty: No

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 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **PAPA, RHETT**

Provider ID: 478971

Provider Gender: Male

License Number: 20A11733

NPI: 1063642312

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)  
873-8940

 Website: N/A

Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **PAPA, RHETT**

Provider ID: 478971

Provider Gender: Male

License Number: 20A11733

NPI: 1063642312

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL

Board Certified Specialty: No

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 Phone: (619) 873-8940

 After Hours Phone: (619)  
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 Website: N/A

Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 418340

Provider Gender: Male

License Number: A154298

NPI: 1710316450

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP


CORONADO HOSP AND


HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 525 E MAIN ST  
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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

## D2. Primary Care Directory

### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 418340

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND


HEALTHCARE CTR,


GROSSMONT HOSPITAL

Board Certified Specialty: No

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 Website: www.fhcsd.org


Email: janellek@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 418340

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org


Email: janellek@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 418340

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

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Email: janellek@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 418340

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: Sharp


Grossmont Hospital

Board Certified Specialty: No

 525 E MAIN ST

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Email: janellek@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 418340

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital


Board Certified Specialty: No

## D2. Primary Care Directory

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**


Provider ID: 418340  
Provider Gender: Female  
License Number: 20A11535  
NPI: 1811162456

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150



American Sign Language (ASL): **ZIEG, ALAN**  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 418340  
Provider Gender: Female  
License Number: 20A11535  
NPI: 1811162456


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

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 Phone: (619) 515-2498  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

Provider ID: 418340

Provider Gender: Male


License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 418340

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,


## D2. Primary Care Directory


SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA


Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### OPHTHALMOLOGY


#### **ALBORZIAN, SHERVIN**

Provider ID: 418340

Provider Gender: Male

License Number: A107093

NPI: 1588825129

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL


Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### OPHTHALMOLOGY


#### **ALBORZIAN, SHERVIN**

Provider ID: 418340

Provider Gender: Male

License Number: A107093

NPI: 1588825129

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL


Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### OPHTHALMOLOGY

#### **JARDON, JAVIER**

Provider ID: 569910

Provider Gender: Male

License Number: A131365

NPI: 1609171982

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:


CALIFORNIA HOSP MED CTR  
LOS ANGELES, EL CENTRO  
REGIONAL MEDICAL CENTER

Board Certified Specialty: No

 875 EL CAJON BLVD

EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### OPHTHALMOLOGY

#### **JARDON, JAVIER**

Provider ID: 569910

Provider Gender: Male

License Number: A131365

NPI: 1609171982

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:


CALIFORNIA HOSP MED CTR  
LOS ANGELES, EL CENTRO  
REGIONAL MEDICAL CENTER

Board Certified Specialty: No

 875 EL CAJON BLVD

EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)

## D2. Primary Care Directory

662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OPHTHALMOLOGY**


#### **MANI, NASRIN**


Provider ID: 569910

Provider Gender: Female

License Number: A40473

NPI: 1023061314

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic, Faroese,  
Farsi, Persian, Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR, SHARP CHULA  
VISTA MED CTR, GROSSMONT  
HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020


 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OPHTHALMOLOGY**


#### **MANI, NASRIN**


Provider ID: 569910

Provider Gender: Female

License Number: A40473

NPI: 1023061314

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic, Faroese,  
Farsi, Persian, Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR, SHARP CHULA  
VISTA MED CTR, GROSSMONT  
HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OPHTHALMOLOGY**


#### **PAPASTERGIU, GEORGIOS**


Provider ID: 569910

Provider Gender: Male

License Number: A127706

NPI: 1790054393

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic, Farsi,


French, Greek, Italian,  
Spanish


Cultural Competency: N

Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020


 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OPHTHALMOLOGY**

#### **PAPASTERGIU, GEORGIOS**


Provider ID: 569910

Provider Gender: Male

License Number: A127706

NPI: 1790054393

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic, Farsi,  
French, Greek, Italian,  
Spanish

Cultural Competency: N

Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL



Board Certified Specialty: No

## D2. Primary Care Directory

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### OPHTHALMOLOGY

#### **PONS, MAURICIO**



Provider ID: 569910  
Provider Gender: Male  
License Number: A87650  
NPI: 1376723759  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, EL  
CENTRO REGIONAL MEDICAL  
CENTER, SHARP MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL  
Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER

### OPHTHALMOLOGY



#### **PONS, MAURICIO**

Provider ID: 569910  
Provider Gender: Male  
License Number: A87650  
NPI: 1376723759  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, EL  
CENTRO REGIONAL MEDICAL  
CENTER, SHARP MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL  
Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### OPHTHALMOLOGY

#### **SKAF, AYHAM**






Provider ID: 569910  
Provider Gender: Male  
License Number: A120584  
NPI: 1285888628  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N  
Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL  
Board Certified Specialty: No



 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### OPHTHALMOLOGY

#### **SKAF, AYHAM**

Provider ID: 569910  
Provider Gender: Male  
License Number: A120584  
NPI: 1285888628  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N  
Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

## D2. Primary Care Directory

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**



#### **ADJAN, ROULA**






Provider ID: 185267

Provider Gender: Female

License Number: A81682

NPI: 1992847263

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 280-4213  
 After Hours Phone: (619)  
280-4213  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **ADJAN, ROULA**


Provider ID: 185267

Provider Gender: Female

License Number: A81682

NPI: 1992847263

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 280-4213  
 After Hours Phone: (619)  
280-4213  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g

Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**


#### **CONE, STEPHANIE**

Provider ID: 185267




Provider Gender: Female



License Number: A123929

NPI: 1437444858

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)  
312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**



#### **CONE, STEPHANIE**

Provider ID: 185267






Provider Gender: Female

License Number: A123929

NPI: 1437444858

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)  
312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

## D2. Primary Care Directory


PROVIDER		
<b><u>PEDIATRICS</u></b> <b>CONE, STEPHANIE</b> Provider ID: 418501 Provider Gender: Female License Number: A123929 NPI: 1437444858 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO Board Certified Specialty: No 1032 BROADWAY EL CAJON, CA 92021 Phone: (619) 795-5991 After Hours Phone: (619) 795-5991 Website: www.lamaestra.org Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8:30AM-5:30PM	Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO Board Certified Specialty: No 1032 BROADWAY EL CAJON, CA 92021 Phone: (619) 795-5991 After Hours Phone: (619) 795-5991 Website: www.lamaestra.org Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8:30AM-5:30PM	Min/Max Age: 0\999 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER
<b><u>PEDIATRICS</u></b> <b>CONE, STEPHANIE</b> Provider ID: 418501 Provider Gender: Female License Number: A123929 NPI: 1437444858 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL Board Certified Specialty: No 133 W MAIN ST STE 100 EL CAJON, CA 92020 Phone: (619) 873-8940 After Hours Phone: (619) 873-8940 Website: N/A Email: iselaochoa@borregohealth.org Medi-Cal Open Panel: Yes Min/Max Age: 0\999 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER	<b><u>PEDIATRICS</u></b> <b>FIGUEROA RODRIGUEZ, BRENDA</b> Provider ID: 478971 Provider Gender: Female License Number: A114674 NPI: 1134205214 Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No 133 W MAIN ST STE 100 EL CAJON, CA 92020 Phone: (619) 873-8940 After Hours Phone: (619) 873-8940 Website: N/A Email: iselaochoa@borregohealth.org Medi-Cal Open Panel: Yes Min/Max Age: 0\999 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER	<b><u>PEDIATRICS</u></b> <b>FIGUEROA RODRIGUEZ, BRENDA</b> Provider ID: 478971 Provider Gender: Female License Number: A114674 NPI: 1134205214 Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No 133 W MAIN ST STE 100 EL CAJON, CA 92020 Phone: (619) 873-8940 After Hours Phone: (619) 873-8940 Website: N/A Email: iselaochoa@borregohealth.org Medi-Cal Open Panel: Yes



## D2. Primary Care Directory

*Board Certified Specialty: No*

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PEDIATRICS**

#### **FLEMING, TARA**

Provider ID: 418340

Provider Gender: Female


License Number: A152462


NPI: 1972965242

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

*Board Certified Specialty: No*


 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PEDIATRICS**

#### **HOANG, VY**

Provider ID: 546310

Provider Gender: Female

NPI: 1649575135



 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SHARP MARY BIRCH HOSP

FOR WOMEN AND  
NEWBORNS, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

*Board Certified Specialty: No*

 844 JACKMAN ST  
EL CAJON, CA 92020  
 Phone: (619) 442-2560  
Fax: (619) 442-7836

 After Hours Phone: (619)  
442-2560

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **JACKSON, DANA**


Provider ID: 418340

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Portuguese,  
Spanish


Cultural Competency: N

*Hospital Affiliation:*

MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER, SCRIPPS MERCY  
HOSPITAL

*Board Certified Specialty: No*

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **JACKSON, DANA**


Provider ID: 418340

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

*Hospital Affiliation:*

MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER, SCRIPPS MERCY  
HOSPITAL

*Board Certified Specialty: No*

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)

## D2. Primary Care Directory

515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**


#### **KODSI, ALICIA**

Provider ID: 418340

Provider Gender: Female

License Number: A147976

NPI: 1932514353


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619) 515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PEDIATRICS**


#### **KODSI, ALICIA**

Provider ID: 418340

Provider Gender: Female

License Number: A147976

NPI: 1932514353


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

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 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PEDIATRICS**


#### **NAGNUR, PRITI**


Provider ID: 206354

Provider Gender: Female

License Number: A170055

NPI: 1316289929

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Hindi, Kannada


Cultural Competency: N

Board Certified Specialty: No

 1111 W CHASE AVE

EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619) 515-2499

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **NAGNUR, PRITI**


Provider ID: 206354

Provider Gender: Female

License Number: A170055

NPI: 1316289929

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Hindi, Kannada

Cultural Competency: N

Board Certified Specialty: No

 1111 W CHASE AVE

EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619) 515-2499

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **NAIK, SHILPA**

Provider ID: 546498

Provider Gender: Female

NPI: 1902156904

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, Sharp Grossmont

Hospital

Board Certified Specialty: No

 844 JACKMAN ST

## D2. Primary Care Directory

EL CAJON, CA 92020  
☎ Phone: (619) 442-2560  
Fax: (619) 442-7836  
🕒 After Hours Phone: (619) 442-2560  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **NGUYEN, VI**

Provider ID: 546509  
Provider Gender: Female  
NPI: 1053540534  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO  
Board Certified Specialty: No  
📍 844 JACKMAN ST  
EL CAJON, CA 92020  
☎ Phone: (619) 442-2560  
Fax: (619) 442-7836  
🕒 After Hours Phone: (619) 442-2560  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **PINTO, ANITA**

Provider ID: 546215  
Provider Gender: Female  
NPI: 1477663722  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Hindi  
Cultural Competency: N  
Hospital Affiliation: GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO  
Board Certified Specialty: No

📍 844 JACKMAN ST  
EL CAJON, CA 92020  
☎ Phone: (619) 442-2560  
Fax: (619) 442-7836  
🕒 After Hours Phone: (619) 442-2560  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **RODRIGUEZ, ALDO**

Provider ID: 569910  
Provider Gender: Male  
License Number: A134995  
NPI: 1508209651  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Portuguese,

Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
☎ Phone: (619) 662-4100  
🕒 After Hours Phone: (619) 662-4100  
🌐 Website: www.syhealth.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM


### PEDIATRICS

#### **RODRIGUEZ, ALDO**

Provider ID: 569910  
Provider Gender: Male  
License Number: A134995  
NPI: 1508209651  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Portuguese, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
☎ Phone: (619) 662-4100  
🕒 After Hours Phone: (619) 662-4100  
🌐 Website: www.syhealth.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **PHYSICIANS ASSISTANT**

#### **ALYAS, ALISIA**


*Provider ID: 185267*  
*Provider Gender: Female*  
*License Number: PA58466*  
*NPI: 1437768017*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 165 S 1ST ST  
EL CAJON, CA 92019  
 *Phone: (619) 312-0347*  
 *After Hours Phone: (619) 312-0347*  
 *Website: www.lamaestra.org*  
*g*  
*Email:*

*aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**


#### **ALYAS, ALISIA**

*Provider ID: 185267*  
*Provider Gender: Female*  
*License Number: PA58466*  
*NPI: 1437768017*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 165 S 1ST ST  
EL CAJON, CA 92019

 *Phone: (619) 312-0347*  
 *After Hours Phone: (619) 312-0347*  
 *Website: www.lamaestra.org*  
*g*  
*Email:*


*aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N




 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **ALYAS, ALISIA**

*Provider ID: 418501*  
*Provider Gender: Female*  
*License Number: PA58466*  
*NPI: 1437768017*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1032 BROADWAY  
EL CAJON, CA 92021  
 *Phone: (619) 795-5991*  
 *After Hours Phone: (619) 795-5991*  
 *Website: www.lamaestra.org*  
*g*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*


*Hours: M-F 8:30AM-5:30PM*





### **PHYSICIANS ASSISTANT**

#### **ALYAS, ALISIA**


*Provider ID: 418501*  
*Provider Gender: Female*

*License Number: PA58466*  
*NPI: 1437768017*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1032 BROADWAY  
EL CAJON, CA 92021  
 *Phone: (619) 795-5991*  
 *After Hours Phone: (619) 795-5991*  
 *Website: www.lamaestra.org*  
*g*


*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

### **PHYSICIANS ASSISTANT**

#### **ARMENTA, JORGE**

*Provider ID: 185267*  
*Provider Gender: Male*  
*License Number: PA13694*  
*NPI: 1346382611*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 165 S 1ST ST  
EL CAJON, CA 92019  
 *Phone: (619) 312-0347*  
 *After Hours Phone: (619) 312-0347*  
 *Website: www.lamaestra.org*  
*g*

*Email:*  
*aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N

## D2. Primary Care Directory

---

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:30PM*  
*SA 8:30AM-2:00PM*

### **PHYSICIANS ASSISTANT**

#### **ARMENTA, JORGE**

*Provider ID: 185267*

*Provider Gender: Male*


*License Number: PA13694*


*NPI: 1346382611*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 165 S 1ST ST  
EL CAJON, CA 92019

 *Phone: (619) 312-0347*

 *After Hours Phone: (619) 312-0347*

 *Website: www.lamaestra.org*

*Email:*

*aschmaltz@lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM*  
*SA 8:30AM-2:00PM*

### **PHYSICIANS ASSISTANT**


#### **MERCER, KELLY**


*Provider ID: 185267*

*Provider Gender: Female*

*License Number: PA21625*


*NPI: 1154609790*


 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Arabic*

*Cultural Competency: N*  
*Board Certified Specialty: No*

 165 S 1ST ST  
EL CAJON, CA 92019

 *Phone: (619) 312-0347*

 *After Hours Phone: (619) 312-0347*

 *Website: www.lamaestra.org*

*Email:*

*aschmaltz@lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM*  
*SA 8:30AM-2:00PM*

### **PHYSICIANS ASSISTANT**


#### **MERCER, KELLY**

*Provider ID: 185267*

*Provider Gender: Female*

*License Number: PA21625*

*NPI: 1154609790*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Arabic*

*Cultural Competency: N*

*Board Certified Specialty: No*

 165 S 1ST ST  
EL CAJON, CA 92019

 *Phone: (619) 312-0347*

 *After Hours Phone: (619) 312-0347*

 *Website: www.lamaestra.org*

*Email:*

*aschmaltz@lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM*  
*SA 8:30AM-2:00PM*

### **PHYSICIANS ASSISTANT**

#### **MERCER, KELLY**

*Provider ID: 418501*

*Provider Gender: Female*

*License Number: PA21625*


*NPI: 1154609790*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Arabic*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1032 BROADWAY  
EL CAJON, CA 92021

 *Phone: (619) 795-5991*

 *After Hours Phone: (619) 795-5991*

 *Website: www.lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **PHYSICIANS ASSISTANT**

#### **MERCER, KELLY**


*Provider ID: 418501*

*Provider Gender: Female*






*License Number: PA21625*

*NPI: 1154609790*

 *Provider English Spoken: Y*

 *Provider Language(s)*

## D2. Primary Care Directory

*Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1032 BROADWAY  
EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619)  
795-5991  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*


### **PHYSICIANS ASSISTANT**

#### **ROSENBLATT, SHERI**

*Provider ID: 569910*  
*Provider Gender: Female*  
*License Number: PA22872*  
*NPI: 1114041621*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **PHYSICIANS ASSISTANT**

#### **ROSENBLATT, SHERI**






*Provider ID: 569910*  
*Provider Gender: Female*  
*License Number: PA22872*  
*NPI: 1114041621*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **PHYSICIANS ASSISTANT**






#### **TURNER, SHEREENA**



*Provider ID: 418340*  
*Provider Gender: Female*  
*License Number: PA20396*  
*NPI: 1992934988*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)

515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
*Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

### **PHYSICIANS ASSISTANT**

#### **TURNER, SHEREENA**

*Provider ID: 418340*  
*Provider Gender: Female*  
*License Number: PA20396*  
*NPI: 1992934988*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
*Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

### **PHYSICIANS ASSISTANT**

#### **ZAMBRANA, GEORGE**

*Provider ID: 478971*  
*Provider Gender: Male*

## D2. Primary Care Directory


License Number: PA16673


NPI: 1104836659

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)  
873-8940

 Website: N/A


Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8:00AM-8:00PM

### **PHYSICIANS ASSISTANT**

#### **ZAMBRANA, GEORGE**

Provider ID: 478971

Provider Gender: Male


License Number: PA16673


NPI: 1104836659

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)  
873-8940

 Website: N/A

Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8:00AM-8:00PM

### **PODIATRIST**

#### **CHARP, KENNETH**

Provider ID: 478971

Provider Gender: Male

License Number: DPM1536

NPI: 1841384203


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)  
873-8940

 Website: N/A

Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**


#### **CHARP, KENNETH**

Provider ID: 478971

Provider Gender: Male

License Number: DPM1536

NPI: 1841384203


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)  
873-8940

 Website: N/A


Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**

#### **JUAREZ, LETICIA**

Provider ID: 418340

Provider Gender: Female

License Number: DPM5661

NPI: 1508393778


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2400

 After Hours Phone: (619)  
515-2400

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

## D2. Primary Care Directory

### **PODIATRIST**

#### **JUAREZ, LETICIA**

Provider ID: 418340

Provider Gender: Female

License Number: DPM5661

NPI: 1508393778

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2400

After Hours Phone: (619)  
515-2400

Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PODIATRIST**

#### **LE, DIANA**

Provider ID: 418340

Provider Gender: Female

License Number: DPM5734

NPI: 1184112864

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: ANAHEIM

REGIONAL MEDICAL CTR

Board Certified Specialty: No

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **PODIATRIST**

#### **LE, DIANA**

Provider ID: 418340

Provider Gender: Female

License Number: DPM5734

NPI: 1184112864

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: ANAHEIM

REGIONAL MEDICAL CTR

Board Certified Specialty: No

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **REGISTERED PHYSICAL THERAPIST**

#### **CUMMINGS, GEORGE**

Provider ID: 418340

Provider Gender: Male

License Number: PT295173

NPI: 1497236384

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **CUMMINGS, GEORGE**

Provider ID: 418340

Provider Gender: Male

License Number: PT295173

NPI: 1497236384

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish



Cultural Competency: N


Board Certified Specialty: No

525 E MAIN ST  
EL CAJON, CA 92020




## D2. Primary Care Directory

 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **DASCENZO, EMILY**

Provider ID: 569910

Provider Gender: Female


License Number: PT40025


NPI: 1952982761


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **DASCENZO, EMILY**

Provider ID: 569910

Provider Gender: Female


License Number: PT40025


NPI: 1952982761


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **GUTIERREZ, JUSTINE**

Provider ID: 418340

Provider Gender: Female


License Number: PT292482


NPI: 1851834873


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619) 515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **REGISTERED PHYSICAL THERAPIST**

#### **GUTIERREZ, JUSTINE**

Provider ID: 418340

Provider Gender: Female


License Number: PT292482


NPI: 1851834873


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498


 After Hours Phone: (619) 515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **REGISTERED PHYSICAL THERAPIST**

#### **KUIOKA, TROY**

Provider ID: 569910

Provider Gender: Male


License Number: PT42665

NPI: 1912640053

 Provider English Spoken: Y  
Cultural Competency: N



Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)







## D2. Primary Care Directory

662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### REGISTERED PHYSICAL THERAPIST

#### **KUIOKA, TROY**







Provider ID: 569910  
Provider Gender: Male  
License Number: PT42665  
NPI: 1912640053

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### REGISTERED PHYSICAL THERAPIST

#### **MIGNEA, DAVID**

Provider ID: 418340  
Provider Gender: Male  
License Number: PT293536  
NPI: 1043736879

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### REGISTERED PHYSICAL THERAPIST

#### **MIGNEA, DAVID**

Provider ID: 418340  
Provider Gender: Male  
License Number: PT293536  
NPI: 1043736879  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

## ENCINITAS



### CERTIFIED NURSE

#### PRACTITIONER

#### **MACIAS, ALISSA**

Provider ID: 480243  
Provider Gender: Female  
License Number: NP21368  
NPI: 1952658445

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER



#### **MACIAS, ALISSA**

Provider ID: 480243  
Provider Gender: Female  
License Number: NP21368  
NPI: 1952658445

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767




## D2. Primary Care Directory

---

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


### **CERTIFIED NURSE PRACTITIONER**






#### **MACIAS, ALISSA**

Provider ID: 480243  
Provider Gender: Female  
License Number: NP21368  
NPI: 1952658445  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**








#### **MACIAS, ALISSA**

Provider ID: 480243  
Provider Gender: Female  
License Number: NP21368  
NPI: 1952658445  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**








#### **LOVERN, JENNIFER**

Provider ID: 480243  
Provider Gender: Female  
License Number: DC29074  
NPI: 1235469396  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Italian, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-5:00PM  
F 8:30AM-5:30PM

### **CHIROPRACTOR**







#### **LOVERN, JENNIFER**

Provider ID: 480243

Provider Gender: Female  
License Number: DC29074  
NPI: 1235469396  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Italian, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-5:00PM  
F 8:30AM-5:30PM

### **CHIROPRACTOR**

#### **LOVERN, JENNIFER**

Provider ID: 480243  
Provider Gender: Female  
License Number: DC29074  
NPI: 1235469396  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Italian, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

## D2. Primary Care Directory

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM  
F 8:30AM-5:30PM

### **CHIROPRACTOR**


#### **LOVERN, JENNIFER**


Provider ID: 480243

Provider Gender: Female

License Number: DC29074

NPI: 1235469396


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Italian, Spanish


Cultural Competency: N

Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM  
F 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **NATH, DEVARSHI**

Provider ID: 480243

Provider Gender: Male

License Number: C54157

NPI: 1275630618

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 753-7842

 After Hours Phone: (760)  
753-7842

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**


Provider ID: 480243

Provider Gender: Male

License Number: C54157

NPI: 1275630618


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Bengali


Cultural Competency: N

Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 753-7842

 After Hours Phone: (760)  
753-7842

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**


Provider ID: 480243

Provider Gender: Male

License Number: C54157


NPI: 1275630618


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 753-7842

 After Hours Phone: (760)  
753-7842

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**


Provider ID: 480243

Provider Gender: Male

License Number: C54157

NPI: 1275630618


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 753-7842

 After Hours Phone: (760)  
753-7842

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **SAFI, ROOZCHEHR**

*Provider ID: 480243*

*Provider Gender: Female*

*License Number: A116562*


*NPI: 1659563641*

*Provider English Spoken: Y*


*Provider Language(s)  
Spoken: Farsi*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1130 2ND ST

ENCINITAS, CA 92024

 *Phone: (760) 753-7842*

 *After Hours Phone: (760)  
753-7842*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **SAFI, ROOZCHEHR**

*Provider ID: 480243*

*Provider Gender: Female*

*License Number: A116562*


*NPI: 1659563641*

*Provider English Spoken: Y*


*Provider Language(s)  
Spoken: Farsi*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1130 2ND ST

ENCINITAS, CA 92024

 *Phone: (760) 753-7842*

 *After Hours Phone: (760)  
753-7842*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **SAFI, ROOZCHEHR**

*Provider ID: 480243*

*Provider Gender: Female*

*License Number: A116562*


*NPI: 1659563641*

*Provider English Spoken: Y*


*Provider Language(s)  
Spoken: Farsi*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1130 2ND ST

ENCINITAS, CA 92024

 *Phone: (760) 753-7842*

 *After Hours Phone: (760)  
753-7842*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **SAFI, ROOZCHEHR**

*Provider ID: 480243*

*Provider Gender: Female*

*License Number: A116562*

*NPI: 1659563641*


*Provider English Spoken: Y*

*Provider Language(s)*


*Spoken: Farsi*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1130 2ND ST

ENCINITAS, CA 92024

 *Phone: (760) 753-7842*

 *After Hours Phone: (760)  
753-7842*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **WILLIE, KADEN**

*Provider ID: 480243*

*Provider Gender: Male*

*License Number: 20A17306*


*NPI: 1790133767*

*Provider English Spoken: Y*


*Provider Language(s)  
Spoken: Portuguese*


*Cultural Competency: N*


*Board Certified Specialty: No*

 1130 2ND ST

ENCINITAS, CA 92024

 *Phone: (707) 736-6767*

 *After Hours Phone: (707)  
736-6767*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TH 8:00AM-5:00PM*

*F 8:30AM-5:30PM*

## D2. Primary Care Directory

### **FAMILY PRACTICE**


#### **WILLIE, KADEN**

Provider ID: 480243

Provider Gender: Male

License Number: 20A17306

NPI: 1790133767


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Portuguese

Cultural Competency: N

Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (707) 736-6767

 After Hours Phone: (707)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

F 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **WILLIE, KADEN**


Provider ID: 480243

Provider Gender: Male

License Number: 20A17306

NPI: 1790133767


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Portuguese

Cultural Competency: N

Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (707) 736-6767

 After Hours Phone: (707)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

F 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **WILLIE, KADEN**

Provider ID: 480243

Provider Gender: Male

License Number: 20A17306

NPI: 1790133767


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Portuguese


Cultural Competency: N

Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (707) 736-6767

 After Hours Phone: (707)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM


F 8:30AM-5:30PM

### **FQHC**

#### **TRUECARE,**


Provider ID: 480243


NPI: 1245246917


 Provider English Spoken: Y

Cultural Competency: N

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 753-7842

 Fax: (760) 736-8740

 After Hours Phone: (760)  
753-7842

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

F 8:30AM-5:30PM

### **FQHC**


#### **TRUECARE,**


Provider ID: 480243


NPI: 1245246917

 Provider English Spoken: Y  
Cultural Competency: N

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 753-7842

 Fax: (760) 736-8740


 After Hours Phone: (760)  
753-7842

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **MOSTOFIAN, EIMANEH**


Provider ID: 480243

## D2. Primary Care Directory

Provider Gender: Female

License Number: A97181

NPI: 1154477628

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 1130 2ND ST

ENCINITAS, CA 92024

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **MOSTOFIAN, EIMANEH**

Provider ID: 480243

Provider Gender: Female

License Number: A97181

NPI: 1154477628

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 1130 2ND ST

ENCINITAS, CA 92024

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **MOSTOFIAN, EIMANEH**

Provider ID: 480243

Provider Gender: Female

License Number: A97181

NPI: 1154477628

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 1130 2ND ST

ENCINITAS, CA 92024

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **MOSTOFIAN, EIMANEH**

Provider ID: 480243

Provider Gender: Female

License Number: A97181

NPI: 1154477628

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 1130 2ND ST

ENCINITAS, CA 92024

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

F 8:30AM-5:30PM

### **PEDIATRICS**

#### **BRION, SONJA**

Provider ID: 386639

Provider Gender: Female

NPI: 1306817317

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO,

## D2. Primary Care Directory

### SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024

Phone: (760) 436-4511

Fax: (760) 436-5106

After Hours Phone: (760)  
436-4511

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### CLEMENTINO, NANCY

Provider ID: 386643

Provider Gender: Female

NPI: 1619948619

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS

Board Certified Specialty: No

499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024

Phone: (760) 436-4511

Fax: (760) 436-5106

After Hours Phone: (760)  
436-4511

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### MENDENHALL, ANNA

Provider ID: 386635

Provider Gender: Female

NPI: 1639140650

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024

Phone: (760) 436-4511

Fax: (760) 436-5106

After Hours Phone: (760)  
436-4511

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### MURPHY, CARMEL

Provider ID: 480243

Provider Gender: Female

License Number: A103940

NPI: 1790824787

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

1130 2ND ST  
ENCINITAS, CA 92024

Phone: (760) 753-7842

After Hours Phone: (760)  
753-7842

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### MURPHY, CARMEL

Provider ID: 480243

Provider Gender: Female

License Number: A103940

NPI: 1790824787

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN



## D2. Primary Care Directory

### DIEGO

Board Certified Specialty: No

1130 2ND ST

ENCINITAS, CA 92024

Phone: (760) 753-7842

After Hours Phone: (760) 753-7842

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### MURPHY, CARMEL

Provider ID: 480243

Provider Gender: Female

License Number: A103940

NPI: 1790824787

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

1130 2ND ST

ENCINITAS, CA 92024

Phone: (760) 753-7842

After Hours Phone: (760) 753-7842

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### MURPHY, CARMEL

Provider ID: 480243

Provider Gender: Female

License Number: A103940

NPI: 1790824787

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

1130 2ND ST

ENCINITAS, CA 92024

Phone: (760) 753-7842

After Hours Phone: (760) 753-7842

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### TERRY, AMANDA

Provider ID: 386739

Provider Gender: Female

NPI: 1861770885

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL

### HOSPITAL ENCINITAS, UCSF

#### BENIOFF CHILDREN'S

#### HOSPITAL OAKLAND

Board Certified Specialty: No

499 N EL CAMINO REAL

STE B100

ENCINITAS, CA 92024

Phone: (760) 436-4511

Fax: (760) 436-5106

After Hours Phone: (760) 436-4511

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### TOLBA, KAMEI

Provider ID: 386624

Provider Gender: Male

NPI: 1144221763

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO,

SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

499 N EL CAMINO REAL

STE B100



ENCINITAS, CA 92024

Phone: (760) 436-4511

Fax: (760) 436-5106

After Hours Phone: (760) 436-4511

## D2. Primary Care Directory




 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM



### **PHYSICIANS ASSISTANT** **CHISWICK, GARY**

Provider ID: 480243  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767




 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


### **PHYSICIANS ASSISTANT** **CHISWICK, GARY**

Provider ID: 480243  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER


### **PHYSICIANS ASSISTANT** **CHISWICK, GARY**

Provider ID: 480243  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER


### **PHYSICIANS ASSISTANT** **CHISWICK, GARY**

Provider ID: 480243  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER


### **PHYSICIANS ASSISTANT** **FORSMAN, SHANA**

Provider ID: 480243  
Provider Gender: Female  
License Number: PA19437  
NPI: 1306026737

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No


 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**


#### **FORSMAN, SHANA**

*Provider ID: 480243*

*Provider Gender: Female*

*License Number: PA19437*

*NPI: 1306026737*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1130 2ND ST  
ENCINITAS, CA 92024

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**


#### **FORSMAN, SHANA**


*Provider ID: 480243*

*Provider Gender: Female*

*License Number: PA19437*

*NPI: 1306026737*


 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1130 2ND ST  
ENCINITAS, CA 92024

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**


#### **FORSMAN, SHANA**

*Provider ID: 480243*

*Provider Gender: Female*

*License Number: PA19437*

*NPI: 1306026737*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1130 2ND ST  
ENCINITAS, CA 92024

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

## **ESCONDIDO**

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CARNEY, AMY**

*Provider ID: 206271*

*Provider Gender: Female*

*License Number: NP8169*


*NPI: 1164445227*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: PALOMAR MEDICAL CENTER*

*Board Certified Specialty: No*

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 *Phone: (760) 737-6900*

 *After Hours Phone: (760) 737-6900*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:00AM-5:00PM*

*W 9:00AM-5:00PM*

*TH-F 8:00AM-5:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CARNEY, AMY**

*Provider ID: 206271*

*Provider Gender: Female*

*License Number: NP8169*


*NPI: 1164445227*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: PALOMAR MEDICAL CENTER*

*Board Certified Specialty: No*

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 *Phone: (760) 737-6900*

 *After Hours Phone: (760) 737-6900*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

## D2. Primary Care Directory

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:00AM-5:00PM  
W 9:00AM-5:00PM  
TH-F 8:00AM-5:00PM

### CERTIFIED NURSE

#### PRACTITIONER

#### **HACINAS, REYNALDO**

Provider ID: 419344


Provider Gender: Male


License Number: NP95003024  
NPI: 1215304860

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

 Phone: (760) 767-5051

 After Hours Phone: (760)  
767-5051

 Website: N


Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **HACINAS, REYNALDO**

Provider ID: 419344


Provider Gender: Male


License Number: NP95003024  
NPI: 1215304860

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

 Phone: (760) 767-5051

 After Hours Phone: (760)  
767-5051

 Website: N

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **KAHL, NICHOLAS**

Provider ID: 588941


Provider Gender: Male


License Number: NP95006360  
NPI: 1821306598

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

#### **KAHL, NICHOLAS**

Provider ID: 588941


Provider Gender: Male


License Number: NP95006360  
NPI: 1821306598

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **MITCHELL, CATHY**

Provider ID: 424775


Provider Gender: Female


License Number: NP4799  
NPI: 1356365365

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

 After Hours Phone: (760)  
690-5900

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

## D2. Primary Care Directory


N




 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*


### **CERTIFIED NURSE PRACTITIONER**


#### **MITCHELL, CATHY**

*Provider ID: 424775*  
*Provider Gender: Female*  
*License Number: NP4799*  
*NPI: 1356365365*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 426 N DATE ST  
ESCONDIDO, CA 92025  
 *Phone: (760) 690-5900*  
 *After Hours Phone: (760) 690-5900*



 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\21*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **CERTIFIED NURSE PRACTITIONER**

#### **TODD, MIKAYLA**

*Provider ID: 588941*  
*Provider Gender: Female*  
*License Number: NP95005999*  
*NPI: 1316478092*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*



 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\120*  
*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*


### **CERTIFIED NURSE PRACTITIONER**

#### **TODD, MIKAYLA**

*Provider ID: 588941*  
*Provider Gender: Female*  
*License Number: NP95005999*  
*NPI: 1316478092*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*

 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\120*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*




### **CHIROPRACTOR**


#### **ROBINSON, DEAN**


*Provider ID: 206270*  
*Provider Gender: Male*

*License Number: DC12036*  
*NPI: 1851320337*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 460 N ELM ST  
ESCONDIDO, CA 92025  
 *Phone: (760) 520-8100*  
 *After Hours Phone: (760) 520-8100*


 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*


### **CHIROPRACTOR**


#### **ROBINSON, DEAN**

*Provider ID: 206270*  
*Provider Gender: Male*  
*License Number: DC12036*  
*NPI: 1851320337*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 460 N ELM ST  
ESCONDIDO, CA 92025  
 *Phone: (760) 520-8100*  
 *After Hours Phone: (760) 520-8100*






 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CHIROPRACTOR**





#### **ZECHA, RONALD**


## D2. Primary Care Directory

Provider ID: 206270  
Provider Gender: Male  
License Number: DC28605  
NPI: 1427252121  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **CHIROPRACTOR**





#### **ZECHA, RONALD**

Provider ID: 206270  
Provider Gender: Male  
License Number: DC28605  
NPI: 1427252121  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **FAMILY PRACTICE**

#### **ARRIETA, NOEMI**






Provider ID: 588941  
Provider Gender: Female  
License Number: 20A11153  
NPI: 1912223496  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\120  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**




#### **ARRIETA, NOEMI**

Provider ID: 588941  
Provider Gender: Female  
License Number: 20A11153  
NPI: 1912223496  
 Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\120  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **AVILA, MICHAEL**

Provider ID: 206270  
Provider Gender: Male  
License Number: A159727  
NPI: 1962936450  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

## D2. Primary Care Directory

### **FAMILY PRACTICE**

#### **AVILA, MICHAEL**

Provider ID: 206270

Provider Gender: Male


License Number: A159727


NPI: 1962936450

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **FAMILY PRACTICE**

#### **CASTANER, ZALYA**

Provider ID: 206270

Provider Gender: Female

License Number: A139490


NPI: 1487072179


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CASTANER, ZALYA**

Provider ID: 206271

Provider Gender: Female

License Number: A139490


NPI: 1487072179


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)  
737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:00AM-8:00PM  
TH-F 8:00AM-5:00PM

### **FAMILY PRACTICE**


#### **CASTANER, ZALYA**

Provider ID: 206271

Provider Gender: Female

License Number: A139490

NPI: 1487072179


 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

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737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:00AM-8:00PM  
TH-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **CASTANER, ZALYA**

Provider ID: 206270

Provider Gender: Female

License Number: A139490


NPI: 1487072179


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N




 Accessibility: CONTACT

## D2. Primary Care Directory

<p>PROVIDER</p> <p><b><u>FAMILY PRACTICE</u></b></p> <p><b>COBIAN, VANESSA</b></p> <p>Provider ID: 206271</p> <p>Provider Gender: Female</p> <p>License Number: A145349</p> <p>NPI: 1134513039</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p> 728 E VALLEY PKWY ESCONDIDO, CA 92025</p> <p> Phone: (760) 737-6900</p> <p> After Hours Phone: (760) 737-6900</p> <p> Website: N/A</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Hours: M-W 8:00AM-8:00PM TH-F 8:00AM-5:00PM</p>	<p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Hours: M-W 8:00AM-8:00PM TH-F 8:00AM-5:00PM</p> <p><b><u>FAMILY PRACTICE</u></b></p> <p><b>COX, VICTORIA</b></p> <p>Provider ID: 588941</p> <p>Provider Gender: Female</p> <p>License Number: C171064</p> <p>NPI: 1093087819</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p> 704 E GRAND AVE ESCONDIDO, CA 92025</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: N/A</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\120</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: N/A</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\120</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>
<p><b><u>FAMILY PRACTICE</u></b></p> <p><b>COBIAN, VANESSA</b></p> <p>Provider ID: 206271</p> <p>Provider Gender: Female</p> <p>License Number: A145349</p> <p>NPI: 1134513039</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p> 728 E VALLEY PKWY ESCONDIDO, CA 92025</p> <p> Phone: (760) 737-6900</p> <p> After Hours Phone: (760) 737-6900</p> <p> Website: N/A</p> <p>Medi-Cal Open Panel: Yes</p>	<p><b><u>FAMILY PRACTICE</u></b></p> <p><b>COX, VICTORIA</b></p> <p>Provider ID: 588941</p> <p>Provider Gender: Female</p> <p>License Number: C171064</p> <p>NPI: 1093087819</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p> 704 E GRAND AVE ESCONDIDO, CA 92025</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: N/A</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\120</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p><b><u>FAMILY PRACTICE</u></b></p> <p><b>FERRAILOLO, NATALIE</b></p> <p>Provider ID: 206270</p> <p>Provider Gender: Female</p> <p>License Number: A152372</p> <p>NPI: 1306290143</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p> 460 N ELM ST ESCONDIDO, CA 92025</p> <p> Phone: (760) 520-8100</p> <p> After Hours Phone: (760) 520-8100</p> <p> Website: www.ihpsocal.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Hours: M-F 8:00AM-5:00PM SA 8:00AM-0:00PM</p>
<p><b><u>FAMILY PRACTICE</u></b></p> <p><b>FERRAILOLO, NATALIE</b></p> <p>Provider ID: 206270</p> <p>Provider Gender: Female</p> <p>License Number: A152372</p> <p>NPI: 1306290143</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p> 460 N ELM ST ESCONDIDO, CA 92025</p> <p> Phone: (760) 520-8100</p> <p> After Hours Phone: (760) 520-8100</p> <p> Website: www.ihpsocal.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Hours: M-F 8:00AM-5:00PM SA 8:00AM-0:00PM</p>	<p><b><u>FAMILY PRACTICE</u></b></p> <p><b>COX, VICTORIA</b></p> <p>Provider ID: 588941</p> <p>Provider Gender: Female</p> <p>License Number: C171064</p> <p>NPI: 1093087819</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p> 704 E GRAND AVE ESCONDIDO, CA 92025</p>	<p><b><u>FAMILY PRACTICE</u></b></p> <p><b>FERRAILOLO, NATALIE</b></p> <p>Provider ID: 206270</p> <p>Provider Gender: Female</p> <p>License Number: A152372</p> <p>NPI: 1306290143</p>









## D2. Primary Care Directory

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **FAMILY PRACTICE**







#### **HAMILTON, LISA MARIE**

Provider ID: 652372  
Provider Gender: Female  
License Number: 20A14772  
NPI: 1235576059  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 128 N BROADWAY  
ESCONDIDO, CA 92025  
 Phone: (760) 546-2858  
 After Hours Phone: (760)  
546-2858  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**








#### **HAMILTON, LISA MARIE**

Provider ID: 652372  
Provider Gender: Female  
License Number: 20A14772  
NPI: 1235576059

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 128 N BROADWAY  
ESCONDIDO, CA 92025  
 Phone: (760) 546-2858  
 After Hours Phone: (760)  
546-2858  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**





#### **KAUR, JATINDER**

Provider ID: 206270  
Provider Gender: Female  
License Number: A120771  
NPI: 1912141391  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi, Urdu  
Cultural Competency: N  
Board Certified Specialty: No  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM



### **FAMILY PRACTICE**

#### **KAUR, JATINDER**

Provider ID: 206270  
Provider Gender: Female  
License Number: A120771  
NPI: 1912141391  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi, Urdu  
Cultural Competency: N  
Board Certified Specialty: No  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **FAMILY PRACTICE**

#### **LAI, AMARA**

Provider ID: 206271  
Provider Gender: Female  
License Number: A120348  
NPI: 1790912855  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR

## D2. Primary Care Directory

### MEDICAL CENTER

Board Certified Specialty: No

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Phone: (760) 737-6900

After Hours Phone: (760)  
737-6900

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:00AM-5:00PM

W 9:00AM-5:00PM

TH-F 8:00AM-5:00PM

### FAMILY PRACTICE

#### LAI, AMARA

Provider ID: 206271

Provider Gender: Female

License Number: A120348

NPI: 1790912855

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

### MEDICAL CENTER

Board Certified Specialty: No

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Phone: (760) 737-6900

After Hours Phone: (760)  
737-6900

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

### PROVIDER

Hours: M-TU 8:00AM-5:00PM

W 9:00AM-5:00PM

TH-F 8:00AM-5:00PM

### FAMILY PRACTICE

#### MATSHE, ZENZIWE

Provider ID: 665448

Provider Gender: Female

NPI: 1285256073

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

Fax: (760) 466-1373

After Hours Phone: (760)  
520-8100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### FAMILY PRACTICE

#### MCHENRY, KATHRYN

Provider ID: 206270

Provider Gender: Female

License Number: 20A14292

NPI: 1326458373

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### FAMILY PRACTICE

#### MCHENRY, KATHRYN

Provider ID: 206270

Provider Gender: Female

License Number: 20A14292

NPI: 1326458373

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### FAMILY PRACTICE

#### NAKAMURA, MELANIE

Provider ID: 206270

## D2. Primary Care Directory

Provider Gender: Female


License Number: A107557


NPI: 1104022672

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### **FAMILY PRACTICE**

#### **NAKAMURA, MELANIE**

Provider ID: 206270

Provider Gender: Female


License Number: A107557


NPI: 1104022672

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### **FAMILY PRACTICE**

#### **PATEL, JITENBHAI**

Provider ID: 206270

Provider Gender: Male


License Number: A94128


NPI: 1902921406

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PATEL, JITENBHAI**

Provider ID: 206271

Provider Gender: Male


License Number: A94128


NPI: 1902921406

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)  
737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PATEL, JITENBHAI**

Provider ID: 206271

Provider Gender: Male


License Number: A94128


NPI: 1902921406

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)  
737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PATEL, JITENBHAI**

Provider ID: 206270

Provider Gender: Male


License Number: A94128


NPI: 1902921406

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)

## D2. Primary Care Directory

520-8100  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **RAO, USHA**

Provider ID: 588941  
Provider Gender: Female  
License Number: A148750  
NPI: 1184019911  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hindi, Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

704 E GRAND AVE  
ESCONDIDO, CA 92025  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\120

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **RAO, USHA**

Provider ID: 588941  
Provider Gender: Female  
License Number: A148750  
NPI: 1184019911

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hindi, Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

704 E GRAND AVE  
ESCONDIDO, CA 92025  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\120

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **RASHCOVSKY SCHIFF, KARIN**

Provider ID: 206270  
Provider Gender: Female  
License Number: A82173  
NPI: 1699706333

Provider English Spoken: Y  
Provider Language(s)  
Spoken: French  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8100  
After Hours Phone: (760)  
520-8100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **RASHCOVSKY SCHIFF, KARIN**

Provider ID: 206270  
Provider Gender: Female  
License Number: A82173  
NPI: 1699706333

Provider English Spoken: Y  
Provider Language(s)  
Spoken: French  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8100  
After Hours Phone: (760)  
520-8100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**




#### **RODARTE, GABRIEL**

Provider ID: 206266  
Provider Gender: Male  
License Number: A87906  
NPI: 1184649212

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N



Board Certified Specialty: No






## D2. Primary Care Directory

 425 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
 After Hours Phone: (760)  
520-8340  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\21  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **RODARTE, GABRIEL**


Provider ID: 206266  
Provider Gender: Male  
License Number: A87906  
NPI: 1184649212  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 425 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
 After Hours Phone: (760)  
520-8340  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\21  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **SANDHU, BASANT**



Provider ID: 206271

Provider Gender: Male  
License Number: A140398  
NPI: 1265795744  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German, Hindi,  
Punjabi, Spanish  
Cultural Competency: N  
Board Certified Specialty: No


 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760)  
737-6900  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-W 8:00AM-8:00PM  
TH-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **SANDHU, BASANT**



Provider ID: 206271  
Provider Gender: Male  
License Number: A140398  
NPI: 1265795744  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German, Hindi,  
Punjabi, Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760)  
737-6900  
 Website: N/A






Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-W 8:00AM-8:00PM  
TH-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **SCHULTZ, JAMES**

Provider ID: 206270  
Provider Gender: Male  
License Number: G61829  
NPI: 1356376164  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Greek,  
Spanish  
Cultural Competency: N

Hospital Affiliation:  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
PALOMAR MEDICAL CENTER  
Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

## D2. Primary Care Directory


### **SCHULTZ, JAMES**


Provider ID: 206271

Provider Gender: Male

License Number: G61829

NPI: 1356376164

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Greek,  
Spanish


Cultural Competency: N


Hospital Affiliation:


SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
PALOMAR MEDICAL CENTER

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)  
737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **SCHULTZ, JAMES**


Provider ID: 206271

Provider Gender: Male

License Number: G61829

NPI: 1356376164

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Greek,  
Spanish


Cultural Competency: N


Hospital Affiliation:


SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
PALOMAR MEDICAL CENTER

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)  
737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **SCHULTZ, JAMES**


Provider ID: 206270

Provider Gender: Male

License Number: G61829

NPI: 1356376164

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Greek,  
Spanish


Cultural Competency: N

Hospital Affiliation:


SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
PALOMAR MEDICAL CENTER

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **TANTOD, KULIN**

Provider ID: 206270

Provider Gender: Male

License Number: A109655

NPI: 1902058928


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **TANTOD, KULIN**



Provider ID: 206270

Provider Gender: Male

License Number: A109655

NPI: 1902058928


## D2. Primary Care Directory


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**


#### **THOMPSON, CHERYL**

Provider ID: 206270

Provider Gender: Female

License Number: A102687

NPI: 1548429863


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **FAMILY PRACTICE**


#### **THOMPSON, CHERYL**

Provider ID: 206270

Provider Gender: Female

License Number: A102687

NPI: 1548429863


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **FQHC**


#### **CENTRO MEDICO ESCONDIDO,**


Provider ID: 419344

NPI: 1023349883

 Provider English Spoken: Y

Cultural Competency: N

 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

 Phone: (760) 871-0606

Fax: (858) 634-6918

 After Hours Phone: (760)  
871-0606

 Website: N

Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: SU 8:00AM-0:00PM

M-F 8:00AM-8:00PM

SA 8:00AM-0:00PM

### **FQHC**

#### **CENTRO MEDICO ESCONDIDO,**


Provider ID: 419344

NPI: 1023349883

 Provider English Spoken: Y

Cultural Competency: N

 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

 Phone: (760) 871-0606

Fax: (858) 634-6918

 After Hours Phone: (760)  
871-0606

 Website: N

Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: SU 8:00AM-0:00PM

M-F 8:00AM-8:00PM

SA 8:00AM-0:00PM

### **FQHC**

#### **ESCONDIDO FAMILY HEALTH CENTER,**


Provider ID: 652372


## D2. Primary Care Directory

NPI: 1417640491

 Provider English Spoken: Y  
Cultural Competency: N

 128 N BROADWAY  
ESCONDIDO, CA 92025

 Phone: (619) 515-2474

 After Hours Phone: (619)  
515-2474


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
PROVIDER

### FQHC


#### **ESCONDIDO FAMILY HEALTH CENTER,**


Provider ID: 652372

NPI: 1417640491

 Provider English Spoken: Y  
Cultural Competency: N

 128 N BROADWAY  
ESCONDIDO, CA 92025

 Phone: (619) 515-2474

 After Hours Phone: (619)  
515-2474


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
PROVIDER

### FQHC

#### **NEIGHBORHOOD HEALTHCARE ESCONDIDO,**


Provider ID: 206270


NPI: 1598703647

 Provider English Spoken: Y

Cultural Competency: N

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 Fax: (360) 466-2745

 After Hours Phone: (760)  
520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### FQHC


#### **NEIGHBORHOOD HEALTHCARE ESCONDIDO,**


Provider ID: 206270

NPI: 1598703647

 Provider English Spoken: Y  
Cultural Competency: N

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 Fax: (360) 466-2745

 After Hours Phone: (760)  
520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### FQHC

#### **NEIGHBORHOOD**


#### **HEALTHCARE PEDIATRICS AND PRENATAL,**


Provider ID: 424775

NPI: 1437335353

 Provider English Spoken: Y  
Cultural Competency: N

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

 Fax: (360) 462-2747

 After Hours Phone: (760)  
690-5900


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### FQHC


#### **NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL,**


Provider ID: 424775

NPI: 1437335353

 Provider English Spoken: Y  
Cultural Competency: N

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

 Fax: (360) 462-2747

 After Hours Phone: (760)  
690-5900


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
PROVIDER



## D2. Primary Care Directory

Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **NEIGHBORHOOD**


#### **HEALTHCARE PEDS AND PRENATAL,**

Provider ID: 206266

NPI: 1265618185

 Provider English Spoken: Y  
Cultural Competency: N

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

Fax: (360) 462-2752


 After Hours Phone: (760)  
520-8340

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **NEIGHBORHOOD**


#### **HEALTHCARE PEDS AND PRENATAL,**

Provider ID: 206266


NPI: 1265618185

 Provider English Spoken: Y  
Cultural Competency: N

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

Fax: (360) 462-2752

 After Hours Phone: (760)  
520-8340

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **NEIGHBORHOOD**


#### **HEALTHCARE VALLEY PARKWAY,**

Provider ID: 206271

NPI: 1720264641


 Provider English Spoken: Y  
Cultural Competency: N

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

Fax: (360) 462-2748

 After Hours Phone: (760)  
737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:00AM-5:00PM  
W 9:00AM-5:00PM

TH-F 8:00AM-5:00PM

### **FQHC**

#### **NEIGHBORHOOD**

#### **HEALTHCARE VALLEY PARKWAY,**


Provider ID: 206271

NPI: 1720264641

 Provider English Spoken: Y  
Cultural Competency: N

 728 E VALLEY PKWY

ESCONDIDO, CA 92025

 Phone: (760) 737-6900

Fax: (360) 462-2748


 After Hours Phone: (760)  
737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:00AM-5:00PM  
W 9:00AM-5:00PM

TH-F 8:00AM-5:00PM

### **FQHC**

#### **SAN YSIDRO HEALTH**

#### **ESCONDIDO FAMILY**


#### **MEDICINE,**

Provider ID: 588941

NPI: 1801438239

 Provider English Spoken: Y  
Cultural Competency: N

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

Fax: (619) 662-7952

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FQHC**

#### **SAN YSIDRO HEALTH**

#### **ESCONDIDO FAMILY**

## D2. Primary Care Directory


### MEDICINE,


Provider ID: 588941

NPI: 1801438239

 Provider English Spoken: Y  
Cultural Competency: N

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 Fax: (619) 662-7952

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **AGUERO, AMETHYST**

Provider ID: 652372

Provider Gender: Female

License Number: 20A19473

NPI: 1568021913


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 128 N BROADWAY  
ESCONDIDO, CA 92025

 Phone: (760) 546-2858

 After Hours Phone: (760)  
546-2858


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **AGUERO, AMETHYST**

Provider ID: 652372

Provider Gender: Female

License Number: 20A19473

NPI: 1568021913


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 128 N BROADWAY  
ESCONDIDO, CA 92025

 Phone: (760) 546-2858

 After Hours Phone: (760)  
546-2858

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **CARRERA, JORGE**

Provider ID: 588941

Provider Gender: Male

License Number: G58033

NPI: 1184728586

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS

Board Certified Specialty: No

 704 E GRAND AVE

ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **CARRERA, JORGE**

Provider ID: 588941

Provider Gender: Male

License Number: G58033

NPI: 1184728586

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **CHEN, MARGARET**

## D2. Primary Care Directory

Provider ID: 206270

Provider Gender: Female

License Number: A61751

NPI: 1659305084


Provider English Spoken: Y


Provider Language(s)  
Spoken: Greek, Spanish

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### INTERNAL MEDICINE

#### **CHEN, MARGARET**

Provider ID: 206270

Provider Gender: Female

License Number: A61751

NPI: 1659305084


Provider English Spoken: Y


Provider Language(s)  
Spoken: Greek, Spanish

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### INTERNAL MEDICINE

#### **CHEN, MARGARET**

Provider ID: 235296

Provider Gender: Female

NPI: 1659305084


Provider English Spoken: Y



Provider Language(s)  
Spoken: Greek, Spanish

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 Fax: (360) 462-2745  
 After Hours Phone: (760)  
520-8100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### INTERNAL MEDICINE

#### **VETTICADEN, SANTOSH**

Provider ID: 206270

Provider Gender: Male

License Number: C53062


NPI: 1679102461


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### INTERNAL MEDICINE

#### **VETTICADEN, SANTOSH**

Provider ID: 206270

Provider Gender: Male

License Number: C53062


NPI: 1679102461


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### PEDIATRICS

## D2. Primary Care Directory

### **AGUILAR, EDITA**

Provider ID: 206266

Provider Gender: Female

License Number: A56054

NPI: 1467407411


Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

After Hours Phone: (760)  
520-8340

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **AGUILAR, EDITA**

Provider ID: 424775

Provider Gender: Female

License Number: A56054

NPI: 1467407411


Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

After Hours Phone: (760)  
690-5900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **AGUILAR, EDITA**

Provider ID: 424775

Provider Gender: Female

License Number: A56054

NPI: 1467407411


Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

After Hours Phone: (760)  
690-5900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **AGUILAR, EDITA**

Provider ID: 206266

Provider Gender: Female

License Number: A56054

NPI: 1467407411


Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

After Hours Phone: (760)  
520-8340

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **ALDANA, NANCY**

Provider ID: 424775

Provider Gender: Female

License Number: A62467

NPI: 1558371963

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS

Board Certified Specialty: No

426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

After Hours Phone: (760)  
520-8340

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

## D2. Primary Care Directory

### **ALDANA, NANCY**

Provider ID: 424775

Provider Gender: Female

License Number: A62467

NPI: 1558371963

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS

Board Certified Specialty: No

426 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340

After Hours Phone: (760)  
520-8340

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **CHOW, BYRON**

Provider ID: 206270

Provider Gender: Male

License Number: A78116

NPI: 1619907607

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CHOW, BYRON**

Provider ID: 206270

Provider Gender: Male

License Number: A78116

NPI: 1619907607

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **COHEN, CARA**

Provider ID: 661879

Provider Gender: Female

NPI: 1215021274

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
PALOMAR MEDICAL CENTER,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND

Board Certified Specialty: No

625 CITRACADO PKWY STE  
100

ESCONDIDO, CA 92025

Phone: (760) 746-2641

Fax: (760) 740-2178

After Hours Phone: (760)  
746-2641

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **COULLAHAN, JESSICA**

Provider ID: 661887

Provider Gender: Female

NPI: 1750579108

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

## D2. Primary Care Directory

*Board Certified Specialty: No*  
625 CITRACADO PKWY STE  
100  
ESCONDIDO, CA 92025  
Phone: (760) 746-2641  
Fax: (760) 740-2178  
After Hours Phone: (760)  
746-2641  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:30AM-0:00PM

### **PEDIATRICS**

#### **CURET, ZULMA**

Provider ID: 206270  
Provider Gender: Female  
License Number: A119661  
NPI: 1841561107  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
460 N ELM ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8100  
After Hours Phone: (760)  
520-8100  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CURET, ZULMA**

Provider ID: 206270  
Provider Gender: Female  
License Number: A119661  
NPI: 1841561107  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8100  
After Hours Phone: (760)  
520-8100  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **DOSHI, NEELIMA**

Provider ID: 424775  
Provider Gender: Female  
License Number: A67626  
NPI: 1417921578  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hindi, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

426 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 690-5900  
After Hours Phone: (760)  
690-5900  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\21  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **DOSHI, NEELIMA**

Provider ID: 640252  
Provider Gender: Female  
NPI: 1417921578  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hindi, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
426 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (833) 867-4642  
Fax: (360) 462-2752  
After Hours Phone: (833)  
867-4642  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### **PEDIATRICS**

#### **DOSHI, NEELIMA**

Provider ID: 424775

Provider Gender: Female

License Number: A67626

NPI: 1417921578

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

426 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 690-5900

After Hours Phone: (760)  
690-5900

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **IBRAHIM, MAGED**

Provider ID: 419344

Provider Gender: Male

License Number: C141296

NPI: 1306852934

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR, SAN  
ANTONIO COMM HOSP

Board Certified Specialty: No

1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

Phone: (760) 871-0606

After Hours Phone: (760)  
871-0606

Website: N

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 8:00AM-0:00PM

M-F 8:00AM-8:00PM

SA 8:00AM-0:00PM

### **PEDIATRICS**

#### **IBRAHIM, MAGED**

Provider ID: 419344

Provider Gender: Male

License Number: C141296

NPI: 1306852934

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR, SAN  
ANTONIO COMM HOSP

Board Certified Specialty: No

1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

Phone: (760) 871-0606

After Hours Phone: (760)  
871-0606

Website: N

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 8:00AM-0:00PM

M-F 8:00AM-8:00PM

SA 8:00AM-0:00PM

### **PEDIATRICS**

#### **MALEKSHAMRAN, KEYVAN**

Provider ID: 419344

Provider Gender: Male

License Number: A94845

NPI: 1952466112

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL,  
DESERT REGIONAL MED CTR

Board Certified Specialty: No

1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

Phone: (760) 871-0606

After Hours Phone: (760)  
871-0606

Website: N

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **MALEKSHAMRAN, KEYVAN**

## D2. Primary Care Directory

Provider ID: 419344

Provider Gender: Male

License Number: A94845

NPI: 1952466112

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N


Hospital Affiliation: PIONEERS


MEMORIAL HOSPITAL,

DESERT REGIONAL MED CTR

Board Certified Specialty: No

 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

 Phone: (760) 871-0606

 After Hours Phone: (760)  
871-0606

 Website: N

Email:


[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **SONG, JOYCE**

Provider ID: 661892

Provider Gender: Female

NPI: 1417510694


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 625 CITRACADO PKWY STE  
100

ESCONDIDO, CA 92025

 Phone: (760) 746-2641

Fax: (760) 740-2178

 After Hours Phone: (760)

746-2641

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **STRAZICICH, KARLA**

Provider ID: 206270

Provider Gender: Female

License Number: A45413

NPI: 1134154958


Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **STRAZICICH, KARLA**

Provider ID: 206270

Provider Gender: Female

License Number: A45413

NPI: 1134154958


Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **TELLECHEA-SANCHEZ, SELMIRA**

Provider ID: 424775

Provider Gender: Female

License Number: G83438


NPI: 1730288747


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

 After Hours Phone: (760)  
690-5900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **TELLECHEA-SANCHEZ,**



## D2. Primary Care Directory

### **SELMIRA**

Provider ID: 424775

Provider Gender: Female


License Number: G83438


NPI: 1730288747

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

 After Hours Phone: (760)  
690-5900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **THIRUNAGARI, HARRSHA**

Provider ID: 419344

Provider Gender: Female

License Number: A64928

NPI: 1447472212

Provider English Spoken: Y


Provider Language(s)  
Spoken: Hindi, Spanish,  
Telugu

Cultural Competency: N

Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,  
RIVERSIDE COMMUNITY  
HOSP, Parkview Community  
Hospital Medical Center

Board Certified Specialty: No

 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

 Phone: (760) 871-0606

 After Hours Phone: (760)  
871-0606

 Website: N

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: SU 8:00AM-0:00PM

M-F 8:00AM-8:00PM

SA 8:00AM-0:00PM

### **PEDIATRICS**

#### **THIRUNAGARI, HARRSHA**

Provider ID: 419344

Provider Gender: Female

License Number: A64928

NPI: 1447472212

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish,  
Telugu

Cultural Competency: N


Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,  
RIVERSIDE COMMUNITY


HOSP, Parkview Community

Hospital Medical Center

Board Certified Specialty: No

 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

 Phone: (760) 871-0606

 After Hours Phone: (760)  
871-0606

 Website: N

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: SU 8:00AM-0:00PM

M-F 8:00AM-8:00PM

SA 8:00AM-0:00PM

### **PEDIATRICS**

#### **ZANDKARIMI, FARIBA**

Provider ID: 87737

Provider Gender: Female

NPI: 1356373674

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N

Hospital Affiliation: MERCY  
GENERAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY


HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA, UCSD

MEDICAL CTR

Board Certified Specialty: No

 240 W MISSION AVE STE A  
ESCONDIDO, CA 92025

 Phone: (760) 747-5400

Fax: (760) 747-2286

 After Hours Phone: (760)  
747-5400

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

## D2. Primary Care Directory

### **PHYSICIANS ASSISTANT**


#### **BAISLEY, SHAWN**

Provider ID: 588941

Provider Gender: Male

License Number: PA52347


NPI: 1376936120


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**


#### **BAISLEY, SHAWN**

Provider ID: 588941

Provider Gender: Male

License Number: PA52347


NPI: 1376936120


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**


#### **SHARPE, NORMA**

Provider ID: 588941

Provider Gender: Female

License Number: PA20490


NPI: 1619100237


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**


#### **SHARPE, NORMA**

Provider ID: 588941

Provider Gender: Female

License Number: PA20490


NPI: 1619100237


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**

#### **NEGRON, RICARDO**

Provider ID: 206271

Provider Gender: Male

License Number: DPM5260

NPI: 1932548393

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: Providence

St Joseph Hospital

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)  
737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**

#### **NEGRON, RICARDO**

Provider ID: 206271

Provider Gender: Male




License Number: DPM5260

NPI: 1932548393

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

## D2. Primary Care Directory

*Cultural Competency: N*  
*Hospital Affiliation: Providence St Joseph Hospital*  
*Board Certified Specialty: No*  
 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760) 737-6900  
 Website: N/A  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER

### FALLBROOK

#### CERTIFIED NURSE

#### PRACTITIONER

#### **KELLEHER, BRIDGET**

*Provider ID: 624122*

*Provider Gender: Female*

*License Number: NP95003447*

*NPI: 1245695006*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: TRI CITY MEDICAL CTR*

*Board Certified Specialty: No*

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760) 723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 Accessibility: CONTACT PROVIDER

#### CERTIFIED NURSE

#### PRACTITIONER


#### **KELLEHER, BRIDGET**

*Provider ID: 624122*

*Provider Gender: Female*

*License Number: NP95003447*

*NPI: 1245695006*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: TRI CITY MEDICAL CTR*

*Board Certified Specialty: No*

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760) 723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 Accessibility: CONTACT PROVIDER

#### CERTIFIED NURSE

#### PRACTITIONER


#### **KELLEHER, BRIDGET**


*Provider ID: 624122*

*Provider Gender: Female*

*License Number: NP95003447*


*NPI: 1245695006*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR*

*Board Certified Specialty: No*

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760) 723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 Accessibility: CONTACT PROVIDER

#### CERTIFIED NURSE

#### PRACTITIONER

#### **KELLEHER, BRIDGET**

*Provider ID: 624122*

*Provider Gender: Female*

*License Number: NP95003447*

*NPI: 1245695006*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: TRI CITY MEDICAL CTR*

*Board Certified Specialty: No*

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760) 723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

*Medi-Cal Open Panel: Yes*

## D2. Primary Care Directory

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **KELLEHER, BRIDGET**

Provider ID: 624122

Provider Gender: Female

License Number: NP95003447

NPI: 1245695006

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200


 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **KELLEHER, BRIDGET**

Provider ID: 624122

Provider Gender: Female

License Number: NP95003447

NPI: 1245695006

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **RACKHAM, KELLY**

Provider ID: 624122

Provider Gender: Male

License Number: NP95015717


NPI: 1801497284


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-4:00PM

TU 8:00AM-0:30PM

W-TH 8:00AM-5:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **RACKHAM, KELLY**

Provider ID: 624122

Provider Gender: Male

License Number: NP95015717


NPI: 1801497284


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-4:00PM

TU 8:00AM-0:30PM

W-TH 8:00AM-5:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **RACKHAM, KELLY**

Provider ID: 624122

Provider Gender: Male

License Number: NP95015717

NPI: 1801497284


 Provider English Spoken: Y


## D2. Primary Care Directory

*Cultural Competency: N*

*Board Certified Specialty: No*

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:00AM-4:00PM*

*TU 8:00AM-0:30PM*

*W-TH 8:00AM-5:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **RACKHAM, KELLY**

*Provider ID: 624122*

*Provider Gender: Male*

*License Number: NP95015717*


*NPI: 1801497284*


 *Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:00AM-4:00PM*

*TU 8:00AM-0:30PM*

*W-TH 8:00AM-5:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **RACKHAM, KELLY**

*Provider ID: 624122*

*Provider Gender: Male*

*License Number: NP95015717*


*NPI: 1801497284*


 *Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:00AM-4:00PM*

*TU 8:00AM-0:30PM*

*W-TH 8:00AM-5:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **RACKHAM, KELLY**

*Provider ID: 624122*

*Provider Gender: Male*

*License Number: NP95015717*


*NPI: 1801497284*


 *Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:00AM-4:00PM*

*TU 8:00AM-0:30PM*

*W-TH 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **ZAMPELLO, LISA**

*Provider ID: 624122*

*Provider Gender: Female*

*License Number: A145924*


*NPI: 1477933026*


 *Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **ZAMPELLO, LISA**


## D2. Primary Care Directory

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

### **FAMILY PRACTICE**

#### **ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FQHC**


#### **FALLBROOK FAMILY HLTH CTR,**

Provider ID: 183910

NPI: 1982756086

 Provider English Spoken: Y  
Cultural Competency: N



 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 451-4700

 After Hours Phone: (760)  
451-4720

## D2. Primary Care Directory

 Website: N/A  
Email: [a.escobedo@chsica.org](mailto:a.escobedo@chsica.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM


### **FQHC**

#### **FALLBROOK FAMILY HLTH CTR,**

Provider ID: 183910  
NPI: 1982756086

 Provider English Spoken: Y  
Cultural Competency: N

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 451-4700

 After Hours Phone: (760)  
451-4720

 Website: N/A

Email: [a.escobedo@chsica.org](mailto:a.escobedo@chsica.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

### **FQHC**


#### **VISTA COMMUNITY CLINIC,**


Provider ID: 624122

NPI: 1851300123

 Provider English Spoken: Y  
Cultural Competency: N

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-4:00PM

TU 8:00AM-0:30PM

W-TH 8:00AM-5:00PM


### **FQHC**


#### **VISTA COMMUNITY CLINIC,**


Provider ID: 624122

NPI: 1316501562

 Provider English Spoken: Y  
Cultural Competency: N

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-4:00PM

TU 8:00AM-0:30PM

W-TH 8:00AM-5:00PM

### **FQHC**


#### **VISTA COMMUNITY CLINIC,**


Provider ID: 624122

NPI: 1649662719

 Provider English Spoken: Y  
Cultural Competency: N

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-4:00PM

TU 8:00AM-0:30PM

W-TH 8:00AM-5:00PM


### **FQHC**


#### **VISTA COMMUNITY CLINIC,**


Provider ID: 624122


NPI: 1851300123

 Provider English Spoken: Y  
Cultural Competency: N

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-4:00PM

TU 8:00AM-0:30PM

## D2. Primary Care Directory

W-TH 8:00AM-5:00PM

### **FQHC**


#### **VISTA COMMUNITY CLINIC,**


Provider ID: 624122

NPI: 1316501562

 Provider English Spoken: Y  
Cultural Competency: N

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200


 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-4:00PM

TU 8:00AM-0:30PM

W-TH 8:00AM-5:00PM


### **FQHC**


#### **VISTA COMMUNITY CLINIC,**


Provider ID: 624122

NPI: 1649662719

 Provider English Spoken: Y  
Cultural Competency: N

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-4:00PM

TU 8:00AM-0:30PM

W-TH 8:00AM-5:00PM

### **PEDIATRICS**

#### **DEL RE, AMANDA**

Provider ID: 238960

Provider Gender: Female


NPI: 1548499957

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Board Certified Specialty: No

 1107 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-0070

Fax: (760) 451-1499


 After Hours Phone: (760)  
451-0070

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **PAIK, JULIANA**

Provider ID: 504522

Provider Gender: Female

NPI: 1528167087


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL

Board Certified Specialty: No

 1107 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-0070

Fax: (760) 451-1499

 After Hours Phone: (760)  
451-0070

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**


#### **ROBINSON, DAISY**

Provider ID: 230579

Provider Gender: Female

NPI: 1659389740

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

Fax: (760) 414-3892

 After Hours Phone: (760)  
723-6200

 Website: N/A

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):



## D2. Primary Care Directory

N

 **Accessibility:** CONTACT PROVIDER

**Hours:** M-TH 8:00AM-4:00PM

### **PEDIATRICS**

#### **VU, WENDY**

**Provider ID:** 183910

**Provider Gender:** Female


**License Number:** A169529


**NPI:** 1508148370

 **Provider English Spoken:** Y  
**Cultural Competency:** N

**Board Certified Specialty:** No

 1328 S MISSION RD  
FALLBROOK, CA 92028

 **Phone:** (760) 451-4770

 **After Hours Phone:** (760) 451-4770

 **Website:** N/A


**Email:** a.escobeclo@chsica.org

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\999

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

**Hours:** M-F 8:00AM-7:30PM

**SA 8:00AM-5:00PM**

### **PEDIATRICS**

#### **VU, WENDY**

**Provider ID:** 183910

**Provider Gender:** Female

**License Number:** A169529

**NPI:** 1508148370

 **Provider English Spoken:** Y  
**Cultural Competency:** N

**Board Certified Specialty:** No

 1328 S MISSION RD  
FALLBROOK, CA 92028



**Phone:** (760) 451-4770



**After Hours Phone:** (760) 451-4770



**Website:** N/A

**Email:** a.escobeclo@chsica.org

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\999

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

**Hours:** M-F 8:00AM-7:30PM

**SA 8:00AM-5:00PM**

## IMPERIAL BEACH

### **FAMILY PRACTICE**


#### **JOHNSON, DANIEL**

**Provider ID:** 179678

**Provider Gender:** Male

**License Number:** 20A9393

**NPI:** 1245311216

 **Provider English Spoken:** Y

 **Provider Language(s) Spoken:** Spanish

**Cultural Competency:** N

**Hospital Affiliation:** SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

**Board Certified Specialty:** No

 949 PALM AVE  
IMPERIAL BEACH, CA 91932

 **Phone:** (619) 429-3733

 **After Hours Phone:** (619) 429-3733

 **Website:** www.ihpsocal.org

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

N



**Accessibility:** CONTACT PROVIDER

**Hours:** M-TH 8:30AM-9:00PM

**F 8:30AM-5:00PM**

**SA 8:30AM-2:00PM**

### **FAMILY PRACTICE**

#### **JOHNSON, DANIEL**

**Provider ID:** 179678

**Provider Gender:** Male

**License Number:** 20A9393

**NPI:** 1245311216

 **Provider English Spoken:** Y

 **Provider Language(s) Spoken:** Spanish

**Cultural Competency:** N

**Hospital Affiliation:** SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

**Board Certified Specialty:** No

 949 PALM AVE  
IMPERIAL BEACH, CA 91932

 **Phone:** (619) 429-3733

 **After Hours Phone:** (619) 429-3733

 **Website:** www.ihpsocal.org

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

**Hours:** M-TH 8:30AM-9:00PM

**F 8:30AM-5:00PM**

**SA 8:30AM-2:00PM**

### **FQHC**

#### **IMPERIAL BEACH HEALTH CENTER,**


**Provider ID:** 179678

## D2. Primary Care Directory

NPI: 1790718351

 Provider English Spoken: Y  
Cultural Competency: N

 949 PALM AVE  
IMPERIAL BEACH, CA 91932

 Phone: (619) 429-3733

Fax: (619) 628-5550


 After Hours Phone: (619)  
429-3733

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### FQHC


#### **IMPERIAL BEACH HEALTH CENTER,**

Provider ID: 179678

NPI: 1790718351

 Provider English Spoken: Y  
Cultural Competency: N

 949 PALM AVE  
IMPERIAL BEACH, CA 91932

 Phone: (619) 429-3733

Fax: (619) 628-5550


 After Hours Phone: (619)  
429-3733

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **RYAN, DANA**

Provider ID: 179678

Provider Gender: Female


License Number: A66830


NPI: 1780609990

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 949 PALM AVE  
IMPERIAL BEACH, CA 91932

 Phone: (619) 429-3733

 After Hours Phone: (619)  
429-3733

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **RYAN, DANA**

Provider ID: 179678

Provider Gender: Female


License Number: A66830


NPI: 1780609990

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 949 PALM AVE  
IMPERIAL BEACH, CA 91932

 Phone: (619) 429-3733

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429-3733

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **DOKICH, SRETENKA**

Provider ID: 179678

Provider Gender: Female

License Number: A51447

NPI: 1154409035


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 949 PALM AVE  
IMPERIAL BEACH, CA 91932

 Phone: (619) 429-3733

 After Hours Phone: (619)  
429-3733

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **DOKICH, SRETENKA**

Provider ID: 179678

Provider Gender: Female

License Number: A51447


NPI: 1154409035


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO



Board Certified Specialty: No

 949 PALM AVE  
IMPERIAL BEACH, CA 91932

 Phone: (619) 429-3733

 After Hours Phone: (619)






## D2. Primary Care Directory

429-3733  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### LA JOLLA


#### PEDIATRICS




##### **GAINOR, GRETCHEN**

Provider ID: 537752  
Provider Gender: Female  
NPI: 1174504757  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 7300 GIRARD AVE STE 106  
LA JOLLA, CA 92037  
 Phone: (858) 459-4351  
Fax: (858) 459-4399  
 After Hours Phone: (858)  
459-4351  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

#### PEDIATRICS





##### **GANDHI, SHEETAL**



Provider ID: 282029  
Provider Gender: Female  
NPI: 1700858859  
 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL  
Board Certified Specialty: No  
 4150 REGENTS PARK ROW  
STE 355  
LA JOLLA, CA 92037  
 Phone: (858) 457-2043  
Fax: (858) 457-2092  
 After Hours Phone: (858)  
457-2043  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

#### PEDIATRICS

##### **HUNTER, WENDY**

Provider ID: 377597  
Provider Gender: Female  
NPI: 1053515551  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
 7300 GIRARD AVE STE 106  
LA JOLLA, CA 92037  
 Phone: (858) 459-4351  
Fax: (858) 459-4399  
 After Hours Phone: (858)  
459-4351

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

#### PEDIATRICS

##### **PARSONS, GENEVIEVE**

Provider ID: 24122  
Provider Gender: Female  
NPI: 1699700914  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL  
Board Certified Specialty: No  
 7300 GIRARD AVE STE 106  
LA JOLLA, CA 92037  
 Phone: (858) 459-4351  
Fax: (858) 459-4399  
 After Hours Phone: (858)  
459-4351  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

## D2. Primary Care Directory

### **PEDIATRICS**

#### **PASTORE, SIMONE**

Provider ID: 600881

Provider Gender: Female

NPI: 1528588134

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 4150 REGENTS PARK ROW  
STE 355

LA JOLLA, CA 92037

☎ Phone: (858) 457-2043

Fax: (858) 457-2092

🕒 After Hours Phone: (858)  
457-2043

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **ROBERTS, KENDALL**

Provider ID: 48933

Provider Gender: Male

NPI: 1265762033

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

📍 4150 REGENTS PARK ROW  
STE 355

LA JOLLA, CA 92037

☎ Phone: (858) 457-2043

Fax: (858) 457-2092

🕒 After Hours Phone: (858)  
457-2043

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **SHAH, MEERA**

Provider ID: 145167

Provider Gender: Female

NPI: 1720300239

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SHARP CHULA VISTA MED CTR

Board Certified Specialty: No

📍 4150 REGENTS PARK ROW  
STE 355

LA JOLLA, CA 92037

☎ Phone: (858) 457-2043

Fax: (858) 457-2092

🕒 After Hours Phone: (858)  
457-2043

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **TUNG, VIVIAN**

Provider ID: 11291

Provider Gender: Female

NPI: 1285665133

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

📍 7300 GIRARD AVE STE 106  
LA JOLLA, CA 92037

☎ Phone: (858) 459-4351

Fax: (858) 459-4399

🕒 After Hours Phone: (858)  
459-4351

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

## LA MESA

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **WARD, KATHERINE**

Provider ID: 480827

Provider Gender: Female

License Number: NP95017921

NPI: 1477223576

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 8881 FLETCHER PKWY STE  
200

## D2. Primary Care Directory

LA MESA, CA 91942  
☎ Phone: (616) 464-6434  
🕒 After Hours Phone: (616) 464-6434  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\21  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **WARD, KATHERINE**

Provider ID: 480827  
Provider Gender: Female  
License Number: NP95017921  
NPI: 1477223576  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 8881 FLETCHER PKWY STE 200  
LA MESA, CA 91942  
☎ Phone: (616) 464-6434  
🕒 After Hours Phone: (616) 464-6434  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\21  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **PATEL, HEMANSHU**

Provider ID: 664660  
Provider Gender: Male  
NPI: 1255777439  
☑ Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: VICTOR VALLEY COMMUNITY HOSP, BARSTOW COMMUNITY HOSPITAL, DESERT VALLEY HOSPITAL, Providence St Mary Medical Center, VICTOR VALLEY GLOBAL MED CTR  
Board Certified Specialty: No  
📍 7339 EL CAJON BLVD STE 1  
LA MESA, CA 91942  
☎ Phone: (619) 698-0606  
Fax: (619) 332-5149  
🕒 After Hours Phone: (619) 698-0606  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **SINGH, RAMENDEEP**

Provider ID: 664666  
Provider Gender: Female  
NPI: 1255777421  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: DESERT VALLEY HOSPITAL  
Board Certified Specialty: No  
📍 7339 EL CAJON BLVD STE 1  
LA MESA, CA 91942  
☎ Phone: (619) 698-0606  
Fax: (619) 332-5149  
🕒 After Hours Phone: (619) 698-0606  
🌐 Website: N/A

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **LA MESA PEDIATRICS,**



Provider ID: 480827  
NPI: 1033759311  
☑ Provider English Spoken: Y  
Cultural Competency: N  
📍 8881 FLETCHER PKWY STE 200  
LA MESA, CA 91942  
☎ Phone: (619) 464-6434  
Fax: (619) 464-5109  
🕒 After Hours Phone: (619) 464-6434  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\21  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

### **FQHC**

#### **LA MESA PEDIATRICS,**



Provider ID: 480827  
NPI: 1033759311  
☑ Provider English Spoken: Y  
Cultural Competency: N  
📍 8881 FLETCHER PKWY STE 200  
LA MESA, CA 91942  
☎ Phone: (619) 464-6434  
Fax: (619) 464-5109  
🕒 After Hours Phone: (619) 464-6434




## D2. Primary Care Directory

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\21  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BULLOCH, EDGAR**

Provider ID: 480827  
Provider Gender: Male  
License Number: A113241  
NPI: 1508046376  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital  
Board Certified Specialty: No

 8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942  
 Phone: (619) 464-6434  
 After Hours Phone: (619)  
464-6434  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\21  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BULLOCH, EDGAR**


Provider ID: 480827  
Provider Gender: Male  
License Number: A113241

NPI: 1508046376  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital  
Board Certified Specialty: No


 8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942  
 Phone: (619) 464-6434  
 After Hours Phone: (619)  
464-6434  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\21  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **PAPA, RHETT**



Provider ID: 480827  
Provider Gender: Male  
License Number: 20A11733  
NPI: 1063642312  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
 8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942  
 Phone: (619) 464-6434  
 After Hours Phone: (619)  
464-6434  
 Website: N/A  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\21  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



### **OBSTETRICS / GYNECOLOGY**

#### **PAPA, RHETT**

Provider ID: 480827  
Provider Gender: Male  
License Number: 20A11733  
NPI: 1063642312  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
 8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942  
 Phone: (619) 464-6434  
 After Hours Phone: (619)  
464-6434  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\21  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **ALSHEIKH, HUDA**

Provider ID: 480827  
Provider Gender: Female  
License Number: C133872  
NPI: 1487746855  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N

## D2. Primary Care Directory

Board Certified Specialty: No

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619) 464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

**ALSHEIKH, HUDA**

Provider ID: 480827

Provider Gender: Female

License Number: C133872

NPI: 1487746855

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619) 464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

**ALSHEIKH, HUDA**

Provider ID: 435468

Provider Gender: Female

NPI: 1487746855

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619) 464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TU 7:30AM-6:00PM

W-F 7:30AM-6:30PM

SA 8:30AM-5:00PM

### **PEDIATRICS**

**ALSHEIKH, HUDA**

Provider ID: 451191

Provider Gender: Female

NPI: 1487746855

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

8881 FLETCHER PKWY STE 205

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)

464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TU 7:30AM-6:00PM

W-F 7:30AM-6:30PM

SA 8:30AM-5:00PM

### **PEDIATRICS**

**CLAY, CORRIE**

Provider ID: 536652

Provider Gender: Female

NPI: 1437207750

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619) 464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-6:00PM

## D2. Primary Care Directory

SA 11:30AM-3:30PM

### **PEDIATRICS**

#### **EMPIE, KRISTEN**

Provider ID: 648986

Provider Gender: Female

NPI: 1093343105

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 11:30AM-3:30PM

### **PEDIATRICS**

#### **EMPIE, KRISTEN**

Provider ID: 648987

Provider Gender: Female

NPI: 1093343105

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
205

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)

464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 11:30AM-3:30PM

### **PEDIATRICS**

#### **GIANFORTUNE, RACHEL**

Provider ID: 433091

Provider Gender: Female

NPI: 1912193301

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SHARP MEMORIAL

HOSPITAL, GROSSMONT

HOSPITAL

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **GIANFORTUNE, RACHEL**

Provider ID: 450501

Provider Gender: Female

NPI: 1912193301

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SHARP MEMORIAL

HOSPITAL, GROSSMONT

HOSPITAL

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
205

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **IMUS, PAUL**

Provider ID: 239590

Provider Gender: Male

NPI: 1104116680

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SHARP MARY BIRCH



## D2. Primary Care Directory

### HOSP FOR WOMEN AND NEWBORNS, GROSSMONT HOSPITAL

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 401-0404

Fax: (619) 401-0522

After Hours Phone: (619)  
401-0404

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **MOFFATT, KYRRA**

Provider ID: 275099

Provider Gender: Female

NPI: 1194922419

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT

HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 401-0404

Fax: (619) 401-0522

After Hours Phone: (619)  
401-0404

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **MOLINOS, NICOLE**

Provider ID: 538098

Provider Gender: Female

NPI: 1538685524

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

6942 UNIVERSITY AVE STE  
A

LA MESA, CA 91942

Phone: (619) 698-2184

Fax: (619) 698-2084

After Hours Phone: (619)  
698-2184

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **RONQUILLO, RINA**

Provider ID: 377359

Provider Gender: Female

NPI: 1407047749

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN

DIEGO, SHARP MARY BIRCH

HOSP FOR WOMEN AND

NEWBORNS, SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **SHORT, RICHARD**

Provider ID: 60736

Provider Gender: Male

NPI: 1568552727

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SHARP MARY BIRCH

HOSP FOR WOMEN AND

## D2. Primary Care Directory

### NEWBORNS

Board Certified Specialty: Yes

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619) 464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 11:30AM-3:30PM

### PEDIATRICS

#### WARD, KATHERINE

Provider ID: 613881

Provider Gender: Female

NPI: 1477223576

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619) 464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 11:30AM-3:30PM

### PEDIATRICS

#### WARD, KATHERINE

Provider ID: 613887

Provider Gender: Female

NPI: 1477223576

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

8881 FLETCHER PKWY STE 205

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619) 464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 11:30AM-3:30PM

## LAKESIDE

### CHIROPRACTOR

#### PAGE, BIANCA

Provider ID: 353843

Provider Gender: Female

License Number: DC33688

NPI: 1649787607

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

10039 VINE ST

LAKESIDE, CA 92040

Phone: (858) 218-3000

After Hours Phone: (858) 218-3000

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### CHIROPRACTOR

#### PAGE, BIANCA

Provider ID: 353843

Provider Gender: Female

License Number: DC33688

NPI: 1649787607

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

10039 VINE ST

LAKESIDE, CA 92040

Phone: (858) 218-3000

After Hours Phone: (858) 218-3000

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### FAMILY PRACTICE

#### FERRAILOLO, NATALIE

Provider ID: 353843



Provider Gender: Female

License Number: A152372







NPI: 1306290143

Provider English Spoken: Y

## D2. Primary Care Directory

*Cultural Competency: N*  
*Board Certified Specialty: No*  
 10039 VINE ST  
LAKESIDE, CA 92040  
 Phone: (858) 218-3000  
 After Hours Phone: (858)  
218-3000  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 Accessibility: CONTACT  
PROVIDER  
*Hours: M-F 8:00AM-5:00PM*




### **FAMILY PRACTICE** **FERRAILOLO, NATALIE**


*Provider ID: 353843*  
*Provider Gender: Female*  
*License Number: A152372*  
*NPI: 1306290143*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 10039 VINE ST  
LAKESIDE, CA 92040  
 Phone: (858) 218-3000  
 After Hours Phone: (858)  
218-3000  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 Accessibility: CONTACT  
PROVIDER  
*Hours: M-F 8:00AM-5:00PM*



**FAMILY PRACTICE**  
**LIU BARBARO, DOROTHY**  
*Provider ID: 353843*

*Provider Gender: Female*  
*License Number: A115342*  
*NPI: 1851602270*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Chinese, Mandarin,*  
*Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 10039 VINE ST  
LAKESIDE, CA 92040  
 Phone: (619) 440-2751  
 After Hours Phone: (619)  
440-2751  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 Accessibility: CONTACT  
PROVIDER  
*Hours: M-F 8:00AM-5:00PM*

### **FAMILY PRACTICE** **LIU BARBARO, DOROTHY**

*Provider ID: 353843*  
*Provider Gender: Female*  
*License Number: A115342*  
*NPI: 1851602270*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Chinese, Mandarin,*  
*Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 10039 VINE ST  
LAKESIDE, CA 92040  
 Phone: (619) 440-2751  
 After Hours Phone: (619)  
440-2751  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 Accessibility: CONTACT  
PROVIDER  
*Hours: M-F 8:00AM-5:00PM*

**FQHC**  
**NEIGHBORHOOD**  
**HEALTHCARE LAKESIDE,**  
*Provider ID: 353843*  
*NPI: 1932384120*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
 10039 VINE ST  
LAKESIDE, CA 92040  
 Phone: (858) 218-3000  
*Fax: (360) 462-2744*  
 After Hours Phone: (858)  
218-3000  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 Accessibility: CONTACT  
PROVIDER  
*Hours: M-F 8:00AM-5:00PM*

**FQHC**  
**NEIGHBORHOOD**  
**HEALTHCARE LAKESIDE,**  
*Provider ID: 353843*  
*NPI: 1932384120*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
 10039 VINE ST  
LAKESIDE, CA 92040  
 Phone: (858) 218-3000  
*Fax: (360) 462-2744*  
 After Hours Phone: (858)

## D2. Primary Care Directory

218-3000  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **GENERAL PRACTICE**

#### **MANNINO, ELIZABETH**

Provider ID: 353843  
Provider Gender: Female  
License Number: A43914  
NPI: 1548290463

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Italian, Spanish  
Cultural Competency: N

Board Certified Specialty: No

10039 VINE ST  
LAKESIDE, CA 92040  
Phone: (858) 218-3000  
After Hours Phone: (858)  
218-3000

Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **GENERAL PRACTICE**

#### **MANNINO, ELIZABETH**

Provider ID: 353843  
Provider Gender: Female  
License Number: A43914  
NPI: 1548290463

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Italian, Spanish  
Cultural Competency: N

Board Certified Specialty: No

10039 VINE ST  
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Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **INTERNAL MEDICINE**

#### **MCFARLAND, NATHAN**

Provider ID: 353843  
Provider Gender: Male  
License Number: A75411  
NPI: 1265462196

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Italian, Spanish  
Cultural Competency: N

Board Certified Specialty: No

10039 VINE ST  
LAKESIDE, CA 92040  
Phone: (858) 218-3000  
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Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
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Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **INTERNAL MEDICINE**

#### **MCFARLAND, NATHAN**

Provider ID: 353843  
Provider Gender: Male  
License Number: A75411  
NPI: 1265462196

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Italian, Spanish  
Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

## **LEMON GROVE**

### **CERTIFIED NURSE**

#### **PRACTITIONER**



#### **ALLEN, KATHERINE**


Provider ID: 419139  
Provider Gender: Female  
License Number: NP95009933  
NPI: 1831557024

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

## D2. Primary Care Directory

 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550

 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ALLEN, KATHERINE**

Provider ID: 419139

Provider Gender: Female


License Number: NP95009933


NPI: 1831557024

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

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 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **ARVIZU, PALOMA**

Provider ID: 419139

Provider Gender: Female

License Number: NP95008782

NPI: 1689139396


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **ARVIZU, PALOMA**

Provider ID: 419139

Provider Gender: Female

License Number: NP95008782

NPI: 1689139396


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

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American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **SMITH, SHARON**

Provider ID: 419139

Provider Gender: Female

License Number: RN428876

NPI: 1780603597


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **SMITH, SHARON**


Provider ID: 419139

Provider Gender: Female

License Number: NP15444

## D2. Primary Care Directory

NPI: 1780603597

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 7592 BROADWAY

LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **SMITH, SHARON**

Provider ID: 419139

Provider Gender: Female

License Number: RN428876

NPI: 1780603597

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

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LEMON GROVE, CA 91945

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515-2550

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


#### **SMITH, SHARON**

Provider ID: 419139

Provider Gender: Female

License Number: NP15444

NPI: 1780603597

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

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LEMON GROVE, CA 91945

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 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


#### **TOTH, JESSICA**

Provider ID: 419139

Provider Gender: Female

License Number: NP95001050

NPI: 1578993788


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY

LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **TOTH, JESSICA**

Provider ID: 419139

Provider Gender: Female

License Number: NP95001050

NPI: 1578993788


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY

LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **WILLIAMS, TAKISHA**

Provider ID: 419139

## D2. Primary Care Directory

Provider Gender: Female  
License Number: NP95013978  
NPI: 1881727386

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **WILLIAMS, TAKISHA**

Provider ID: 419139

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **DORN, TIA**

Provider ID: 419139

Provider Gender: Female

License Number: C172318

NPI: 1285074740

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **FAMILY PRACTICE**

#### **DORN, TIA**

Provider ID: 419139

Provider Gender: Female

License Number: C172318

NPI: 1285074740

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **FAMILY PRACTICE**

#### **KIM, YUHEE**

Provider ID: 419139

Provider Gender: Female

License Number: A107323

NPI: 1629289400

Provider English Spoken: Y

Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **KIM, YUHEE**


Provider ID: 419139


Provider Gender: Female

## D2. Primary Care Directory

License Number: A107323

NPI: 1629289400

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Korean


Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY

LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FQHC**

#### **LEMON GROVE FAMILY**

#### **HEALTH CENTER,**

Provider ID: 419139


NPI: 1427282466

 Provider English Spoken: Y

Cultural Competency: N

 7592 BROADWAY

LEMON GROVE, CA 91945

 Phone: (619) 515-2550

Fax: (619) 825-9577

 After Hours Phone: (619)  
515-2550

 Website: N/A


Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM


### **FQHC**

#### **LEMON GROVE FAMILY**

#### **HEALTH CENTER,**

Provider ID: 419139


NPI: 1427282466

 Provider English Spoken: Y

Cultural Competency: N

 7592 BROADWAY

LEMON GROVE, CA 91945

 Phone: (619) 515-2550

Fax: (619) 825-9577

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **INTERNAL MEDICINE**


#### **GALLARES, DANIEL**

Provider ID: 419139

Provider Gender: Male

License Number: A165925

NPI: 1245689488


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY

LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **GALLARES, DANIEL**

Provider ID: 419139

Provider Gender: Male

License Number: A165925

NPI: 1245689488


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY

LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **MAHDAI, SUZAN**

Provider ID: 419139

Provider Gender: Female

License Number: A154838

NPI: 1598015679

 Provider English Spoken: Y

Cultural Competency: N



Board Certified Specialty: No


 7592 BROADWAY

LEMON GROVE, CA 91945



## D2. Primary Care Directory


 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550

 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

### INTERNAL MEDICINE

#### **MAHDAI, SUZAN**

Provider ID: 419139

Provider Gender: Female


License Number: A154838


NPI: 1598015679


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

### OBSTETRICS / GYNECOLOGY


#### **ALIMONOS, LYSISTRATI**

Provider ID: 419139

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY


#### **ALIMONOS, LYSISTRATI**

Provider ID: 419139

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish



Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

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 Website: N/A  
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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY


#### **BUECHNER, CHARLENE**

Provider ID: 419139

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP


MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,


SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**


#### **BUECHNER, CHARLENE**

*Provider ID: 419139*

*Provider Gender: Female*

*License Number: A68463*

*NPI: 1376663831*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL,*

*SCRIPPS MERCY HOSPITAL,*

*SCRIPPS MERCY HOSPITAL*


*CHULA VISTA, SHARP MARY*


*BIRCH HOSP FOR WOMEN*

*AND NEWBORNS*

*Board Certified Specialty: No*

 *7592 BROADWAY  
LEMON GROVE, CA 91945*

 *Phone: (619) 515-2550*

 *After Hours Phone: (619)  
515-2550*

 *Website: N/A*


*Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**


#### **CARTER, KHALIL**

*Provider ID: 419139*

*Provider Gender: Male*

*License Number: A113001*

*NPI: 1225231582*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL,*


*GROSSMONT HOSPITAL, TRI*

*CITY MEDICAL CTR*

*Board Certified Specialty: No*

 *7592 BROADWAY  
LEMON GROVE, CA 91945*

 *Phone: (619) 515-2550*

 *After Hours Phone: (619)  
515-2550*

 *Website: N/A*

*Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**


#### **CARTER, KHALIL**

*Provider ID: 419139*

*Provider Gender: Male*

*License Number: A113001*

*NPI: 1225231582*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL,*


*GROSSMONT HOSPITAL, TRI*


*CITY MEDICAL CTR*

*Board Certified Specialty: No*

 *7592 BROADWAY*

*LEMON GROVE, CA 91945*

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*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

*Provider ID: 419139*

*Provider Gender: Female*

*License Number: A118095*

*NPI: 1073701041*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SHARP*


*CORONADO HOSP AND*


*HEALTHCARE CTR,*


*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 *7592 BROADWAY  
LEMON GROVE, CA 91945*

 *Phone: (619) 515-2550*

 *After Hours Phone: (619)  
515-2550*

 *Website: N/A*

*Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**


#### **CERVANTES, SANDRA**

*Provider ID: 419139*

*Provider Gender: Female*

*License Number: A118095*

*NPI: 1073701041*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SHARP*

*CORONADO HOSP AND*


*HEALTHCARE CTR,*


*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 *7592 BROADWAY*

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*Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**


#### **CHAKRABARTI, PRIYA**


*Provider ID: 419139*

*Provider Gender: Female*

*License Number: A163464*

*NPI: 1326531401*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL, Sharp*


*Grossmont Hospital*

*Board Certified Specialty: No*

 *7592 BROADWAY*

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 *Phone: (619) 515-2550*

 *After Hours Phone: (619)  
515-2550*

 *Website: N/A*


*Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 9:00AM-5:00PM*

### **OBSTETRICS / GYNECOLOGY**


#### **CHAKRABARTI, PRIYA**


*Provider ID: 419139*

*Provider Gender: Female*

*License Number: A163464*

*NPI: 1326531401*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL, Sharp*


*Grossmont Hospital*


*Board Certified Specialty: No*

 *7592 BROADWAY*

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*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 9:00AM-5:00PM*

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

*Provider ID: 419139*

*Provider Gender: Male*

*License Number: A108228*

*NPI: 1629277322*


 *Provider English Spoken: Y*


*Cultural Competency: N*

*Board Certified Specialty: No*

 *7592 BROADWAY*

*LEMON GROVE, CA 91945*

 *Phone: (619) 515-2550*

 *After Hours Phone: (619)  
515-2550*

 *Website: N/A*


*Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

*Provider ID: 419139*

*Provider Gender: Male*

*License Number: A108228*

*NPI: 1629277322*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

 *7592 BROADWAY*

## D2. Primary Care Directory

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After Hours Phone: (619) 515-2550  
Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 419139  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945  
Phone: (619) 515-2550  
After Hours Phone: (619) 515-2550  
Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 419139  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945  
Phone: (619) 515-2550  
After Hours Phone: (619) 515-2550  
Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 419139  
Provider Gender: Female  
License Number: A148014  
NPI: 1457794752  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish, Yue  
Chinese  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
7592 BROADWAY  
LEMON GROVE, CA 91945  
Phone: (619) 515-2550  
After Hours Phone: (619) 515-2550  
Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER


### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 419139  
Provider Gender: Female  
License Number: A148014  
NPI: 1457794752  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish, Yue  
Chinese  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
7592 BROADWAY  
LEMON GROVE, CA 91945  
Phone: (619) 515-2550

## D2. Primary Care Directory

 After Hours Phone: (619)  
515-2550

 Website: N/A


Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 419139

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 419139

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 419139

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND


HEALTHCARE CTR, SCRIPPS


MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 419139

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND


HEALTHCARE CTR, SCRIPPS


MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

## D2. Primary Care Directory

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **LOEFFLER, ALLISON**

Provider ID: 419139

Provider Gender: Female

License Number: A116680

NPI: 1700073962

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **LOEFFLER, ALLISON**

Provider ID: 419139

Provider Gender: Female

License Number: A116680

NPI: 1700073962

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

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 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA**


#### **DEL**

Provider ID: 419139

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY  
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 Phone: (619) 515-2550

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515-2550

 Website: N/A


Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA**

#### **DEL**

Provider ID: 419139

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY  
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 Website: N/A


Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

## D2. Primary Care Directory

### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 419139

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

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After Hours Phone: (619)  
515-2500

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 419139

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 419139

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

7592 BROADWAY  
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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 419139

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 419139

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y

## D2. Primary Care Directory

Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
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Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY** **STABEN, REBECCA**

Provider ID: 419139

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY** **WINESBURG, JENNIFER**

Provider ID: 419139

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

Board Certified Specialty: No

7592 BROADWAY  
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After Hours Phone: (619)  
515-2500

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY** **WINESBURG, JENNIFER**

Provider ID: 419139

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY** **ZIEG, ALAN**

Provider ID: 419139

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SHARP CORONADO HOSP

AND HEALTHCARE CTR,

SCRIPPS MERCY HOSPITAL



## D2. Primary Care Directory

CHULA VISTA

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945  
Phone: (619) 515-2500  
After Hours Phone: (619)  
515-2500

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

**ZIEG, ALAN**

Provider ID: 419139

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945  
Phone: (619) 515-2500  
After Hours Phone: (619)  
515-2500

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

**JACKSON, DANA**

Provider ID: 419139

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation:

MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945  
Phone: (619) 515-2550  
After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

**JACKSON, DANA**

Provider ID: 419139

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation:

MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945  
Phone: (619) 515-2550  
After Hours Phone: (619)  
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Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

**SLEIMAN, JOSEPH**

Provider ID: 419139

Provider Gender: Male

License Number: A102060

NPI: 1093976748

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Arabic, French,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

## D2. Primary Care Directory

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **SLEIMAN, JOSEPH**

Provider ID: 419139

Provider Gender: Male

License Number: A102060

NPI: 1093976748

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, French,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

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Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **FLEMING, DAVID**

Provider ID: 419139

Provider Gender: Male

License Number: PA12416

NPI: 1932329505

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **FLEMING, DAVID**

Provider ID: 419139

Provider Gender: Male

License Number: PA12416

NPI: 1932329505

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
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Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **GODDARD, SHANNON**

Provider ID: 419139

Provider Gender: Female

License Number: PA56072

NPI: 1780961417

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **GODDARD, SHANNON**

Provider ID: 419139

Provider Gender: Female

License Number: PA56072

NPI: 1780961417

Provider English Spoken: Y

Cultural Competency: N


Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### NATIONAL CITY

#### CERTIFIED NURSE

#### PRACTITIONER

#### **AQUINO, FELINO**

Provider ID: 417102

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

Provider English Spoken: Y


Provider Language(s)


Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-6:00PM

F 8:00AM-5:00PM

#### CERTIFIED NURSE

#### PRACTITIONER

#### **AQUINO, FELINO**

Provider ID: 418302

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

Provider English Spoken: Y


Provider Language(s)


Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No

 2101 GRANGER AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

#### CERTIFIED NURSE

#### PRACTITIONER

#### **AQUINO, FELINO**

Provider ID: 417102

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

Provider English Spoken: Y


Provider Language(s)

Spoken: Tagalog

Cultural Competency: N


Board Certified Specialty: No

 2743 HIGHLAND AVE  
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Min/Max Age: 0\150

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#### CERTIFIED NURSE

#### PRACTITIONER

#### **AQUINO, FELINO**

Provider ID: 418302

Provider Gender: Male

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Provider Language(s)


Spoken: Tagalog


Cultural Competency: N

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American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

#### CERTIFIED NURSE

#### PRACTITIONER

#### **DHARKAR SURBER, SAPNA**

## D2. Primary Care Directory

Provider ID: 185270

Provider Gender: Female

License Number: NP95013257

NPI: 1538707765


Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308  
Fax: (619) 434-7310

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **DHARKAR SURBER, SAPNA**

Provider ID: 185270

Provider Gender: Female

License Number: NP95013257

NPI: 1538707765


Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308  
Fax: (619) 434-7310

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **LIM, IMELDA**

Provider ID: 418302

Provider Gender: Female

License Number: NP95000203



NPI: 1093130395


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 2101 GRANGER AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426  
 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa-mahan.org](http://www.operationsa-mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:00PM

### CERTIFIED NURSE

#### PRACTITIONER

#### **LIM, IMELDA**

Provider ID: 417102

Provider Gender: Female

License Number: NP95000203



NPI: 1093130395


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426  
 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa-mahan.org](http://www.operationsa-mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### CERTIFIED NURSE

#### PRACTITIONER

#### **LIM, IMELDA**

Provider ID: 417102

Provider Gender: Female

License Number: NP95000203

NPI: 1093130395


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog


## D2. Primary Care Directory


*Cultural Competency: N*

*Board Certified Specialty: No*

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-TH 8:00AM-6:00PM*

*F 8:00AM-5:00PM*

### **CERTIFIED NURSE**

### **PRACTITIONER**


#### **LIM, IMELDA**

*Provider ID: 418302*

*Provider Gender: Female*

*License Number: NP95000203*

*NPI: 1093130395*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Tagalog*


*Cultural Competency: N*

*Board Certified Specialty: No*

 2101 GRANGER AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT*

*PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **LUM, YUIN-WAH**

*Provider ID: 418930*

*Provider Gender: Female*


*License Number: NP95010663*


*NPI: 1942764477*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

 After Hours Phone: (619)  
515-2399

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **LUM, YUIN-WAH**

*Provider ID: 418930*

*Provider Gender: Female*


*License Number: NP95010663*

*NPI: 1942764477*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

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 After Hours Phone: (619)

*515-2399*


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Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **NEVAREZ, IRENE**

*Provider ID: 185270*

*Provider Gender: Female*

*License Number: NP95009891*

*NPI: 1003166646*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: UCSD LA*


*JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
CTR*

*Board Certified Specialty: No*

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 564-8765

 After Hours Phone: (619)  
564-8765

 Website: [www.lamaestra.or  
g](http://www.lamaestra.or<br/>g)


Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

## D2. Primary Care Directory

### **CERTIFIED NURSE PRACTITIONER**

**NEVAREZ, IRENE**

Provider ID: 185270

Provider Gender: Female

License Number: NP95009891

NPI: 1003166646

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD LA


JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 564-8765

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 Website: [www.lamaestra.org](http://www.lamaestra.org)


Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**OCHOA, ERLINDA**

Provider ID: 185270

Provider Gender: Female

License Number: NP4430


NPI: 1346437464


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

**OCHOA, ERLINDA**

Provider ID: 185270

Provider Gender: Female

License Number: NP4430


NPI: 1346437464


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

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[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

**REAL, MARIA**

Provider ID: 185270

Provider Gender: Female

License Number: NP17328

NPI: 1548450471

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

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434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

**REAL, MARIA**

Provider ID: 185270

Provider Gender: Female

License Number: NP17328

## D2. Primary Care Directory


NPI: 1548450471


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
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 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **REID, EMILY**

Provider ID: 185270

Provider Gender: Female


License Number: NP95002766


NPI: 1083081467

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

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#### **PRACTITIONER**

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Board Certified Specialty: No

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 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**



##### **VERDUZCO GONZALEZ, AURORA**

Provider ID: 185270

Provider Gender: Female

License Number: NP95001961

NPI: 1932452323


 Provider English Spoken: Y  
 Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **VERDUZCO GONZALEZ, AURORA**

Provider ID: 185270

Provider Gender: Female

License Number: NP95001961

NPI: 1932452323


 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N




Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

## D2. Primary Care Directory




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 After Hours Phone: (619)  
434-7308  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**


#### **VILLANUEVA DE GUTIE, BERENICE**





Provider ID: 185270  
Provider Gender: Female  
License Number: NP95002188  
NPI: 1952795536  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308


 After Hours Phone: (619)  
434-7308  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

#### **VILLANUEVA DE GUTIE, BERENICE**



Provider ID: 185270  
Provider Gender: Female  
License Number: NP95002188  
NPI: 1952795536  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No






 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
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g

Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**



#### **WILLIAMS, BREAHA**





Provider ID: 185270  
Provider Gender: Female  
License Number: NP95001840  
NPI: 1063884864  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 After Hours Phone: (619)  
434-7308  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**


#### **WILLIAMS, BREAHA**

Provider ID: 185270  
Provider Gender: Female  
License Number: NP95001840  
NPI: 1063884864  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 After Hours Phone: (619)  
434-7308  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N



## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:30PM*

### **FAMILY PRACTICE**

#### **ALGHAMDI, ASMA**

*Provider ID: 227418*

*Provider Gender: Female*


*License Number: A167529*


*NPI: 1316310840*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: syhealth.org/clinics/paradise-hills-family-clinic*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **ALGHAMDI, ASMA**

*Provider ID: 227418*

*Provider Gender: Female*


*License Number: A167529*

*NPI: 1316310840*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

662-4100  
 *Website: syhealth.org/clinics/paradise-hills-family-clinic*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **FAMILY PRACTICE**



#### **ANDAYA, MIKHAEL**

*Provider ID: 418930*

*Provider Gender: Male*

*License Number: A176878*


*NPI: 1780189209*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Tagalog*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 *Phone: (619) 515-2399*

 *After Hours Phone: (619) 515-2399*

 *Website: www.fhcsd.org*  
*Email: lucinaj@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **ANDAYA, MIKHAEL**

*Provider ID: 418930*

*Provider Gender: Male*

*License Number: A176878*

*NPI: 1780189209*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Tagalog*


*Cultural Competency: N*

*Board Certified Specialty: No*

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 *After Hours Phone: (619) 515-2399*

 *Website: www.fhcsd.org*  
*Email: lucinaj@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**



#### **BAEZ, BEATRICE**

*Provider ID: 417102*

*Provider Gender: Female*

*License Number: A74777*


*NPI: 1245372507*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 *Phone: (844) 200-2426*

 *After Hours Phone: (844) 200-2426*


 *Website: www.operationsa-mahan.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*



## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-TU 8:30AM-5:30PM*  
*W 10:00AM-7:00PM*  
*TH-F 8:30AM-5:30PM*

### **FAMILY PRACTICE**


#### **BAEZ, BEATRICE**

*Provider ID: 417102*  
*Provider Gender: Female*  
*License Number: A74777*  
*NPI: 1245372507*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844) 200-2426*  
 *Website: www.operationsa mahan.org*


*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-TU 8:30AM-5:30PM*  
*W 10:00AM-7:00PM*  
*TH-F 8:30AM-5:30PM*

### **FAMILY PRACTICE**

#### **CAMPBELL, BRIANNA**


*Provider ID: 227418*  
*Provider Gender: Female*  
*License Number: A157488*  
*NPI: 1316479892*


 *Provider English Spoken: Y*


*Cultural Competency: N*  
*Hospital Affiliation: CHULA VISTA COMM HOSP*

*Board Certified Specialty: No*

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: syhealth.org/clinic s/paradise- hills- family- clinic*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **CAMPBELL, BRIANNA**


*Provider ID: 227418*  
*Provider Gender: Female*  
*License Number: A157488*  
*NPI: 1316479892*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: CHULA VISTA COMM HOSP*

*Board Certified Specialty: No*

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: syhealth.org/clinic s/paradise- hills- family- clinic*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **CANLAS, AVELINO**

*Provider ID: 417102*  
*Provider Gender: Male*  
*License Number: A74854*  
*NPI: 1275682528*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Tagalog*


*Cultural Competency: N*


*Hospital Affiliation: PARADISE VALLEY HOSPITAL*

*Board Certified Specialty: No*

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 *Phone: (844) 200-2426*

 *After Hours Phone: (844) 200-2426*

 *Website: www.operationsa mahan.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TH 8:00AM-6:00PM*  
*F 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **CANLAS, AVELINO**

*Provider ID: 417102*  
*Provider Gender: Male*  
*License Number: A74854*  
*NPI: 1275682528*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Tagalog*

*Cultural Competency: N*

## D2. Primary Care Directory

Hospital Affiliation: PARADISE VALLEY HOSPITAL

Board Certified Specialty: No

1136 D AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

After Hours Phone: (844) 200-2426

Website: [www.operationsamahana.org](http://www.operationsamahana.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### FAMILY PRACTICE

#### **CARRIEDO CENICEROS, MARIA**

Provider ID: 227412

Provider Gender: Female

License Number: A78373

NPI: 1295746618

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1136 D AVE  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **CARRIEDO CENICEROS, MARIA**

Provider ID: 227412

Provider Gender: Female

License Number: A78373

NPI: 1295746618

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1136 D AVE  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **CEVALLOS, JAMES**

Provider ID: 227412

Provider Gender: Male

License Number: A55469

NPI: 1720181829

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No

1136 D AVE  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 474-3722

After Hours Phone: (619) 662-4100

Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **CEVALLOS, JAMES**

Provider ID: 227412

Provider Gender: Male

License Number: A55469

NPI: 1720181829

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No

1136 D AVE  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 474-3722

After Hours Phone: (619) 662-4100

Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

## D2. Primary Care Directory

American Sign Language (ASL): NPI: 1629232715

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


**DILLON, MAYRA**

Provider ID: 227412

Provider Gender: Female

License Number: A112571

NPI: 1629232715

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 336-2323

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinic-s/national-city-family-clinic-1](http://syhealth.org/clinic-s/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM


### **FAMILY PRACTICE**

**DILLON, MAYRA**

Provider ID: 227412

Provider Gender: Female

License Number: A112571

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 336-2323

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinic-s/national-city-family-clinic-1](http://syhealth.org/clinic-s/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**


**HERNANDEZ, JOANNA**

Provider ID: 227412

Provider Gender: Female

License Number: A138919

NPI: 1154749315


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinic-s/national-city-family-clinic-1](http://syhealth.org/clinic-s/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

**HERNANDEZ, JOANNA**

Provider ID: 227412

Provider Gender: Female

License Number: A138919

NPI: 1154749315


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: [syhealth.org/clinic-s/national-city-family-clinic-1](http://syhealth.org/clinic-s/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

**LANUZA, MARK**

Provider ID: 418930

Provider Gender: Male

## D2. Primary Care Directory


License Number: 20A18460


NPI: 1992230593

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

 After Hours Phone: (619)  
515-2399

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-3:30PM

TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

### **FAMILY PRACTICE**

#### **LANUZA, MARK**

Provider ID: 418930

Provider Gender: Male


License Number: 20A18460


NPI: 1992230593

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

 After Hours Phone: (619)  
515-2399

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-3:30PM

TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

### **FAMILY PRACTICE**


#### **LAW, KAREN**

Provider ID: 227418

Provider Gender: Female

License Number: A138534

NPI: 1205253150

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: CHULA


VISTA COMM HOSP

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinic/s/paradise-hills-family-clinic](http://syhealth.org/clinic/s/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LAW, KAREN**

Provider ID: 227418

Provider Gender: Female

License Number: A138534

NPI: 1205253150

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: CHULA


VISTA COMM HOSP

Board Certified Specialty: No

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NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinic/s/paradise-hills-family-clinic](http://syhealth.org/clinic/s/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LEUTE, ERIC**

Provider ID: 227418

Provider Gender: Male

License Number: A80832

NPI: 1720171507

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

## D2. Primary Care Directory

Board Certified Specialty: No

📍 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619)  
662-4100

🌐 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **LEUTE, ERIC**

Provider ID: 227418

Provider Gender: Male

License Number: A80832

NPI: 1720171507

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

📍 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619)  
662-4100

🌐 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **MEDINA, ALEXANDER**

Provider ID: 361428

Provider Gender: Male

License Number: A133539

NPI: 1467714436

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

📍 330 E 8TH ST  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619)  
662-4100

🌐 Website: [www.syhealth.org](http://www.syhealth.org)

Email:  
[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **MEDINA, ALEXANDER**

Provider ID: 361428

Provider Gender: Male

License Number: A133539

NPI: 1467714436

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

📍 330 E 8TH ST  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619)  
662-4100

🌐 Website: [www.syhealth.org](http://www.syhealth.org)

Email:  
[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **MOHAMEDI, NADIA**

Provider ID: 227418

Provider Gender: Female

License Number: A146819

NPI: 1477947364

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

📍 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619)  
662-4100

🌐 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory



N

 **Accessibility: CONTACT PROVIDER**  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**


#### **MOHAMEDI, NADIA**


Provider ID: 227418  
Provider Gender: Female  
License Number: A146819  
NPI: 1477947364


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N



 **Accessibility: CONTACT PROVIDER**

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **NAVARRO, VANESSA**


Provider ID: 227418  
Provider Gender: Female  
License Number: A113624  
NPI: 1952563421

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR


Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):



N

 **Accessibility: CONTACT PROVIDER**

### **FAMILY PRACTICE**

#### **NAVARRO, VANESSA**


Provider ID: 227418  
Provider Gender: Female  
License Number: A113624  
NPI: 1952563421

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR


Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

### **FAMILY PRACTICE**

#### **NIKZAD, JASON**

Provider ID: 361428  
Provider Gender: Male  
License Number: 20A12653  
NPI: 1508121674

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 330 E 8TH ST  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Email:


[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

### **FAMILY PRACTICE**

#### **NIKZAD, JASON**

## D2. Primary Care Directory

Provider ID: 361428

Provider Gender: Male

License Number: 20A12653

NPI: 1508121674

Provider English Spoken: Y


Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 330 E 8TH ST  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Email:

[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **OCEGUEDA, JOSHUA**

Provider ID: 227412

Provider Gender: Male

License Number: A165184

NPI: 1336643345


Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **OCEGUEDA, JOSHUA**

Provider ID: 227412

Provider Gender: Male

License Number: A165184

NPI: 1336643345


Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **RICHARDSON, DANIELLE**

Provider ID: 227418

Provider Gender: Female

License Number: A127555

NPI: 1609142892

Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


ENCINITAS

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **RICHARDSON, DANIELLE**

Provider ID: 227418

Provider Gender: Female

License Number: A127555

NPI: 1609142892


Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)








## D2. Primary Care Directory

*s/paradise- hills- family- clinic*  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **ROBERTS, POMAI**







Provider ID: 227412  
Provider Gender: Female  
License Number: A103218  
NPI: 1023278314  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**





#### **ROBERTS, POMAI**


Provider ID: 227412  
Provider Gender: Female

License Number: A103218  
NPI: 1023278314  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 1136 D AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**








#### **SCHUMAKER, EDWARD**

Provider ID: 185270  
Provider Gender: Male  
License Number: 20A6433  
NPI: 1184616872  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 After Hours Phone: (619)  
434-7308  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

*g*  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SCHUMAKER, EDWARD**

Provider ID: 185270  
Provider Gender: Male  
License Number: 20A6433  
NPI: 1184616872  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 After Hours Phone: (619)  
434-7308  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
*g*  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **SNOOK, BRIAN**

Provider ID: 227418  
Provider Gender: Male

## D2. Primary Care Directory

License Number: 20A11518

NPI: 1295977353


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2806


 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **SNOOK, BRIAN**

Provider ID: 227418

Provider Gender: Male

License Number: 20A11518

NPI: 1295977353


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2806

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

nic

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **STONES, RACHEL**

Provider ID: 185270

Provider Gender: Female

License Number: A167184


NPI: 1720583040


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 280-4213

 After Hours Phone: (619)  
280-4213

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: TH 8:00AM-2:00PM

### **FAMILY PRACTICE**

#### **STONES, RACHEL**

Provider ID: 185270

Provider Gender: Female

License Number: A167184


NPI: 1720583040


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 280-4213

 After Hours Phone: (619)  
280-4213

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: TH 8:00AM-2:00PM

### **FAMILY PRACTICE**

#### **VELASQUEZ, SHARON**

Provider ID: 227418

Provider Gender: Female

License Number: A71304

NPI: 1972732584

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

## D2. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **VELASQUEZ, SHARON**

Provider ID: 227418

Provider Gender: Female

License Number: A71304

NPI: 1972732584

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FQHC**

#### **FAMILY HEALTH CTR SD**


#### **NATIONAL CITY,**

Provider ID: 418930

NPI: 1417409228

 Provider English Spoken: Y  
Cultural Competency: N

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

Fax: (619) 269-0053

 After Hours Phone: (619)  
515-2399

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-3:30PM

TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

### **FQHC**

#### **FAMILY HEALTH CTR SD**


#### **NATIONAL CITY,**

Provider ID: 418930


NPI: 1417409228

 Provider English Spoken: Y  
Cultural Competency: N

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

Fax: (619) 269-0053

 After Hours Phone: (619)  
515-2399

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-3:30PM

TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

### **FQHC**


#### **LA MAESTRA FAMILY CLINIC INC,**

Provider ID: 185270

NPI: 1336353721

 Provider English Spoken: Y  
Cultural Competency: N

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

Fax: (619) 434-7310

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: TH 8:00AM-2:00PM

### **FQHC**






#### **LA MAESTRA FAMILY CLINIC INC,**

Provider ID: 185270

NPI: 1336353721

 Provider English Spoken: Y  
Cultural Competency: N

## D2. Primary Care Directory

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
Fax: (619) 434-7310  
 After Hours Phone: (619)  
434-7308  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: TH 8:00AM-2:00PM




### **FQHC**

#### **OPERATION SAMAHAN - NATIONAL C,**

Provider ID: 417102  
NPI: 1801907449  
 Provider English Spoken: Y  
Cultural Competency: N  
 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
Fax: (619) 474-3919  
 After Hours Phone: (844)  
200-2426  
 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **FQHC**

#### **OPERATION SAMAHAN - NATIONAL C,**


Provider ID: 417102  
NPI: 1801907449  
 Provider English Spoken: Y  
Cultural Competency: N  
 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
Fax: (619) 474-3919  
 After Hours Phone: (844)  
200-2426  
 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **FQHC**

#### **OPERATION SAMAHAN GRANGER SCHOOL BASED,**







Provider ID: 418302  
NPI: 1205134517  
 Provider English Spoken: Y  
Cultural Competency: N  
 2101 GRANGER AVE  
NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
Fax: (619) 434-8999  
 After Hours Phone: (844)  
200-2426  
 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM






### **FQHC**

#### **OPERATION SAMAHAN GRANGER SCHOOL BASED,**


Provider ID: 418302  
NPI: 1205134517  
 Provider English Spoken: Y  
Cultural Competency: N  
 2101 GRANGER AVE  
NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
Fax: (619) 434-8999  
 After Hours Phone: (844)  
200-2426  
 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **SAN YSIDRO HEALTH NATIONAL CITY,**


Provider ID: 227412  
NPI: 1003869363  
 Provider English Spoken: Y  
Cultural Competency: N  
 1136 D AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
Fax: (619) 474-3722  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinic](http://syhealth.org/clinic)



## D2. Primary Care Directory

*s/national- city- family- clinic- 1*  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM


### **FQHC**


#### **SAN YSIDRO HEALTH NATIONAL CITY,**

Provider ID: 227412  
NPI: 1003869363  
 Provider English Spoken: Y  
Cultural Competency: N

 1136 D AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
Fax: (619) 474-3722


 After Hours Phone: (619) 662-4100






 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **SAN YSIDRO HEALTH PARADISE HILLS,**



Provider ID: 227418  
NPI: 1598907487  
 Provider English Spoken: Y  
Cultural Competency: N



 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
Fax: (619) 259-2807  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM


### **FQHC**

#### **SAN YSIDRO HEALTH PARADISE HILLS,**

Provider ID: 227418  
NPI: 1598907487  
 Provider English Spoken: Y  
Cultural Competency: N

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
Fax: (619) 259-2807


 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **SAN YSIDRO HEALTH SOUTH BAY,**

Provider ID: 361428  
NPI: 1851757215  
 Provider English Spoken: Y  
Cultural Competency: N  
 330 E 8TH ST  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
Fax: (619) 434-3514  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Email:

[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **SAN YSIDRO HEALTH SOUTH BAY,**

Provider ID: 361428  
NPI: 1851757215  
 Provider English Spoken: Y  
Cultural Competency: N  
 330 E 8TH ST  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
Fax: (619) 434-3514  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Email:

[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

## D2. Primary Care Directory

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### HEPATOLOGY


#### **GISH, ROBERT**


Provider ID: 185270

Provider Gender: Male

License Number: G45632

NPI: 1548281322

 Provider English Spoken: Y

 Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese


Cultural Competency: N


Hospital Affiliation: LOMA


LINDA UNIVERSITY COMM MED CTR

Board Certified Specialty: No

 217 HIGHLAND AVE NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619) 434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:


[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM


### HEPATOLOGY


#### **GISH, ROBERT**

Provider ID: 185270

License Number: G45632

NPI: 1548281322

 Provider English Spoken: Y

 Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese


Cultural Competency: N


Hospital Affiliation: LOMA

LINDA UNIVERSITY COMM MED CTR

Board Certified Specialty: No

 217 HIGHLAND AVE NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619) 434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM


### INTERNAL MEDICINE


#### **BRAVERMAN, IRA**

Provider ID: 10635

Provider Gender: Male

NPI: 1124039755

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Tagalog


Cultural Competency: N

Hospital Affiliation: PARADISE


VALLEY HOSPITAL

Board Certified Specialty: Yes

 610 EUCLID AVE STE 201 NATIONAL CITY, CA 91950

 Phone: (619) 267-8181

Fax: (619) 479-6750

 After Hours Phone: (619) 267-8181

 Website: N/A

Email: [SIEAB@AOL.COM](mailto:SIEAB@AOL.COM)

Medi-Cal Open Panel: Yes

Min/Max Age: 18\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **HEKMAT, RAZI**

Provider ID: 78388


Provider Gender: Male


NPI: 1871501205

 Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation: PARADISE VALLEY HOSPITAL

Board Certified Specialty: No

 610 EUCLID AVE STE 201 NATIONAL CITY, CA 91950

 Phone: (619) 267-8181

Fax: (619) 479-6750

 After Hours Phone: (619) 267-8181

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

### INTERNAL MEDICINE

## D2. Primary Care Directory


### LAMANTIA, MICHELE

Provider ID: 227412

Provider Gender: Female

License Number: G71855

NPI: 1124176102

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 1136 D AVE

NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

### LAMANTIA, MICHELE


Provider ID: 227412

Provider Gender: Female

License Number: G71855

NPI: 1124176102

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1136 D AVE

NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

*s/national-city-family-clinic-1*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

### LAMANTIA, MICHELE


Provider ID: 361428

Provider Gender: Female

License Number: G71855

NPI: 1124176102

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 330 E 8TH ST

NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Email:

[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

### LAMANTIA, MICHELE

Provider ID: 361428

Provider Gender: Female

License Number: G71855

NPI: 1124176102

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 330 E 8TH ST

NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Email:

[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

### ROUEL, WADI


Provider ID: 185270

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL


HOSPITAL, GROSSMONT


HOSPITAL

Board Certified Specialty: No

 217 HIGHLAND AVE

NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

## D2. Primary Care Directory

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g


Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **INTERNAL MEDICINE**


#### **ROUEL, WADI**


Provider ID: 185270

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,


SCRIPPS MEMORIAL


HOSPITAL, GROSSMONT


HOSPITAL

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **NEUROLOGY**

#### **CANTU-REYNA, GUILLERMO**

Provider ID: 185270

Provider Gender: Male

License Number: A41375

NPI: 1447389101

 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 798-3977

 After Hours Phone: (619)  
798-3977

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **NEUROLOGY**

#### **CANTU-REYNA, GUILLERMO**

Provider ID: 185270

Provider Gender: Male

License Number: A41375

NPI: 1447389101

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 798-3977

 After Hours Phone: (619)  
798-3977

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ASLIAN, AZITA**


Provider ID: 227418

Provider Gender: Female

License Number: A118227

NPI: 1851667661

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Fataleka

Cultural Competency: N

Hospital Affiliation: Hemet


Global Medical Center, Menifee


Global Medical Center,


SCRIPPS MERCY HOSPITAL


CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950


 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)






## D2. Primary Care Directory

nic  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ASLIAN, AZITA**

Provider ID: 227418  
Provider Gender: Female  
License Number: A118227  
NPI: 1851667661  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Fataleka  
Cultural Competency: N  
Hospital Affiliation: Hemet  
Global Medical Center, Menifee  
Global Medical Center,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL  
Board Certified Specialty: No  
 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: syhealth.org/clinic  
s/paradise-hills-family-clinic

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER


### **PEDIATRICS**

#### **BAILONY, AHMAD**

Provider ID: 146949  
Provider Gender: Male  
NPI: 1790914422  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
PARADISE VALLEY HOSPITAL,  
SHARP CHULA VISTA MED  
CTR, SHARP MEMORIAL  
HOSPITAL


Board Certified Specialty: No  
 655 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950  
 Phone: (619) 470-1945  
Fax: (619) 475-5048  
 After Hours Phone: (619)  
470-1945  
 Website: N/A  
Email:

BAILONYPEDIATRICS@GMAIL.COM  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19


American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **BAILONY, MOHAMMED**





Provider ID: 30132  
Provider Gender: Male  
NPI: 1376625913  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
PARADISE VALLEY HOSPITAL,  
SHARP CHULA VISTA MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: Yes  
 655 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950  
 Phone: (619) 470-1945  
Fax: (619) 475-5048  
 After Hours Phone: (619)  
470-1945  
 Website: N/A  
Email:



BAILONY@YAHOO.COM  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **BARBADILLO, TERESITA**







Provider ID: 84258  
Provider Gender: Female  
NPI: 1952416695  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PARADISE  
VALLEY HOSPITAL  
Board Certified Specialty: No  
 655 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950  
 Phone: (619) 267-8601  
Fax: (619) 267-2242  
 After Hours Phone: (619)

## D2. Primary Care Directory

267-8601  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9:00AM-5:00PM







### **PEDIATRICS**

#### **BONSU, BEMA**

Provider ID: 227412  
Provider Gender: Male  
License Number: C55180  
NPI: 1932106986  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND  
Board Certified Specialty: No  
 1136 D AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



### **PEDIATRICS**






#### **BONSU, BEMA**

Provider ID: 227412  
Provider Gender: Male  
License Number: C55180  
NPI: 1932106986  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND  
Board Certified Specialty: No  
 1136 D AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**







#### **CONE, STEPHANIE**

Provider ID: 185270  
Provider Gender: Female  
License Number: A123929  
NPI: 1437444858  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, RADY CHILDRENS

HOSPITAL SAN DIEGO  
Board Certified Specialty: No  
 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 After Hours Phone: (619)  
434-7308  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CONE, STEPHANIE**

Provider ID: 185270  
Provider Gender: Female  
License Number: A123929  
NPI: 1437444858  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Board Certified Specialty: No  
 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 After Hours Phone: (619)  
434-7308  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:

## D2. Primary Care Directory

*aschmaltz@lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  *Provider English Spoken: Y*  
 *Provider Language(s)*

*N*  
 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **DAY, CHRISTOPHER**

*Provider ID: 418930*

*Provider Gender: Male*

*License Number: A163862*

*NPI: 1184121253*


*Provider English Spoken: Y*


*Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 *Phone: (619) 515-2399*

 *After Hours Phone: (619) 515-2399*

 *Website: www.fhcsd.org*

*Email: lucinaj@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  *Provider English Spoken: Y*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:30AM-3:30PM*

*TU 10:30AM-5:30PM*

*W 8:30AM-3:30PM*

*TH 10:30AM-5:30PM*

*F 8:30AM-3:30PM*

### **PEDIATRICS**

#### **DAY, CHRISTOPHER**

*Provider ID: 418930*

*Provider Gender: Male*

*License Number: A163862*

*NPI: 1184121253*


*Provider English Spoken: Y*


*Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 *Phone: (619) 515-2399*

 *After Hours Phone: (619) 515-2399*

 *Website: www.fhcsd.org*

*Email: lucinaj@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  *Provider English Spoken: Y*  
 *Provider Language(s)*

*N*  
 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:30AM-3:30PM*

*TU 10:30AM-5:30PM*

*W 8:30AM-3:30PM*

*TH 10:30AM-5:30PM*

*F 8:30AM-3:30PM*

### **PEDIATRICS**

#### **FRESNO, BLANCA**

*Provider ID: 102433*

*Provider Gender: Female*

*NPI: 1346258787*

*Provider English Spoken: Y*

*Provider Language(s)*  
*Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: PARADISE*


*VALLEY HOSPITAL, SHARP*

*CHULA VISTA MED CTR*

*Board Certified Specialty: No*

 655 EUCLID AVE STE 207

NATIONAL CITY, CA 91950

 *Phone: (619) 475-4575*

*Fax: (619) 475-4578*

 *After Hours Phone: (619) 475-4575*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*  *Provider English Spoken: Y*  
 *Provider Language(s)*

*N*  
 *Accessibility: CONTACT PROVIDER*

*Hours: SU-SA 8:00AM-5:00PM*

### **PEDIATRICS**

#### **GARCIA, RAFAEL**

*Provider ID: 84954*

*Provider Gender: Male*

*NPI: 1053414086*

*Provider English Spoken: Y*

*Provider Language(s)*  
*Spoken: Spanish, Tagalog*


*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 610 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 *Phone: (619) 527-7700*

*Fax: (619) 527-3226*

 *After Hours Phone: (619) 527-7700*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*  *Provider English Spoken: Y*  
 *Provider Language(s)*

*N*  
 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

## D2. Primary Care Directory

### PEDIATRICS

#### **RANA, DEBORAH**

Provider ID: 227418

Provider Gender: Female

License Number: G88347

NPI: 1033191457

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,


SCRIPPS MEMORIAL


HOSPITAL ENCINITAS, CHULA


VISTA COMM HOSP

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **RANA, DEBORAH**

Provider ID: 227418

Provider Gender: Female

License Number: G88347

NPI: 1033191457

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,


SCRIPPS MEMORIAL


HOSPITAL ENCINITAS, CHULA N


VISTA COMM HOSP

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **UY, CARMELITA**

Provider ID: 424443

Provider Gender: Female

NPI: 1154431484

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP


CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA


Board Certified Specialty: No

 2340 E 8TH ST STE E  
NATIONAL CITY, CA 91950

 Phone: (619) 216-8500

Fax: (619) 216-8511

 After Hours Phone: (619)  
216-8511

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **VALENCIA, MARILES**

Provider ID: 104060

Provider Gender: Female

NPI: 1275541625

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY

HOSPITAL, SHARP CHULA

VISTA MED CTR, RADY


CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No

 655 EUCLID AVE STE 207  
NATIONAL CITY, CA 91950

 Phone: (619) 475-4575

Fax: (619) 475-4578

 After Hours Phone: (619)  
475-4575

 Website: N/A

Email:


[PEDIATRICSINPARADISE@YAHOO.COM](mailto:PEDIATRICSINPARADISE@YAHOO.COM)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8:00AM-5:00PM

### PHYSICIANS ASSISTANT

## D2. Primary Care Directory

### **ARMENTA, JORGE**

Provider ID: 185270

Provider Gender: Male


License Number: PA13694


NPI: 1346382611


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **ARMENTA, JORGE**

Provider ID: 185270

Provider Gender: Male


License Number: PA13694


NPI: 1346382611


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **BANGS, SASHA**

Provider ID: 418930

Provider Gender: Female


License Number: PA55660


NPI: 1720524374


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

 After Hours Phone: (619)  
515-2399

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **BANGS, SASHA**

Provider ID: 418930

Provider Gender: Female


License Number: PA55660


NPI: 1720524374


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

 After Hours Phone: (619)  
515-2399


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **MARTINEZ MURGUIA, IRENE**

Provider ID: 185270

Provider Gender: Female


License Number: PA20296


NPI: 1447492889

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:


[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **MARTINEZ MURGUIA, IRENE**

Provider ID: 185270

## D2. Primary Care Directory

Provider Gender: Female  
License Number: PA20296  
NPI: 1447492889  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
📞 Phone: (619) 434-7308  
🕒 After Hours Phone: (619)  
434-7308  
🌐 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **MERCER, KELLY**

Provider ID: 185270  
Provider Gender: Female  
License Number: PA21625  
NPI: 1154609790  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Board Certified Specialty: No  
📍 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
📞 Phone: (619) 434-7308  
🕒 After Hours Phone: (619)  
434-7308  
🌐 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **MERCER, KELLY**

Provider ID: 185270  
Provider Gender: Female  
License Number: PA21625  
NPI: 1154609790  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Board Certified Specialty: No  
📍 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
📞 Phone: (619) 434-7308  
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434-7308  
🌐 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM

## OCEANSIDE

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BAEK, KILHYO**

Provider ID: 206341  
Provider Gender: Female  
License Number: NP95003571  
NPI: 1053776914  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4700 N RIVER RD  
OCEANSIDE, CA 92057  
📞 Phone: (760) 631-5000  
🕒 After Hours Phone: (760)  
631-5000  
🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BAEK, KILHYO**

Provider ID: 206341  
Provider Gender: Female  
License Number: NP95003571  
NPI: 1053776914  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4700 N RIVER RD  
OCEANSIDE, CA 92057  
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🕒 After Hours Phone: (760)  
631-5000  
🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

## D2. Primary Care Directory

---

American Sign Language (ASL): Cultural Competency: N

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **BAEK, KILHYO**

Provider ID: 206341

Provider Gender: Female


License Number: NP95003571


NPI: 1053776914

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**


#### **BAEK, KILHYO**

Provider ID: 206341

Provider Gender: Female


License Number: NP95003571


NPI: 1053776914

 Provider English Spoken: Y

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

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 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

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### **PRACTITIONER**

#### **BAEK, KILHYO**

Provider ID: 206341

Provider Gender: Female


License Number: NP95003571


NPI: 1053776914

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

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631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

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### **PRACTITIONER**

#### **BAEK, KILHYO**

Provider ID: 206341

Provider Gender: Female


License Number: NP95003571


NPI: 1053776914


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **BROMAN, GRETCHEN**

Provider ID: 402436

Provider Gender: Female


License Number: NP95007885

NPI: 1922421288

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

## D2. Primary Care Directory

 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM





### **CERTIFIED NURSE PRACTITIONER**

#### **BROMAN, GRETCHEN**


Provider ID: 402436  
Provider Gender: Female  
License Number: NP95007885  
NPI: 1922421288  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **BROMAN, GRETCHEN**





Provider ID: 402436  
Provider Gender: Female  
License Number: NP95007885  
NPI: 1922421288  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000

 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **CERTIFIED NURSE PRACTITIONER**


#### **BROMAN, GRETCHEN**

Provider ID: 402436  
Provider Gender: Female  
License Number: NP95007885  
NPI: 1922421288  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760)

631-5000  
 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **HALGEDAHL, YI**

Provider ID: 402436  
Provider Gender: Female  
License Number: NP95006826  
NPI: 1619246907  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Mandarin  
Cultural Competency: N  
Board Certified Specialty: No  
 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM



## D2. Primary Care Directory

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **HALGEDAHL, YI**

Provider ID: 402434

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


Provider English Spoken: Y


Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **HALGEDAHL, YI**

Provider ID: 402434

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

Provider English Spoken: Y


Provider Language(s)  
Spoken: Mandarin


Cultural Competency: N

Board Certified Specialty: No

 818 PIER VIEW WAY

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **HALGEDAHL, YI**

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


Provider English Spoken: Y


Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **HALGEDAHL, YI**

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


Provider English Spoken: Y


Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **HALGEDAHL, YI**

Provider ID: 402434

Provider Gender: Female

License Number: NP95006826





NPI: 1619246907

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

## D2. Primary Care Directory

*Cultural Competency: N*  
*Board Certified Specialty: No*

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


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Provider ID: 402434

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 818 PIER VIEW WAY  
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631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **HALGEDAHL, YI**

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **HALGEDAHL, YI**

Provider ID: 206341

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (844) 308-5003

 After Hours Phone: (844)  
308-5003

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HALGEDAHL, YI**

Provider ID: 206341

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin


Cultural Competency: N

Board Certified Specialty: No

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OCEANSIDE, CA 92057

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 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

## D2. Primary Care Directory

N


 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

### **CERTIFIED NURSE**



#### **PRACTITIONER**

**HALGEDAHL, YI**

*Provider ID: 206341*  
*Provider Gender: Female*  
*License Number: NP95006826*  
*NPI: 1619246907*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Mandarin*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 4700 N RIVER RD  
OCEANSIDE, CA 92057


 *Phone: (844) 308-5003*  
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*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N



 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**



**HALGEDAHL, YI**

*Provider ID: 206341*  
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N  
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*Hours: M-F 8:00AM-5:00PM*  
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### **CERTIFIED NURSE**

#### **PRACTITIONER**



**HALGEDAHL, YI**

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*American Sign Language (ASL):*



N  
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*Hours: M-F 8:00AM-5:00PM*  
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### **CERTIFIED NURSE**

#### **PRACTITIONER**



**HALGEDAHL, YI**

*Provider ID: 206341*  
*Provider Gender: Female*  
*License Number: NP95006826*  
*NPI: 1619246907*

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*American Sign Language (ASL):*



N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

### **FAMILY PRACTICE**

**DONNELL, MARTI**

*Provider ID: 206341*  
*Provider Gender: Female*  
*License Number: C50708*  
*NPI: 1235151366*





## D2. Primary Care Directory



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS  
Board Certified Specialty: No  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **DONNELL, MARTI**

Provider ID: 206341  
Provider Gender: Female  
License Number: C50708  
NPI: 1235151366



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS  
Board Certified Specialty: No  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
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631-5000  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM




### **FAMILY PRACTICE**


#### **DONNELL, MARTI**


Provider ID: 206341  
Provider Gender: Female  
License Number: C50708  
NPI: 1235151366

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Board Certified Specialty: No

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 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM




### **FAMILY PRACTICE**


#### **DONNELL, MARTI**


Provider ID: 206341  
Provider Gender: Female  
License Number: C50708  
NPI: 1235151366

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
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Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

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American Sign Language (ASL):  
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 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **DONNELL, MARTI**

Provider ID: 206341  
Provider Gender: Female  
License Number: C50708  
NPI: 1235151366


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS


## D2. Primary Care Directory

### MEMORIAL HOSPITAL ENCINITAS

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000


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631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### FAMILY PRACTICE


#### DONNELL, MARTI

Provider ID: 206341

Provider Gender: Female

License Number: C50708

NPI: 1235151366

 Provider English Spoken: Y

 Provider Language(s)  
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Cultural Competency: N


Hospital Affiliation: SCRIPPS

### MEMORIAL HOSPITAL ENCINITAS

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American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### FAMILY PRACTICE

#### FATLAND, SARAH

Provider ID: 206341

Provider Gender: Female


License Number: 20A18374


NPI: 1831354026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

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 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### FAMILY PRACTICE

#### FATLAND, SARAH

Provider ID: 206341

Provider Gender: Female


License Number: 20A18374


NPI: 1831354026


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### FAMILY PRACTICE

#### FATLAND, SARAH

Provider ID: 206341

Provider Gender: Female


License Number: 20A18374


NPI: 1831354026

 Provider English Spoken: Y  
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American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### FAMILY PRACTICE

## D2. Primary Care Directory

### **FATLAND, SARAH**

Provider ID: 206341

Provider Gender: Female

License Number: 20A18374


NPI: 1831354026


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD

OCEANSIDE, CA 92057

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631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

### **FATLAND, SARAH**

Provider ID: 206341

Provider Gender: Female

License Number: 20A18374


NPI: 1831354026


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

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631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): MEDICAL CTR

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

### **FATLAND, SARAH**

Provider ID: 206341

Provider Gender: Female

License Number: 20A18374


NPI: 1831354026


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): MEDICAL CTR

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

### **PANICKER, CIBU**

Provider ID: 206341

Provider Gender: Male

License Number: A149340

NPI: 1235492760


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY

Board Certified Specialty: No

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


### **PANICKER, CIBU**

Provider ID: 206341

Provider Gender: Male

License Number: A149340

NPI: 1235492760

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY


American Sign Language (ASL): MEDICAL CTR


Board Certified Specialty: No

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
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 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

## D2. Primary Care Directory

### **PANICKER, CIBU**

Provider ID: 206341

Provider Gender: Male

License Number: A149340

NPI: 1235492760

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY


MEDICAL CTR

Board Certified Specialty: No

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

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N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PANICKER, CIBU**

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 N  
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PROVIDER

### **FAMILY PRACTICE**

#### **PANICKER, CIBU**

Provider ID: 206341

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PROVIDER

### **FAMILY PRACTICE**

#### **PANICKER, CIBU**

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NPI: 1235492760

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Cultural Competency: N


Hospital Affiliation: TRI CITY


### **MEDICAL CTR**


Board Certified Specialty: No

 4700 N RIVER RD

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

 N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PONSFORD, DIANA**

Provider ID: 402436

Provider Gender: Female

License Number: 20A17371

NPI: 1407204969

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY


MEDICAL CTR


Board Certified Specialty: No

 517 N HORNE ST

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000



 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

 N  
 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

## D2. Primary Care Directory

SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **PONSFORD, DIANA**

Provider ID: 402436

Provider Gender: Female

License Number: 20A17371

NPI: 1407204969


Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: TRI CITY


MEDICAL CTR

Board Certified Specialty: No

 517 N HORNE ST

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760) 631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


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Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

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License Number: 20A17371

NPI: 1407204969

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Board Certified Specialty: No



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Cultural Competency: N

Hospital Affiliation: TRI CITY

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American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **VIDAL, MONICA**

Provider ID: 206341

Provider Gender: Female

License Number: 20A8949

NPI: 1871791749

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD

OCEANSIDE, CA 92057



Phone: (760) 631-5000



After Hours Phone: (760) 631-5000



Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **VIDAL, MONICA**

Provider ID: 206341

Provider Gender: Female

License Number: 20A8949

NPI: 1871791749

Provider English Spoken: Y

Provider Language(s)






Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No










## D2. Primary Care Directory

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
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631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**



#### **VIDAL, MONICA**






Provider ID: 206341  
Provider Gender: Female  
License Number: 20A8949  
NPI: 1871791749  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 4700 N RIVER RD  
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 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**



#### **VIDAL, MONICA**



Provider ID: 206341  
Provider Gender: Female  
License Number: 20A8949  
NPI: 1871791749  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No




 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **VIDAL, MONICA**



Provider ID: 206341  
Provider Gender: Female  
License Number: 20A8949  
NPI: 1871791749  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No






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OCEANSIDE, CA 92057  
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631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **VIDAL, MONICA**

Provider ID: 206341  
Provider Gender: Female  
License Number: 20A8949  
NPI: 1871791749  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
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 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FQHC**

#### **TRUECARE,**


## D2. Primary Care Directory


Provider ID: 480247

NPI: 1245246917

 Provider English Spoken: Y  
Cultural Competency: N

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 757-5841

 Fax: (760) 736-8740

 After Hours Phone: (760)  
757-5841


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-4:30PM

### **FQHC**


#### **TRUECARE,**


Provider ID: 480247


NPI: 1245246917

 Provider English Spoken: Y  
Cultural Competency: N

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 757-5841

 Fax: (760) 736-8740

 After Hours Phone: (760)  
757-5841


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-4:30PM

### **FQHC**


#### **VISTA COMMUNITY CLINIC,**


Provider ID: 206341

NPI: 1316501562

 Provider English Spoken: Y  
Cultural Competency: N

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **FQHC**


#### **VISTA COMMUNITY CLINIC,**


Provider ID: 206341

NPI: 1649662719

 Provider English Spoken: Y  
Cultural Competency: N

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **FQHC**


#### **VISTA COMMUNITY CLINIC,**


Provider ID: 206341

NPI: 1851300123


 Provider English Spoken: Y  
Cultural Competency: N

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM


### **FQHC**


#### **VISTA COMMUNITY CLINIC,**


Provider ID: 206341

NPI: 1316501562

 Provider English Spoken: Y  
Cultural Competency: N

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

## D2. Primary Care Directory

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FQHC**


#### **VISTA COMMUNITY CLINIC,**

Provider ID: 206341

NPI: 1851300123

 Provider English Spoken: Y  
Cultural Competency: N

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FQHC**


#### **VISTA COMMUNITY CLINIC,**

Provider ID: 206341

NPI: 1649662719

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Cultural Competency: N

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FQHC**

#### **VISTA COMMUNITY CLINIC**


##### **HORNE STREET,**

Provider ID: 402436

NPI: 1609094036

 Provider English Spoken: Y  
Cultural Competency: N

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FQHC**

#### **VISTA COMMUNITY CLINIC**


##### **HORNE STREET,**

Provider ID: 402436

NPI: 1609094036

 Provider English Spoken: Y  
Cultural Competency: N

 517 N HORNE ST  
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Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FQHC**

#### **VISTA COMMUNITY CLINIC**


##### **HORNE STREET,**

Provider ID: 402436

NPI: 1609094036


 Provider English Spoken: Y  
Cultural Competency: N

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 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*


### **FQHC**

#### **VISTA COMMUNITY CLINIC HORNE STREET,**

*Provider ID: 402436*  
*NPI: 1609094036*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 517 N HORNE ST  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommunityclinic.org*


*Email: credentialing@vcc.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Hours: M-F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*


### **FQHC**

#### **VISTA COMMUNITY CLINIC PIER VIEW WAY,**

*Provider ID: 402434*  
*NPI: 1629357355*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommunityclinic.org*

*Email: credentialing@vcc.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:00AM-5:00PM*  
*W 8:00AM-7:00PM*

*TH-F 8:00AM-5:00PM*

*SA 9:00AM-4:00PM*

### **FQHC**


#### **VISTA COMMUNITY CLINIC PIER VIEW WAY,**

*Provider ID: 402434*

*NPI: 1629357355*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommunityclinic.org*

*Email: credentialing@vcc.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:00AM-5:00PM*  
*W 8:00AM-7:00PM*

*TH-F 8:00AM-5:00PM*

*SA 9:00AM-4:00PM*

### **FQHC**


#### **VISTA COMMUNITY CLINIC PIER VIEW WAY,**

*Provider ID: 402434*

*NPI: 1629357355*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommunityclinic.org*

*Email: credentialing@vcc.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:00AM-5:00PM*  
*W 8:00AM-7:00PM*

*TH-F 8:00AM-5:00PM*

*SA 9:00AM-4:00PM*

### **FQHC**


#### **VISTA COMMUNITY CLINIC PIER VIEW WAY,**

*Provider ID: 402434*

*NPI: 1629357355*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*

 *After Hours Phone: (760)*

## D2. Primary Care Directory


631-5000  
 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-TU 8:00AM-5:00PM

W 8:00AM-7:00PM

TH-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **GENERAL PRACTICE**


#### **RONAN, KEVIN**


Provider ID: 206341

Provider Gender: Male

License Number: G77176

NPI: 1225017353

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **GENERAL PRACTICE**


#### **RONAN, KEVIN**

Provider ID: 206341

Provider Gender: Male

License Number: G77176

NPI: 1225017353

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **GENERAL PRACTICE**


#### **RONAN, KEVIN**


Provider ID: 206341

Provider Gender: Male

License Number: G77176

NPI: 1225017353

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish, Tagalog


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Board Certified Specialty: No

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 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **GENERAL PRACTICE**

#### **RONAN, KEVIN**


Provider ID: 206341

Provider Gender: Male

License Number: G77176

NPI: 1225017353

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000


 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)

Medi-Cal Open Panel: Yes

## D2. Primary Care Directory

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **GENERAL PRACTICE**


#### **RONAN, KEVIN**


Provider ID: 206341

Provider Gender: Male

License Number: G77176

NPI: 1225017353

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS

Board Certified Specialty: No

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000


 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **GENERAL PRACTICE**


#### **RONAN, KEVIN**


Provider ID: 206341

Provider Gender: Male

License Number: G77176

NPI: 1225017353

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS

Board Certified Specialty: No

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 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **PEDIATRICS**

#### **CALHOUN, CHANELLE**

Provider ID: 344145

Provider Gender: Female

NPI: 1437166709

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

 2210 MESA DR STE 300

OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)

736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **CALHOUN, CHANELLE**


Provider ID: 480247

Provider Gender: Female

License Number: G75390

NPI: 1437166709

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS

Board Certified Specialty: No

 2210 MESA DR STE 300

OCEANSIDE, CA 92054

 Phone: (760) 891-4667


 After Hours Phone: (760)  
891-4667

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CALHOUN, CHANELLE**

Provider ID: 480247

## D2. Primary Care Directory

Provider Gender: Female

License Number: G75390

NPI: 1437166709

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

2210 MESA DR STE 300  
OCEANSIDE, CA 92054

Phone: (760) 891-4667

After Hours Phone: (760)  
891-4667

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **CALHOUN, CHANELLE**

Provider ID: 480247

Provider Gender: Female

License Number: G75390

NPI: 1437166709

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

2210 MESA DR STE 300

OCEANSIDE, CA 92054

Phone: (760) 891-4667

After Hours Phone: (760)  
891-4667

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **CALHOUN, CHANELLE**

Provider ID: 480247

Provider Gender: Female

License Number: G75390

NPI: 1437166709

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

2210 MESA DR STE 300  
OCEANSIDE, CA 92054

Phone: (760) 891-4667

After Hours Phone: (760)  
891-4667

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **CHEN, MING**

Provider ID: 614195

Provider Gender: Female

NPI: 1851525505

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin,  
Portuguese, Spanish,  
Taiwanese

Cultural Competency: N

Hospital Affiliation: Adventist

Health Delano

Board Certified Specialty: No

2210 MESA DR STE 300  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-4:30PM

### PEDIATRICS

#### **CURLEY, EDWARD**

Provider ID: 240736

Provider Gender: Male

NPI: 1164434312

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N





Hospital Affiliation: TRI CITY

MEDICAL CTR

Board Certified Specialty: No



2210 MESA DR STE 300  
OCEANSIDE, CA 92054


## D2. Primary Care Directory

 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760) 736-6767  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:30PM

### **PEDIATRICS**



#### **CURLEY, EDWARD**





Provider ID: 480247  
Provider Gender: Male  
License Number: A73814  
NPI: 1164434312  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Board Certified Specialty: No

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:30PM

### **PEDIATRICS**



#### **CURLEY, EDWARD**






Provider ID: 480247  
Provider Gender: Male  
License Number: A73814  
NPI: 1164434312  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Board Certified Specialty: No

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:30PM

### **PEDIATRICS**



#### **CURLEY, EDWARD**






Provider ID: 480247  
Provider Gender: Male  
License Number: A73814  
NPI: 1164434312  
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 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Board Certified Specialty: No

 2210 MESA DR STE 300  
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Min/Max Age: 0\150  
American Sign Language (ASL):  
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 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:30PM

### **PEDIATRICS**

#### **CURLEY, EDWARD**

Provider ID: 480247  
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License Number: A73814  
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MEDICAL CTR  
Board Certified Specialty: No

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:30PM



## D2. Primary Care Directory


### **PEDIATRICS**

#### **DANIELS, SARAH**

Provider ID: 433806

Provider Gender: Female

NPI: 1730446527


 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY


CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

 3605 VISTA WAY STE 130  
BLDG B

OCEANSIDE, CA 92056

 Phone: (760) 547-1010


 After Hours Phone: (760)  
547-1010

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**


#### **GUNTA, SUJANA**


Provider ID: 402434

Provider Gender: Female

License Number: A109056

NPI: 1932304342

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Marathi,  
Spanish, Telugu

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN

DIEGO, TRI CITY MEDICAL CTR

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: www.vistacommunityclinic.org

Email: credentialing@vcc.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**


#### **GUNTA, SUJANA**


Provider ID: 402434

Provider Gender: Female

License Number: A109056

NPI: 1932304342

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Marathi,  
Spanish, Telugu

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN

DIEGO, TRI CITY MEDICAL CTR

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: www.vistacommunityclinic.org

nityclinic.org

Email: credentialing@vcc.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **GUNTA, SUJANA**


Provider ID: 402434

Provider Gender: Female

License Number: A109056

NPI: 1932304342

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Marathi,  
Spanish, Telugu

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN


DIEGO, TRI CITY MEDICAL CTR

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: www.vistacommunityclinic.org

Email: credentialing@vcc.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

## D2. Primary Care Directory

### **PEDIATRICS**

#### **GUNTA, SUJANA**

Provider ID: 402434

Provider Gender: Female

License Number: A109056

NPI: 1932304342

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Marathi,  
Spanish, Telugu


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, TRI CITY MEDICAL CTR

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **KRAMER, MELISSA**

Provider ID: 469759

Provider Gender: Female

NPI: 1467833467

Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 3605 VISTA WAY BLDG B  
OCEANSIDE, CA 92056

 Phone: (760) 547-1010

Fax: (760) 547-1011

 After Hours Phone: (760)  
547-1010

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **PEDIATRICS**

#### **MACINTYRE, ELIZABETH**

Provider ID: 543354

Provider Gender: Female

NPI: 1336520766


Provider English Spoken: Y

Cultural Competency: N


Board Certified Specialty: No

 3605 VISTA WAY BLDG B  
STE 130

OCEANSIDE, CA 92056

 Phone: (760) 547-1010

Fax: (760) 547-1011

 After Hours Phone: (760)  
547-1010

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **PEDIATRICS**

#### **MCCAMMACK, BRADLEY**

Provider ID: 206341

Provider Gender: Male

License Number: A130883

NPI: 1629368857

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR


Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3731


 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **MCCAMMACK, BRADLEY**

Provider ID: 206341

Provider Gender: Male

License Number: A130883

NPI: 1629368857

Provider English Spoken: Y






Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR



Board Certified Specialty: No






## D2. Primary Care Directory

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3731  
 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**



#### **MCCAMMACK, BRADLEY**





Provider ID: 206341  
Provider Gender: Male  
License Number: A130883  
NPI: 1629368857  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
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631-5000  
 Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
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PROVIDER

### **PEDIATRICS**



#### **MCCAMMACK, BRADLEY**

Provider ID: 206341  
Provider Gender: Male  
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NPI: 1629368857  
 Provider English Spoken: Y  
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Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Board Certified Specialty: No


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nityclinic.org](http://www.vistacommu<br/>nityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
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 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **MCCAMMACK, BRADLEY**



Provider ID: 206341  
Provider Gender: Male  
License Number: A130883  
NPI: 1629368857  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR






Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
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Fax: (760) 414-3731  
 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **MCCAMMACK, BRADLEY**

Provider ID: 206341  
Provider Gender: Male  
License Number: A130883  
NPI: 1629368857  
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 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3731  
 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

## D2. Primary Care Directory

### PROVIDER


#### **PEDIATRICS**

##### **MILLER, DONALD**

Provider ID: 433589

Provider Gender: Male

NPI: 1154356582

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO,


PALOMAR MEDICAL CENTER,

UCSF BENIOFF CHILDREN'S


HOSPITAL OAKLAND, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 3605 VISTA WAY BLDG B  
STE 130

OCEANSIDE, CA 92056

 Phone: (760) 547-1010

 After Hours Phone: (760)  
547-1010

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM


#### **PEDIATRICS**


##### **PARK, RONALD**

Provider ID: 271889

Provider Gender: Male

NPI: 1881695914

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-4:30PM


#### **PEDIATRICS**

##### **PERKINS, RACHEL**

Provider ID: 435952

Provider Gender: Female

NPI: 1427398320

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, UCSF


BENIOFF CHILDREN'S

HOSPITAL OAKLAND, RADY


CHILDRENS HOSPITAL SAN


DIEGO

Board Certified Specialty: No

 3605 VISTA WAY STE 130  
BLDG B

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 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

#### **PHYSICIANS ASSISTANT**

##### **CHISWICK, GARY**

Provider ID: 480247

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 966-3306

 After Hours Phone: (760)  
966-3306

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

#### **PHYSICIANS ASSISTANT**

##### **CHISWICK, GARY**

Provider ID: 480247

## D2. Primary Care Directory

---

Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
📄 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
☎ Phone: (760) 966-3306  
🕒 After Hours Phone: (760)  
966-3306  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

Provider ID: 480247  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
📄 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
☎ Phone: (760) 966-3306  
🕒 After Hours Phone: (760)  
966-3306  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

Provider ID: 480247  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
📄 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
☎ Phone: (760) 966-3306  
🕒 After Hours Phone: (760)  
966-3306  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Provider ID: 480247  
Provider Gender: Female  
License Number: PA53036  
NPI: 1922471192  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📄 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
☎ Phone: (760) 966-3306  
🕒 After Hours Phone: (760)

966-3306  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Provider ID: 480247  
Provider Gender: Female  
License Number: PA53036  
NPI: 1922471192  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📄 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
☎ Phone: (760) 966-3306  
🕒 After Hours Phone: (760)  
966-3306  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Provider ID: 480247  
Provider Gender: Female  
License Number: PA53036  
NPI: 1922471192  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📄 2210 MESA DR STE 300

## D2. Primary Care Directory

OCEANSIDE, CA 92054  
Phone: (760) 966-3306  
After Hours Phone: (760) 966-3306  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Provider ID: 480247  
Provider Gender: Female  
License Number: PA53036  
NPI: 1922471192  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
Phone: (760) 966-3306  
After Hours Phone: (760) 966-3306  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **PAUMA VALLEY**

#### **FQHC**

#### **NEIGHBORHOOD**

#### **HEALTHCARE PAUMA VALLEY,**

Provider ID: 206267  
NPI: 1407031693

Provider English Spoken: Y  
Cultural Competency: N  
16650 HIGHWAY 76  
PAUMA VALLEY, CA 92061  
Phone: (760) 742-9919  
Fax: (858) 633-4696  
After Hours Phone: (760) 742-9919  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-4:30PM

#### **FQHC**

#### **NEIGHBORHOOD**

#### **HEALTHCARE PAUMA VALLEY,**

Provider ID: 206267  
NPI: 1407031693  
Provider English Spoken: Y  
Cultural Competency: N  
16650 HIGHWAY 76  
PAUMA VALLEY, CA 92061  
Phone: (760) 742-9919  
Fax: (858) 633-4696  
After Hours Phone: (760) 742-9919  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-4:30PM

### **POWAY**

#### **FAMILY PRACTICE**

#### **KAUR, JATINDER**

Provider ID: 481187  
Provider Gender: Female  
License Number: A120771  
NPI: 1912141391  
Provider English Spoken: Y  
Provider Language(s) Spoken: Hindi, Urdu  
Cultural Competency: N  
Board Certified Specialty: No  
13010 POWAY RD  
POWAY, CA 92064  
Phone: (858) 218-3000  
After Hours Phone: (858) 218-3000  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

#### **FAMILY PRACTICE**

#### **KAUR, JATINDER**

Provider ID: 481187  
Provider Gender: Female  
License Number: A120771  
NPI: 1912141391  
Provider English Spoken: Y  
Provider Language(s) Spoken: Hindi, Urdu  
Cultural Competency: N  
Board Certified Specialty: No  
13010 POWAY RD  
POWAY, CA 92064  
Phone: (858) 218-3000  
After Hours Phone: (858) 218-3000  
Website: N/A

## D2. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **NEIGHBORHOOD**


#### **HEALTHCARE GOLD FAMILY HEALTH CENTER,**

Provider ID: 481187

NPI: 1023518768

 Provider English Spoken: Y  
Cultural Competency: N

 13010 POWAY RD  
POWAY, CA 92064

 Phone: (858) 218-3000  
Fax: (360) 462-2742


 After Hours Phone: (858)  
218-3000

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **NEIGHBORHOOD**


#### **HEALTHCARE GOLD FAMILY HEALTH CENTER,**

Provider ID: 481187

NPI: 1023518768

 Provider English Spoken: Y  
Cultural Competency: N

 13010 POWAY RD  
POWAY, CA 92064

 Phone: (858) 218-3000

Fax: (360) 462-2742

 After Hours Phone: (858)  
218-3000

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **INTERNAL MEDICINE**

#### **CAPARSO, AMANDA**

Provider ID: 602426

Provider Gender: Female

NPI: 1003046004

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, PALOMAR


HEALTH, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,

SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

 13010 POWAY RD  
POWAY, CA 92064

 Phone: (760) 737-6935  
Fax: (760) 741-2782

 After Hours Phone: (760)  
737-6935

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **INTERNAL MEDICINE**

#### **WINE, DAVID**

Provider ID: 612886

Provider Gender: Male

NPI: 1811985542

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

 15611 POMERADO RD STE  
400

POWAY, CA 92064

 Phone: (858) 675-3100  
Fax: (858) 487-4736

 After Hours Phone: (858)  
675-3100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **CURET, ZULMA**

Provider ID: 481187

Provider Gender: Female

License Number: A119661

NPI: 1841561107

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO

## D2. Primary Care Directory

*Board Certified Specialty: No*

 13010 POWAY RD  
POWAY, CA 92064  
 Phone: (858) 218-3000  
 After Hours Phone: (858)  
218-3000  
 Website: N/A

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **PEDIATRICS**


#### **CURET, ZULMA**

*Provider ID: 481187*

*Provider Gender: Female*

*License Number: A119661*

*NPI: 1841561107*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Board Certified Specialty: No*

 13010 POWAY RD  
POWAY, CA 92064  
 Phone: (858) 218-3000  
 After Hours Phone: (858)  
218-3000  
 Website: N/A

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM*


### **PEDIATRICS**

#### **LINDBACK, SARAH**

*Provider ID: 161834*

*Provider Gender: Female*


*NPI: 1427345487*

 *Provider English Spoken: Y*


*Cultural Competency: N*

*Hospital Affiliation: PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, RADY CHILDRENS  
HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 15725 POMERADO RD STE  
203

POWAY, CA 92064

 Phone: (858) 673-3340

*Fax: (858) 673-1075*

 *After Hours Phone: (858)  
673-3340*

 Website: N/A

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM*


### **PEDIATRICS**

#### **LOSTETTER, ADRIENNE**

*Provider ID: 261797*

*Provider Gender: Female*

*NPI: 1881607984*


 *Provider English Spoken: Y*


*Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MARY BIRCH  
HOSP FOR WOMEN AND  
NEWBORNS, PALOMAR*


### **HEALTH**

*Board Certified Specialty: No*

 15725 POMERADO RD STE  
203  
POWAY, CA 92064

 Phone: (858) 673-3340

*Fax: (858) 673-1075*

 *After Hours Phone: (858)  
673-3340*

 Website: N/A

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **PEDIATRICS**

#### **MOREIRA, LUCILA**

*Provider ID: 523761*

*Provider Gender: Female*


*NPI: 1104846567*


 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, RADY CHILDRENS  
HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 15725 POMERADO RD STE  
203  
POWAY, CA 92064

 Phone: (858) 673-3340

*Fax: (858) 673-1075*

 *After Hours Phone: (858)  
673-3340*

 Website: N/A


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*



## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*  
*Hours: SU-SA 8:00AM-5:00PM*


### **PEDIATRICS**

#### **MORTIMER, DORI**


*Provider ID: 230552*


*Provider Gender: Female*

*NPI: 1417928417*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR HEALTH*


*Board Certified Specialty: No*

 15725 POMERADO RD STE 203  
POWAY, CA 92064

 *Phone: (858) 673-3340*

*Fax: (858) 673-1075*


 *After Hours Phone: (858) 673-3340*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **PEDIATRICS**

#### **RAMGREN, AILEEN**

*Provider ID: 397707*

*Provider Gender: Female*

*NPI: 1356785505*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 15725 POMERADO RD STE 203

POWAY, CA 92064

 *Phone: (858) 673-3340*

 *After Hours Phone: (858) 673-3340*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*


### **PEDIATRICS**


#### **RENDLER, NATHAN**

*Provider ID: 30205*

*Provider Gender: Male*

*NPI: 1275531337*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Hebrew, Spanish, Yiddish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR HEALTH*

*Board Certified Specialty: No*

 15525 POMERADO RD STE 1  
POWAY, CA 92064

 *Phone: (858) 487-8333*

*Fax: (858) 487-0856*

 *After Hours Phone: (858) 487-8333*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:00PM SA 9:00AM-5:00PM*

### **PEDIATRICS**


#### **TAI, KUANGKAI**

*Provider ID: 351834*

*Provider Gender: Male*

*NPI: 1396744066*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Chinese, Mandarin, Spanish*

*Cultural Competency: N*


*Hospital Affiliation: PALOMAR HEALTH, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 15525 POMERADO RD STE B1  
POWAY, CA 92064

 *Phone: (858) 487-8333*

*Fax: (858) 487-0856*

 *After Hours Phone: (858) 484-4003*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:00PM SA 8:30AM-0:00PM*

### **PHYSICIANS ASSISTANT**

#### **BALDWIN, DONNA**

## D2. Primary Care Directory

Provider ID: 481187

Provider Gender: Female


License Number: PA23310


NPI: 1649692369

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 13010 POWAY RD  
POWAY, CA 92064

 Phone: (858) 218-3000


 After Hours Phone: (858)  
218-3000

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### **PHYSICIANS ASSISTANT**

#### **BALDWIN, DONNA**

Provider ID: 481187

Provider Gender: Female


License Number: PA23310


NPI: 1649692369

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 13010 POWAY RD  
POWAY, CA 92064

 Phone: (858) 218-3000


 After Hours Phone: (858)  
218-3000

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

## **RAMONA**

### **CERTIFIED NURSE PRACTITIONER**


#### **DOAN, CHINH**

Provider ID: 449438

Provider Gender: Female

License Number: NP18874

NPI: 1083845069


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 220 ROTANZI ST  
RAMONA, CA 92065

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **DOAN, CHINH**

Provider ID: 449438

Provider Gender: Female

License Number: NP18874


NPI: 1083845069


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 220 ROTANZI ST  
RAMONA, CA 92065

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **FQHC**


#### **TRUECARE,**

Provider ID: 449438

NPI: 1245246917

 Provider English Spoken: Y  
Cultural Competency: N

 220 ROTANZI ST  
RAMONA, CA 92065

 Phone: (760) 736-6767

Fax: (760) 736-8740


 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### **FQHC**

#### **TRUECARE,**

Provider ID: 449438

NPI: 1245246917

 Provider English Spoken: Y  
Cultural Competency: N

 220 ROTANZI ST

## D2. Primary Care Directory

RAMONA, CA 92065  
☎ Phone: (760) 736-6767  
☎ Fax: (760) 736-8740  
🕒 After Hours Phone: (760) 736-6767  
🌐 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **INTERNAL MEDICINE**

#### **YUNG, DORIS**

Provider ID: 449438  
Provider Gender: Female  
License Number: A89893  
NPI: 1730386863  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS  
Board Certified Specialty: No  
📍 220 ROTANZI ST  
RAMONA, CA 92065  
☎ Phone: (760) 736-6767  
🕒 After Hours Phone: (760) 736-6767  
🌐 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

#### **YUNG, DORIS**

Provider ID: 449438  
Provider Gender: Female  
License Number: A89893  
NPI: 1730386863  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS  
Board Certified Specialty: No  
📍 220 ROTANZI ST  
RAMONA, CA 92065  
☎ Phone: (760) 736-6767  
🕒 After Hours Phone: (760) 736-6767  
🌐 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

Provider ID: 449438  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
📍 220 ROTANZI ST

RAMONA, CA 92065  
☎ Phone: (760) 736-6767  
🕒 After Hours Phone: (760) 736-6767  
🌐 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

Provider ID: 449438  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
📍 220 ROTANZI ST  
RAMONA, CA 92065  
☎ Phone: (760) 736-6767  
🕒 After Hours Phone: (760) 736-6767  
🌐 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **REIFENBERGER, JODY**


Provider ID: 449438  
Provider Gender: Female  
License Number: PA22669


## D2. Primary Care Directory


NPI: 1386741072

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 220 ROTANZI ST  
RAMONA, CA 92065

 Phone: (760) 736-6767


 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **REIFENBERGER, JODY**

Provider ID: 449438


Provider Gender: Female


License Number: PA22669


NPI: 1386741072

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 220 ROTANZI ST  
RAMONA, CA 92065

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Provider ID: 449438

Provider Gender: Female


License Number: PA53036


NPI: 1922471192

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 220 ROTANZI ST  
RAMONA, CA 92065

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Provider ID: 449438

Provider Gender: Female


License Number: PA53036


NPI: 1922471192

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 220 ROTANZI ST  
RAMONA, CA 92065

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **ZANGEN, ROCHELLE**

Provider ID: 449438

Provider Gender: Female


License Number: PA51494


NPI: 1447681150

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 220 ROTANZI ST  
RAMONA, CA 92065

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **ZANGEN, ROCHELLE**

Provider ID: 449438

Provider Gender: Female


License Number: PA51494


NPI: 1447681150

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 220 ROTANZI ST  
RAMONA, CA 92065

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### SAN DIEGO

#### CARDIOVASCULAR DISEASE


##### **GARIBYAN, VARTAN**

Provider ID: 417937

Provider Gender: Male


License Number: 20A12504


NPI: 1790084143


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545


 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

#### CARDIOVASCULAR DISEASE

##### **GARIBYAN, VARTAN**

Provider ID: 417937

Provider Gender: Male

License Number: 20A12504


NPI: 1790084143


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

#### CERTIFIED NURSE

##### PRACTITIONER

##### **ALVAREZ, LISA**

Provider ID: 206363

Provider Gender: Female

License Number: NP19911


NPI: 1417262718

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP CHULA VISTA MED CTR


Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619) 515-2560

515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

#### CERTIFIED NURSE

##### PRACTITIONER

##### **ALVAREZ, LISA**

Provider ID: 206363

Provider Gender: Female

License Number: NP19911

NPI: 1417262718


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619) 515-2560


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

#### CERTIFIED NURSE

##### PRACTITIONER

##### **AQUINO, FELINO**


Provider ID: 432308

Provider Gender: Male

## D2. Primary Care Directory

License Number: NP22974

NPI: 1356684781


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **AQUINO, FELINO**

Provider ID: 432308

Provider Gender: Male

License Number: NP22974

NPI: 1356684781


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1356684781

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **AQUINO, FELINO**

Provider ID: 418535

Provider Gender: Male

License Number: NP22974


NPI: 1356684781


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **AQUINO, FELINO**

Provider ID: 418535

Provider Gender: Male


License Number: NP22974


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426


 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ARTS, SERENA**

Provider ID: 403583

Provider Gender: Female


License Number: NP10769


NPI: 1801881552

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500


 After Hours Phone: (619)  
233-8500

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

## D2. Primary Care Directory

American Sign Language (ASL):  After Hours Phone: (619) 515-2560

N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **ARTS, SERENA**

Provider ID: 403583

Provider Gender: Female


License Number: NP10769


NPI: 1801881552

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **BELEN, NEZER**

Provider ID: 206363

Provider Gender: Male


License Number: NP95009292


NPI: 1386120723

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **BELEN, NEZER**

Provider ID: 206363

Provider Gender: Male


License Number: NP95009292


NPI: 1386120723


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619) 515-2560

 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **BELTRON, KIMBERLY**

Provider ID: 403583

Provider Gender: Female


License Number: NP95020497


NPI: 1871295493

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

#### **BELTRON, KIMBERLY**

Provider ID: 403583

Provider Gender: Female


License Number: NP95020497


NPI: 1871295493

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101


 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

## D2. Primary Care Directory

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BESTERFELDT, LYDIA**

Provider ID: 482070

Provider Gender: Female

License Number: NP95013060

NPI: 1265929442


 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **BESTERFELDT, LYDIA**

Provider ID: 482070

Provider Gender: Female

License Number: NP95013060

NPI: 1265929442


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700



Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **BURNS, DELLA**

Provider ID: 233597

Provider Gender: Female

License Number: NP7413

NPI: 1871577023


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)  
563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **BURNS, DELLA**

Provider ID: 233597

Provider Gender: Female

License Number: NP7413

NPI: 1871577023


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)  
563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **CELESTIN-RAMSEY, AKANKE**

Provider ID: 451167

Provider Gender: Female

License Number: NP8563

NPI: 1447450275

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL


Board Certified Specialty: No

 950 S EUCLID AVE

SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes


Min/Max Age: 0\150

American Sign Language (ASL):

N



## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-4:00PM*

### **CERTIFIED NURSE** **PRACTITIONER**


**CELESTIN-RAMSEY, AKANKE**

*Provider ID: 451167*


*Provider Gender: Female*


*License Number: NP8563*


*NPI: 1447450275*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 *Phone: (619) 662-4100*


 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org*  
*/clinics/king-chavez-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-4:00PM*

### **CERTIFIED NURSE** **PRACTITIONER**



**CHASE, AVA LOU**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: NP95000602*


*NPI: 1164496386*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE** **PRACTITIONER**

**CHASE, AVA LOU**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: NP95000602*

*NPI: 1164496386*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE** **PRACTITIONER**

**DHARKAR SURBER, SAPNA**

*Provider ID: 185268*

*Provider Gender: Female*

*License Number: NP95013257*

*NPI: 1538707765*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 255-9155*

 *After Hours Phone: (619) 255-9155*

 *Website: www.lamaestra.org*

*Email:*

*aschmaltz@lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-6:00PM*  
*SA 8:00AM-2:00PM*

### **CERTIFIED NURSE** **PRACTITIONER**

**DHARKAR SURBER, SAPNA**

*Provider ID: 185268*

*Provider Gender: Female*

*License Number: NP95013257*

## D2. Primary Care Directory


NPI: 1538707765


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **DO, ELAINE**

Provider ID: 233532

Provider Gender: Female


License Number: NP95019446

NPI: 1215696307


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **DO, ELAINE**

Provider ID: 233532

Provider Gender: Female

License Number: NP95019446

NPI: 1215696307


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **GARCIA, JOHNNY**

Provider ID: 206363

Provider Gender: Male

License Number: NP95007000

NPI: 1932622156


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **GARCIA, JOHNNY**


Provider ID: 206363

Provider Gender: Male

License Number: NP95007000

NPI: 1932622156

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

## D2. Primary Care Directory


 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER




### **CERTIFIED NURSE**


### **PRACTITIONER**

### **GOLDFINGER, SARAH**


Provider ID: 206360  
Provider Gender: Female  
License Number: NP95011313  
NPI: 1134686744

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **CERTIFIED NURSE**




### **PRACTITIONER**


### **GOLDFINGER, SARAH**

Provider ID: 206360

Provider Gender: Female  
License Number: NP95011313  
NPI: 1134686744

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**


### **PRACTITIONER**

### **HA, THU**


Provider ID: 482070  
Provider Gender: Female  
License Number: NP95010517  
NPI: 1346443983

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N



 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**


### **PRACTITIONER**

### **HA, THU**

Provider ID: 206046  
Provider Gender: Female  
License Number: NP95010517  
NPI: 1346443983

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**


### **HA, THU**

Provider ID: 482070  
Provider Gender: Female  
License Number: NP95010517  
NPI: 1346443983

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No

## D2. Primary Care Directory



 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **HA, THU**

Provider ID: 206046  
Provider Gender: Female  
License Number: NP95010517  
NPI: 1346443983

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N

Board Certified Specialty: No



 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **HA, THU**

Provider ID: 206046  
Provider Gender: Female  
License Number: NP95010517  
NPI: 1346443983

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N  
Board Certified Specialty: No



 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **HA, THU**

Provider ID: 206046  
Provider Gender: Female  
License Number: NP95010517  
NPI: 1346443983

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N  
Board Certified Specialty: No


 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

[www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


### **CERTIFIED NURSE PRACTITIONER**

#### **HARRINGTON, BARBARA LORRAINE**

Provider ID: 185268  
Provider Gender: Female  
License Number: NP17008  
NPI: 1659579134

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 255-9155  
 After Hours Phone: (619)  
255-9155  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **HARRINGTON, BARBARA LORRAINE**

## D2. Primary Care Directory

Provider ID: 185268

Provider Gender: Female


License Number: NP17008


NPI: 1659579134


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HETTIG, JUDITH**

Provider ID: 402851

Provider Gender: Female

License Number: NP3439


NPI: 1396815866


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HETTIG, JUDITH**

Provider ID: 402851

Provider Gender: Female

License Number: NP3439


NPI: 1396815866


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HILL, GENIELYN**

Provider ID: 417101

Provider Gender: Female

License Number: NP95020046

NPI: 1710632435

Provider English Spoken: Y


Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa-mahan.org](http://www.operationsa-mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HILL, GENIELYN**

Provider ID: 417101

Provider Gender: Female

License Number: NP95020046

NPI: 1710632435


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa-mahan.org](http://www.operationsa-mahan.org)

Medi-Cal Open Panel: Yes

## D2. Primary Care Directory

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:30PM

### CERTIFIED NURSE

### PRACTITIONER


#### HILLIARD, THESALONICA

Provider ID: 417101

Provider Gender: Female

License Number: NP95010585

NPI: 1861956724

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426


 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:30PM

### CERTIFIED NURSE

### PRACTITIONER


#### HILLIARD, THESALONICA


Provider ID: 417101

Provider Gender: Female

License Number: NP95010585

NPI: 1861956724

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:30PM

### CERTIFIED NURSE

### PRACTITIONER


#### HOANG, CHI

Provider ID: 482070

Provider Gender: Female

License Number: NP95004600


NPI: 1902350994


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

#### HOANG, CHI

Provider ID: 482070

Provider Gender: Female

License Number: NP95004600


NPI: 1902350994


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE

### PRACTITIONER


#### HOGAN, ROSELYNN JOY

Provider ID: 206360

Provider Gender: Female

License Number: NP17852


NPI: 1205019510

 Provider English Spoken: Y

Cultural Competency: N


Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

## D2. Primary Care Directory


 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HOGAN, ROSELYNN JOY**

Provider ID: 206360

Provider Gender: Female


License Number: NP17852


NPI: 1205019510


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HORNEY, KRISTAN**

Provider ID: 403583

Provider Gender: Female


License Number: NP95007712


NPI: 1720590904

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HORNEY, KRISTAN**

Provider ID: 403583

Provider Gender: Female


License Number: NP95007712


NPI: 1720590904

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **INSTONE, SUSAN**

Provider ID: 233532

Provider Gender: Female

License Number: NP4858

NPI: 1710223268

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619) 280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **INSTONE, SUSAN**

Provider ID: 233532

Provider Gender: Female

License Number: NP4858

NPI: 1710223268

 Provider English Spoken: Y






 Provider Language(s)



## D2. Primary Care Directory

*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No*  
 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
 *Phone: (619) 280-2058*  
 *After Hours Phone: (619) 280-2058*  
 *Website: www.sdfamilycare.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\22*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM SA 8:00AM-2:00PM*

### **CERTIFIED NURSE PRACTITIONER**



#### **INSTONE, SUSAN**





*Provider ID: 482070*  
*Provider Gender: Female*  
*License Number: NP4858*  
*NPI: 1710223268*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No*  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
 *After Hours Phone: (858)*

*810-8700*  
 *Website: www.sdfamilycare.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**








#### **INSTONE, SUSAN**

*Provider ID: 482070*  
*Provider Gender: Female*  
*License Number: NP4858*  
*NPI: 1710223268*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No*

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
 *After Hours Phone: (858) 810-8700*  
 *Website: www.sdfamilycare.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*







### **CERTIFIED NURSE PRACTITIONER**

#### **JOHNSON, SHAWNA AKIKO**

*Provider ID: 233597*  
*Provider Gender: Female*  
*License Number: NP95002518*  
*NPI: 1922237809*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4290 POLK AVE  
SAN DIEGO, CA 92105  
 *Phone: (619) 563-0250*  
 *After Hours Phone: (619) 563-0250*  
 *Website: www.sdfamilycare.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

#### **JOHNSON, SHAWNA AKIKO**

*Provider ID: 233597*  
*Provider Gender: Female*  
*License Number: NP95002518*  
*NPI: 1922237809*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4290 POLK AVE  
SAN DIEGO, CA 92105  
 *Phone: (619) 563-0250*  
 *After Hours Phone: (619) 563-0250*  
 *Website: www.sdfamilycare.org*



## D2. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**


**KEMP, KATHRINE**

Provider ID: 403583

Provider Gender: Female

License Number: NP95018497

NPI: 1316615313


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500


 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

**KEMP, KATHRINE**

Provider ID: 403583

Provider Gender: Female

License Number: NP95018497

NPI: 1316615313


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

**KHAN, MATTHEW**

Provider ID: 417987

Provider Gender: Male


License Number: NP17838


NPI: 1942456124

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

**KHAN, MATTHEW**

Provider ID: 417987

Provider Gender: Male


License Number: NP17838


NPI: 1942456124

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

**KI, TRISH**

Provider ID: 482070

Provider Gender: Female

License Number: NP23847

NPI: 1376840199


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No


 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700







 Website: www.sdfamilycare


## D2. Primary Care Directory

.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

**KI, TRISH**







Provider ID: 206046  
Provider Gender: Female  
License Number: NP23847  
NPI: 1376840199  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: www.sdfamilycare  
.org


Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

**KI, TRISH**






Provider ID: 206046


Provider Gender: Female  
License Number: NP23847  
NPI: 1376840199  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**







**KI, TRISH**


Provider ID: 482070  
Provider Gender: Female  
License Number: NP23847  
NPI: 1376840199  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: www.sdfamilycare

.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

**KI, TRISH**

Provider ID: 206046  
Provider Gender: Female  
License Number: NP23847  
NPI: 1376840199  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

**KI, TRISH**

Provider ID: 206046

## D2. Primary Care Directory

Provider Gender: Female  
License Number: NP23847  
NPI: 1376840199  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM


### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **KLOBERDANZ, KELSEY**

Provider ID: 417937  
Provider Gender: Female  
License Number: NP95005293  
NPI: 1235672502

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes


Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **KLOBERDANZ, KELSEY**

Provider ID: 417937  
Provider Gender: Female  
License Number: NP95005293  
NPI: 1235672502

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **LENNON, RYAN**

Provider ID: 624977  
Provider Gender: Female  
License Number: NP95027593  
NPI: 1558084855







 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 2204 NATIONAL AVE

SAN DIEGO, CA 92113  
Phone: (619) 515-2355  
 After Hours Phone: (619)  
515-2355  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **LENNON, RYAN**

Provider ID: 624977  
Provider Gender: Female  
License Number: NP95027593  
NPI: 1558084855  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 2204 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2355  
 After Hours Phone: (619)  
515-2355  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **LIEBER, CAROL**

Provider ID: 517403  
Provider Gender: Female  
License Number: NP20849

## D2. Primary Care Directory

NPI: 1487889846


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 238-5551


 After Hours Phone: (619)  
238-5551

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **LIEBER, CAROL**

Provider ID: 517403

Provider Gender: Female

License Number: NP20849

NPI: 1487889846


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 238-5551

 After Hours Phone: (619)  
238-5551

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **LIM, IMELDA**

Provider ID: 417101

Provider Gender: Female

License Number: NP95000203

NPI: 1093130395

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **LIM, IMELDA**

Provider ID: 417101

Provider Gender: Female

License Number: NP95000203

NPI: 1093130395

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **LOVE, VICKI**

Provider ID: 206363

Provider Gender: Female

License Number: NP17362


NPI: 1699759134


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org


Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N


## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*


### **CERTIFIED NURSE PRACTITIONER**


#### **LOVE, VICKI**


*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: NP17362*  
*NPI: 1699759134*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102


 *Phone: (619) 515-2560*

 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*



### **CERTIFIED NURSE PRACTITIONER**


#### **LU, TAMMY**

*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: NP95007253*  
*NPI: 1457879132*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


### **CERTIFIED NURSE PRACTITIONER**


#### **LU, TAMMY**


*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: NP95007253*  
*NPI: 1457879132*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

#### **MARTIN, RIA**


*Provider ID: 206363*  
*Provider Gender: Female*


*License Number: NP95005321*  
*NPI: 1437695079*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*

 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**


#### **MARTIN, RIA**


*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: NP95005321*  
*NPI: 1437695079*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*

 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

## D2. Primary Care Directory

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **MARTINEZ, CAROLYN**

Provider ID: 214492

Provider Gender: Female

License Number: NP22031

NPI: 1609101997


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1016 OUTER RD  
SAN DIEGO, CA 92154

 Phone: (619) 429-3733

 After Hours Phone: (619)  
429-3733

 Website: [www.ibclinic.org](http://www.ibclinic.org)

Email: [avaldez@ibclinic.org](mailto:avaldez@ibclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:00PM

TU-TH 8:30AM-8:00PM

F 8:30AM-5:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **MARTINEZ, CAROLYN**

Provider ID: 214492

Provider Gender: Female

License Number: NP22031

NPI: 1609101997


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1016 OUTER RD  
SAN DIEGO, CA 92154

 Phone: (619) 429-3733

 After Hours Phone: (619)  
429-3733

 Website: [www.ibclinic.org](http://www.ibclinic.org)

Email: [avaldez@ibclinic.org](mailto:avaldez@ibclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:00PM

TU-TH 8:30AM-8:00PM

F 8:30AM-5:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **MELTZER, VIRGINIA**

Provider ID: 233532

Provider Gender: Female

License Number: NP95015948

NPI: 1821684390

Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

 Phone: (619) 280-2058

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **MELTZER, VIRGINIA**

Provider ID: 233532

Provider Gender: Female

License Number: NP95015948

NPI: 1821684390

Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

 Phone: (619) 280-2058

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

## D2. Primary Care Directory

### **PRACTITIONER**

#### **MENDOZA, GRETTEL MARIE**

Provider ID: 417101

Provider Gender: Female

License Number: NP95002233


NPI: 1245652387


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MENDOZA, GRETTEL MARIE**

Provider ID: 417101

Provider Gender: Female

License Number: NP95002233


NPI: 1245652387


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

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 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **NEVAREZ, IRENE**

Provider ID: 185268

Provider Gender: Female

License Number: NP95009891

NPI: 1003166646

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD LA


JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 564-8765

 After Hours Phone: (619)  
564-8765

 Website: [www.lamaestra.or  
g](http://www.lamaestra.or<br/>g)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **NEVAREZ, IRENE**

Provider ID: 185268

Provider Gender: Female

License Number: NP95009891

NPI: 1003166646

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 564-8765

 After Hours Phone: (619)  
564-8765

 Website: [www.lamaestra.or  
g](http://www.lamaestra.or<br/>g)

Email:


[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **NOCEDA, ANA**







Provider ID: 233532


Provider Gender: Female

License Number: NP19505

NPI: 1386971760

## D2. Primary Care Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
280-2058  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\22  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **NOCEDA, ANA**

Provider ID: 233532  
Provider Gender: Female  
License Number: NP19505  
NPI: 1386971760

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
150



SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
280-2058  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\22  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **CERTIFIED NURSE**





#### **PRACTITIONER**

#### **NOCEDA, ANA**

Provider ID: 482070  
Provider Gender: Female  
License Number: NP19505  
NPI: 1386971760

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT



PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **NOCEDA, ANA**


Provider ID: 482070  
Provider Gender: Female  
License Number: NP19505  
NPI: 1386971760

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**



## D2. Primary Care Directory


### **OCAMPO, ELAINE**


Provider ID: 482070

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese

Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**


### **OCAMPO, ELAINE**


Provider ID: 206046

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)

279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**


### **OCAMPO, ELAINE**


Provider ID: 206046

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **OCAMPO, ELAINE**


Provider ID: 482070

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese


Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **OCAMPO, ELAINE**


Provider ID: 206046

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese


Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

## D2. Primary Care Directory

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


**OCAMPO, ELAINE**


Provider ID: 206046

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese


Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


**ODA, THAGHAR**


Provider ID: 206363

Provider Gender: Female

License Number: NP95000205


NPI: 1063835692


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Amharic, Arabic  
Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


**ODA, THAGHAR**


Provider ID: 206360

Provider Gender: Female

License Number: NP95000205

NPI: 1063835692


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**ODA, THAGHAR**


Provider ID: 206360

Provider Gender: Female

License Number: RN810863

NPI: 1063835692


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

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515-2300

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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**ODA, THAGHAR**


Provider ID: 206360

Provider Gender: Female

License Number: NP95000205

NPI: 1063835692

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE

## D2. Primary Care Directory

SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
🕒 After Hours Phone: (619) 515-2300  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **ODA, THAGHAR**

Provider ID: 206360  
Provider Gender: Female  
License Number: RN810863  
NPI: 1063835692  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Amharic, Arabic  
Cultural Competency: N

Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
🕒 After Hours Phone: (619) 515-2300  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **ODA, THAGHAR**

Provider ID: 206363  
Provider Gender: Female  
License Number: NP95000205  
NPI: 1063835692  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Amharic, Arabic  
Cultural Competency: N  
Board Certified Specialty: No

📍 4725 MARKET ST  
SAN DIEGO, CA 92102  
☎ Phone: (619) 515-2560  
🕒 After Hours Phone: (619) 515-2560  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **ODA, THAGHAR**

Provider ID: 206363  
Provider Gender: Female  
License Number: RN810863  
NPI: 1063835692  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Amharic, Arabic  
Cultural Competency: N

Board Certified Specialty: No

📍 4725 MARKET ST  
SAN DIEGO, CA 92102  
☎ Phone: (619) 515-2560  
🕒 After Hours Phone: (619) 515-2560  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **ODA, THAGHAR**

Provider ID: 206363  
Provider Gender: Female  
License Number: RN810863  
NPI: 1063835692  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Amharic, Arabic  
Cultural Competency: N

Board Certified Specialty: No

📍 4725 MARKET ST  
SAN DIEGO, CA 92102  
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🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER


### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **ORPILLA, IMELDA**

Provider ID: 417101  
Provider Gender: Female  
License Number: NP95003211  
NPI: 1790785988  
☐ Provider English Spoken: Y

## D2. Primary Care Directory

 *Provider Language(s)  
Spoken: Tagalog*  
*Cultural Competency: N*  
*Board Certified Specialty: No*



 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844)  
200-2426*  
 *Website: www.operationsa  
mahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:00AM-4:30PM*

### **CERTIFIED NURSE**


### **PRACTITIONER**

### **ORPILLA, IMELDA**

*Provider ID: 418535*  
*Provider Gender: Female*  
*License Number: NP95003211*  
*NPI: 1790785988*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Tagalog*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844)  
200-2426*  
 *Website: www.operationsa  
mahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*



*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### **CERTIFIED NURSE**


### **PRACTITIONER**

### **ORPILLA, IMELDA**

*Provider ID: 418535*  
*Provider Gender: Female*  
*License Number: NP95003211*  
*NPI: 1790785988*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Tagalog*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844)  
200-2426*  
 *Website: www.operationsa  
mahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*



*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*





### **CERTIFIED NURSE**

### **PRACTITIONER**

### **ORPILLA, IMELDA**

*Provider ID: 417101*  
*Provider Gender: Female*  
*License Number: NP95003211*  
*NPI: 1790785988*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Tagalog*



 10737 CAMINO RUIZ STE  
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 *Phone: (844) 200-2426*  
 *After Hours Phone: (844)  
200-2426*  
 *Website: www.operationsa  
mahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:00AM-4:30PM*






### **CERTIFIED NURSE**

### **PRACTITIONER**

### **OWEN, MICHAEL**

*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: NP95001492*  
*NPI: 1073869145*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619)  
515-2560*  
 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT*

## D2. Primary Care Directory

PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


**OWEN, MICHAEL**

Provider ID: 206363

Provider Gender: Female

License Number: NP95001492

NPI: 1073869145


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


**PADILLA, MICHELE**

Provider ID: 403583

Provider Gender: Female

License Number: NP95020636


NPI: 1356083828

 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**


**PADILLA, MICHELE**

Provider ID: 403583

Provider Gender: Female

License Number: NP95020636


NPI: 1356083828


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

**PATIAG, DANIEL**

Provider ID: 206046

Provider Gender: Male

License Number: NP95012511

NPI: 1073169769


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

**PATIAG, DANIEL**

Provider ID: 206046

Provider Gender: Male

License Number: NP95012511

NPI: 1073169769


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

## D2. Primary Care Directory

American Sign Language (ASL): License Number: NP95012511  
N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **PATIAG, DANIEL**

Provider ID: 482070

Provider Gender: Male

License Number: NP95012511

NPI: 1073169769


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700


 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): License Number: NP95012511  
N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **PATIAG, DANIEL**

Provider ID: 206046

Provider Gender: Male

NPI: 1073169769


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): License Number: NP95012511  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **PATIAG, DANIEL**


Provider ID: 206046

Provider Gender: Male

License Number: NP95012511

NPI: 1073169769


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
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 Phone: (858) 279-0925

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279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): License Number: NP95012511  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

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#### **PRACTITIONER**

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NPI: 1073169769


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 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700


 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): License Number: NP95012511  
N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **QUINTO, CINDY**

Provider ID: 482070

## D2. Primary Care Directory

Provider Gender: Female  
License Number: NP16433  
NPI: 1902810377

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Lao,  
Spanish


Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **QUINTO, CINDY**

Provider ID: 482070  
Provider Gender: Female  
License Number: NP16433  
NPI: 1902810377

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Lao,  
Spanish

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **QUINTO, CINDY**

Provider ID: 233532  
Provider Gender: Female  
License Number: NP16433  
NPI: 1902810377

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Lao,  
Spanish


Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
280-2058  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **QUINTO, CINDY**

Provider ID: 233532  
Provider Gender: Female  
License Number: NP16433  
NPI: 1902810377

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Lao,  
Spanish


Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
280-2058  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **REID, EMILY**


## D2. Primary Care Directory


Provider ID: 185268  
Provider Gender: Female  
License Number: NP95002766  
NPI: 1083081467


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **REID, EMILY**

Provider ID: 185268

Provider Gender: Female


License Number: NP95002766


NPI: 1083081467

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ROGERS, TANYA**

Provider ID: 417987

Provider Gender: Female


License Number: NP95004443


NPI: 1558710038

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ROGERS, TANYA**

Provider ID: 417987

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License Number: NP95004443


NPI: 1558710038


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 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **SABIN, NANCY**

Provider ID: 482070

Provider Gender: Female

License Number: NP4668

NPI: 1285732586


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM



## D2. Primary Care Directory

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **SABIN, NANCY**

Provider ID: 482070

Provider Gender: Female

License Number: NP4668

NPI: 1285732586


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **SABIN, NANCY**

Provider ID: 206046

Provider Gender: Female

License Number: NP4668

NPI: 1285732586


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **SABIN, NANCY**

Provider ID: 206046

Provider Gender: Female

License Number: NP4668

NPI: 1285732586


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **SABIN, NANCY**

Provider ID: 206046

Provider Gender: Female

License Number: NP4668

NPI: 1285732586


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925


 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **SABIN, NANCY**


Provider ID: 206046

## D2. Primary Care Directory

Provider Gender: Female

License Number: NP4668

NPI: 1285732586


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### CERTIFIED NURSE

#### PRACTITIONER

#### **SANTANGELO, JOANNE**

Provider ID: 206046

Provider Gender: Female

License Number: NP2390


NPI: 1619370475


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### CERTIFIED NURSE

#### PRACTITIONER


#### **SANTANGELO, JOANNE**

Provider ID: 206046

Provider Gender: Female

License Number: NP2390


NPI: 1619370475


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### CERTIFIED NURSE

### PRACTITIONER

#### **SANTANGELO, JOANNE**

Provider ID: 206046

Provider Gender: Female

License Number: NP2390


NPI: 1619370475


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### CERTIFIED NURSE

#### PRACTITIONER

#### **SANTANGELO, JOANNE**

Provider ID: 206046

Provider Gender: Female

License Number: NP2390


NPI: 1619370475


 Provider English Spoken: Y

Cultural Competency: N


Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)

## D2. Primary Care Directory

279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **SANTANGELO, JOANNE**

Provider ID: 482070

Provider Gender: Female


License Number: NP2390


NPI: 1619370475

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700


 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **SANTANGELO, JOANNE**

Provider ID: 482070

Provider Gender: Female


License Number: NP2390


NPI: 1619370475

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **SATTERWHITE, MAURINE**


Provider ID: 482070

Provider Gender: Female

License Number: NP7022

NPI: 1225012842


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700


 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **CERTIFIED NURSE PRACTITIONER**


#### **SATTERWHITE, MAURINE**

Provider ID: 482070

Provider Gender: Female

License Number: NP7022

NPI: 1225012842


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700


 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

## D2. Primary Care Directory

SA 9:00AM-4:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **SATTERWHITE, MAURINE**

Provider ID: 206046

Provider Gender: Female

License Number: NP7022

NPI: 1225012842


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **SATTERWHITE, MAURINE**

Provider ID: 206046

Provider Gender: Female

License Number: NP7022

NPI: 1225012842


Provider English Spoken: Y


Provider Language(s)

Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

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279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

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 Accessibility: CONTACT  
PROVIDER

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W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **SATTERWHITE, MAURINE**

Provider ID: 206046

Provider Gender: Female

License Number: NP7022

NPI: 1225012842


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
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 Phone: (858) 279-0925

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 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **SATTERWHITE, MAURINE**

Provider ID: 206046

Provider Gender: Female

License Number: NP7022

NPI: 1225012842


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

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279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### **CERTIFIED NURSE PRACTITIONER**

## D2. Primary Care Directory


### SAVILLE, EDITH

Provider ID: 417937

Provider Gender: Female


License Number: NP7374

NPI: 1730567678


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### CERTIFIED NURSE

### PRACTITIONER


### SAVILLE, EDITH

Provider ID: 417937

Provider Gender: Female


License Number: NP7374

NPI: 1730567678


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### CERTIFIED NURSE

### PRACTITIONER


### SEAMAN, MARY

Provider ID: 206363

Provider Gender: Female

License Number: NP10146

NPI: 1033116652


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER


### SEAMAN, MARY

Provider ID: 206363

Provider Gender: Female

License Number: NP10146

NPI: 1033116652


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

### SEBRING, JAN

Provider ID: 206360

Provider Gender: Female

License Number: RN486421

NPI: 1295750339


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

## D2. Primary Care Directory

### SEBRING, JAN

Provider ID: 206360

Provider Gender: Female


License Number: RN486421


NPI: 1295750339

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

### SEBRING, JAN

Provider ID: 206360

Provider Gender: Female


License Number: NP10906


NPI: 1295750339

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

### SEBRING, JAN

Provider ID: 206360

Provider Gender: Female


License Number: NP10906


NPI: 1295750339

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

### TAYLOR, KAYLA

Provider ID: 206362

Provider Gender: Female


License Number: NP95006792


NPI: 1730604414

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

### TAYLOR, KAYLA

Provider ID: 206362

Provider Gender: Female


License Number: NP95006792


NPI: 1730604414

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

### TODD, MIKAYLA


Provider ID: 517998

Provider Gender: Female

License Number: NP95005999

NPI: 1316478092

## D2. Primary Care Directory


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL): Board Certified Specialty: No

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


**TODD, MIKAYLA**

Provider ID: 517998

Provider Gender: Female

License Number: NP95005999

NPI: 1316478092


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL): Cultural Competency: N

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


**TRAN, KELLY**


Provider ID: 206360

Provider Gender: Female

License Number: NP95003689

NPI: 1255799276


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): Cultural Competency: N

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


**TRAN, KELLY**


Provider ID: 206360

Provider Gender: Female

License Number: NP95003689

NPI: 1255799276


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

**TUEROS, VICTORIA**

Provider ID: 206360

Provider Gender: Female

License Number: NP2286

NPI: 1598989261


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

**TUEROS, VICTORIA**


Provider ID: 206360

## D2. Primary Care Directory

Provider Gender: Female

License Number: NP2286

NPI: 1598989261


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **VEGA, TERESA**

Provider ID: 206360

Provider Gender: Female

License Number: NP95001705

NPI: 1912304569


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **VEGA, TERESA**

Provider ID: 206360

Provider Gender: Female

License Number: NP95001705

NPI: 1912304569


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **VELASQUEZ, FERNANDO**

Provider ID: 206360

Provider Gender: Male

License Number: NP95011254

NPI: 1386195535

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **VELASQUEZ, FERNANDO**

Provider ID: 206360

Provider Gender: Male

License Number: NP95011254

NPI: 1386195535


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER



## D2. Primary Care Directory

### **CERTIFIED NURSE PRACTITIONER**


#### **VELASQUEZ, FERNANDO**

Provider ID: 419529

Provider Gender: Male

License Number: NP95011254

NPI: 1386195535

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)  
515-2422

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **VELASQUEZ, FERNANDO**

Provider ID: 356145

Provider Gender: Male

License Number: NP95011254

NPI: 1386195535

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 2391 ISLAND AVE

SAN DIEGO, CA 92102

 Phone: (619) 515-2435

 After Hours Phone: (619)  
515-2435

 Website: N/A

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **VELASQUEZ, FERNANDO**

Provider ID: 356145

Provider Gender: Male

License Number: NP95011254

NPI: 1386195535

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 2391 ISLAND AVE

SAN DIEGO, CA 92102

 Phone: (619) 515-2435

 After Hours Phone: (619)  
515-2435

 Website: N/A

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **VELASQUEZ, FERNANDO**

Provider ID: 419529

Provider Gender: Male

License Number: NP95011254

NPI: 1386195535

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)  
515-2422

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **VILLALOBOS, REBECA**


Provider ID: 206360

Provider Gender: Female

License Number: NP95015780

NPI: 1184224396

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


## D2. Primary Care Directory

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **VILLALOBOS, REBECA**

Provider ID: 206360

Provider Gender: Female

License Number: NP95015780

NPI: 1184224396


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **WEICKERT, MARIA**

Provider ID: 417429

Provider Gender: Female


License Number: NP95010814


NPI: 1841758984

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

#### **WEICKERT, MARIA**

Provider ID: 417429

Provider Gender: Female


License Number: NP95010814


NPI: 1841758984

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**

#### **WILLIAMS, BREAUNA**

Provider ID: 185268

Provider Gender: Female

License Number: NP95001840

NPI: 1063884864


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)


Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 8:00AM-2:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **WILLIAMS, BREAUNA**


Provider ID: 185268

Provider Gender: Female

License Number: NP95001840

NPI: 1063884864

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

## D2. Primary Care Directory

*Cultural Competency:* N  
*Board Certified Specialty:* No  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 255-9155  
After Hours Phone: (619) 255-9155  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\150  
*American Sign Language (ASL):* N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **WILLIAMS, TAKISHA**

Provider ID: 416831  
Provider Gender: Female  
License Number: NP95013978  
NPI: 1881727386  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

*Cultural Competency:* N  
*Board Certified Specialty:* No  
3514 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
After Hours Phone: (619) 515-2424  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\18  
*American Sign Language (ASL):*

N  
Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **WILLIAMS, TAKISHA**

Provider ID: 416831  
Provider Gender: Female  
License Number: NP95013978  
NPI: 1881727386  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

*Cultural Competency:* N  
*Board Certified Specialty:* No  
3514 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
After Hours Phone: (619) 515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\18  
*American Sign Language (ASL):* N  
Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **WILLIAMS, TAKISHA**

Provider ID: 402851  
Provider Gender: Female  
License Number: NP95013978  
NPI: 1881727386  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

*Cultural Competency:* N

*Board Certified Specialty:* No  
3705 MISSION BLVD  
SAN DIEGO, CA 92109  
Phone: (619) 515-2444  
After Hours Phone: (619) 515-2444  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\150  
*American Sign Language (ASL):* N  
Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **WILLIAMS, TAKISHA**

Provider ID: 402851  
Provider Gender: Female  
License Number: NP95013978  
NPI: 1881727386  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

*Cultural Competency:* N  
*Board Certified Specialty:* No  
3705 MISSION BLVD  
SAN DIEGO, CA 92109  
Phone: (619) 515-2444  
After Hours Phone: (619) 515-2444  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\150  
*American Sign Language (ASL):* N  
Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

## D2. Primary Care Directory

### **PRACTITIONER**

#### **WOLF, CELIA**

Provider ID: 417937

Provider Gender: Female


License Number: NP95001899


NPI: 1245635564

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **WOLF, CELIA**

Provider ID: 417937

Provider Gender: Female


License Number: NP95001899


NPI: 1245635564

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**


#### **BOSTON, LAURA**

Provider ID: 206360

Provider Gender: Female

License Number: NM792

NPI: 1174553259

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**


#### **BOSTON, LAURA**

Provider ID: 206360

Provider Gender: Female

License Number: NM792

NPI: 1174553259

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **GEPSTEIN, YANA**

Provider ID: 402851

Provider Gender: Female

License Number: NM1662

NPI: 1396956512

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Hebrew

Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### **CERTIFIED REGISTERED NURSE MIDWIFE**


#### **GEPSHTEIN, YANA**


Provider ID: 402851

Provider Gender: Female

License Number: NM1662

NPI: 1396956512


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Hebrew

Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**


#### **ASSADIAN, MEHRAK**


Provider ID: 451167

Provider Gender: Female

License Number: DC27523

NPI: 1295278281


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Turkish

Cultural Competency: N


Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**


#### **ASSADIAN, MEHRAK**


Provider ID: 451167

Provider Gender: Female

License Number: DC27523

NPI: 1295278281


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Turkish


Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **CABALLERO, JAMES**

Provider ID: 418535


Provider Gender: Male


License Number: DC27726


NPI: 1093991549


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

### **CHIROPRACTOR**

#### **CABALLERO, JAMES**

Provider ID: 418535


Provider Gender: Male


License Number: DC27726


NPI: 1093991549


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):


## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-TU 8:30AM-5:30PM*  
*W 10:00AM-7:00PM*  
*TH-F 8:30AM-5:30PM*


### **CHIROPRACTOR**

#### **CABALLERO, JAMES**

*Provider ID: 417101*  
*Provider Gender: Male*  
*License Number: DC27726*  
*NPI: 1093991549*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*


 10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844) 200-2426*  
 *Website: www.operationsa mahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-4:30PM*

### **CHIROPRACTOR**


#### **CABALLERO, JAMES**

*Provider ID: 417101*  
*Provider Gender: Male*  
*License Number: DC27726*  
*NPI: 1093991549*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844) 200-2426*  
 *Website: www.operationsa mahan.org*



*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-4:30PM*

### **CHIROPRACTOR**


#### **GILIBERTO, JOSEPH**

*Provider ID: 417101*  
*Provider Gender: Male*  
*License Number: DC15775*  
*NPI: 1821463159*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844) 200-2426*  
 *Website: www.operationsa mahan.org*



*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*



N


 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-4:30PM*

### **CHIROPRACTOR**

#### **GILIBERTO, JOSEPH**



*Provider ID: 417101*  
*Provider Gender: Male*  
*License Number: DC15775*  
*NPI: 1821463159*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*


 10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844) 200-2426*  
 *Website: www.operationsa mahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-4:30PM*




### **CHIROPRACTOR**

#### **GILIBERTO, JOSEPH**

*Provider ID: 418535*  
*Provider Gender: Male*  
*License Number: DC15775*  
*NPI: 1821463159*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 9995 CARMEL MOUNTAIN RD STE B10 AND B11  
SAN DIEGO, CA 92129

## D2. Primary Care Directory

 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

### **CHIROPRACTOR**








#### **GILIBERTO, JOSEPH**

Provider ID: 418535  
Provider Gender: Male  
License Number: DC15775  
NPI: 1821463159  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM



### **CHIROPRACTOR**



#### **ILCHENA, ALESANDRA**

Provider ID: 185268  
Provider Gender: Female  
License Number: DC32800  
NPI: 1871046664  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER  
Board Certified Specialty: No  
 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105  
 Phone: (619) 798-3947  
 After Hours Phone: (619) 798-3947  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **CHIROPRACTOR**




#### **ILCHENA, ALESANDRA**

Provider ID: 185268  
Provider Gender: Female  
License Number: DC32800  
NPI: 1871046664  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER  
Board Certified Specialty: No  
 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105  
 Phone: (619) 798-3947  
 After Hours Phone: (619) 798-3947  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **CHIROPRACTOR**

#### **KAZEM, AHMAD**

Provider ID: 227409  
Provider Gender: Male  
License Number: DC33300  
NPI: 1003296096  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
Cultural Competency: N  
Board Certified Specialty: No  
 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

### **CHIROPRACTOR**


#### **KAZEM, AHMAD**

*Provider ID: 227409*

*Provider Gender: Male*

*License Number: DC33300*


*NPI: 1003296096*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Farsi*

*Cultural Competency: N*

*Board Certified Specialty: No*

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*


 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **CHIROPRACTOR**


#### **LOVERN, JENNIFER**


*Provider ID: 207382*

*Provider Gender: Female*

*License Number: DC29074*

*NPI: 1235469396*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Italian, Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 2630 1ST AVE  
SAN DIEGO, CA 92103



*Phone: (619) 234-2158*



*After Hours Phone: (619) 234-2158*



*Website: WWW.SDAIHC.ORG*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

*Indian Health Services: Y*

### **CHIROPRACTOR**


#### **LOVERN, JENNIFER**


*Provider ID: 207382*

*Provider Gender: Female*

*License Number: DC29074*

*NPI: 1235469396*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Italian, Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 2630 1ST AVE  
SAN DIEGO, CA 92103

 *Phone: (619) 234-2158*

 *After Hours Phone: (619) 234-2158*

 *Website: WWW.SDAIHC.ORG*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

*Indian Health Services: Y*

### **CHIROPRACTOR**

#### **LOVERN, JENNIFER**


*Provider ID: 418535*

*Provider Gender: Female*

*License Number: DC29074*


*NPI: 1235469396*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Italian, Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

 *Phone: (844) 200-2426*

 *After Hours Phone: (844) 200-2426*

 *Website: [www.operationsamahan.org](http://www.operationsamahan.org)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:30AM-5:30PM*

*W 10:00AM-7:00PM*

*TH-F 8:30AM-5:30PM*

### **CHIROPRACTOR**


#### **LOVERN, JENNIFER**


*Provider ID: 418535*

*Provider Gender: Female*

*License Number: DC29074*


*NPI: 1235469396*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Italian, Spanish*





*Cultural Competency: N*

*Board Certified Specialty: No*

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129



## D2. Primary Care Directory

 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

### **CHIROPRACTOR**

#### **OLSEN, MARTIN**

Provider ID: 402851  
Provider Gender: Male  
License Number: DC20729  
NPI: 1730247990  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER




### **CHIROPRACTOR**


#### **OLSEN, MARTIN**

Provider ID: 402851  
Provider Gender: Male  
License Number: DC20729  
NPI: 1730247990  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **CHIROPRACTOR**



#### **PAGE, BIANCA**

Provider ID: 417937  
Provider Gender: Female  
License Number: DC33688  
NPI: 1649787607  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM



### **CHIROPRACTOR**

#### **PAGE, BIANCA**

Provider ID: 417937  
Provider Gender: Female  
License Number: DC33688  
NPI: 1649787607  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **CHIROPRACTOR**

#### **ROJAS, RICHARD**

Provider ID: 417937  
Provider Gender: Male  
License Number: DC31024  
NPI: 1538318811  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE

## D2. Primary Care Directory

SAN DIEGO, CA 92103  
☎ Phone: (619) 515-2545  
🕒 After Hours Phone: (619) 515-2545  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 9:00AM-5:00PM

### **CHIROPRACTOR**

#### **ROJAS, RICHARD**

Provider ID: 417937  
Provider Gender: Male  
License Number: DC31024  
NPI: 1538318811  
🗒 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4094 4TH AVE  
SAN DIEGO, CA 92103  
☎ Phone: (619) 515-2545  
🕒 After Hours Phone: (619) 515-2545  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 9:00AM-5:00PM

### **CHIROPRACTOR**

#### **SOSA, DAVID**

Provider ID: 417937

Provider Gender: Male  
License Number: DC33150  
NPI: 1013308675  
🗒 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4094 4TH AVE  
SAN DIEGO, CA 92103  
☎ Phone: (619) 515-2545  
🕒 After Hours Phone: (619) 515-2545  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **CHIROPRACTOR**

#### **SOSA, DAVID**

Provider ID: 417937  
Provider Gender: Male  
License Number: DC33150  
NPI: 1013308675  
🗒 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4094 4TH AVE  
SAN DIEGO, CA 92103  
☎ Phone: (619) 515-2545  
🕒 After Hours Phone: (619) 515-2545  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **CHIROPRACTOR**

#### **SOSA, DAVID**

Provider ID: 206363  
Provider Gender: Male  
License Number: DC33150  
NPI: 1013308675  
🗒 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4725 MARKET ST  
SAN DIEGO, CA 92102  
☎ Phone: (619) 515-2560  
🕒 After Hours Phone: (619) 515-2560  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER


### **CHIROPRACTOR**

#### **SOSA, DAVID**

Provider ID: 206363  
Provider Gender: Male  
License Number: DC33150  
NPI: 1013308675  
🗒 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4725 MARKET ST  
SAN DIEGO, CA 92102  
☎ Phone: (619) 515-2560

## D2. Primary Care Directory


 After Hours Phone: (619) 515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CHIROPRACTOR**

#### **SU, VENNES**

Provider ID: 417101

Provider Gender: Female

License Number: DC34907


NPI: 1053919928


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426


 After Hours Phone: (844) 200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:30PM

### **CHIROPRACTOR**

#### **SU, VENNES**

Provider ID: 417101

Provider Gender: Female

License Number: DC34907


NPI: 1053919928


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844) 200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:30PM

### **CLINIC OUTPATIENT**


#### **OPERATION SAMAHAN**

#### **RANCHO PENASQUITOS,**


Provider ID: 418535

NPI: 1699216622

 Provider English Spoken: Y  
Cultural Competency: N


 9995 CARMEL MOUNTAIN RD STE B10 AND B11

SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 695-9074

 After Hours Phone: (844) 200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-TU 8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

### **CLINIC OUTPATIENT**

#### **OPERATION SAMAHAN**

#### **RANCHO PENASQUITOS,**


Provider ID: 418535

NPI: 1699216622


 Provider English Spoken: Y  
Cultural Competency: N


 9995 CARMEL MOUNTAIN RD STE B10 AND B11

SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 695-9074

 After Hours Phone: (844) 200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-TU 8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

### **DERMATOLOGY**

#### **BURROWS, WILLIAM**

Provider ID: 417937

Provider Gender: Male

License Number: G16236

NPI: 1639199292

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS


GREEN HOSPITAL, SCRIPPS

MERCY HOSPITAL

## D2. Primary Care Directory

Board Certified Specialty: No


 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### DERMATOLOGY

#### **BURROWS, WILLIAM**

Provider ID: 417937

Provider Gender: Male



License Number: G16236


NPI: 1639199292

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No


 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### DERMATOLOGY



#### **CARTER, NATASHA**

Provider ID: 206363

Provider Gender: Female

License Number: A140912

NPI: 1033539184

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### DERMATOLOGY



#### **CARTER, NATASHA**

Provider ID: 206363

Provider Gender: Female

License Number: A140912

NPI: 1033539184

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

#### **METABOLISM DIABETES**

#### **AHMAD, AAKIF**

Provider ID: 206360

Provider Gender: Male




License Number: 20A12732


NPI: 1720308331

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

## D2. Primary Care Directory

### PROVIDER

#### **ENDOCRINOLOGY** **METABOLISM DIABETES**


#### **AHMAD, AAKIF**

Provider ID: 206360

Provider Gender: Male

License Number: 20A12732

NPI: 1720308331

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,

SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

#### **ENDOCRINOLOGY** **METABOLISM DIABETES**


#### **CARRILLO, MARITZA**

Provider ID: 206360

Provider Gender: Female

License Number: A163183

NPI: 1649628587

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

#### **ENDOCRINOLOGY** **METABOLISM DIABETES**


#### **CARRILLO, MARITZA**

Provider ID: 206360

Provider Gender: Female

License Number: A163183

NPI: 1649628587

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

#### **ENDOCRINOLOGY** **METABOLISM DIABETES**

#### **CHANG, AMY**

Provider ID: 206360

Provider Gender: Female

License Number: A93385

NPI: 1750568911

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,


SADDLEBACK MEMORIAL


MED CTR, SCRIPPS GREEN

HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

#### **ENDOCRINOLOGY** **METABOLISM DIABETES**

#### **CHANG, AMY**

Provider ID: 206360

## D2. Primary Care Directory

Provider Gender: Female

License Number: A93385

NPI: 1750568911

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SADDLEBACK MEMORIAL

MED CTR, SCRIPPS GREEN

HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

### METABOLISM DIABETES

#### **GANDHI, ANAND**

Provider ID: 206360

Provider Gender: Male

License Number: A178494

NPI: 1821651779

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

Fax: (619) 515-2510

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

### METABOLISM DIABETES

#### **GANDHI, ANAND**

Provider ID: 206360

Provider Gender: Male

License Number: A178494

NPI: 1821651779

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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Fax: (619) 515-2510

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515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

### METABOLISM DIABETES

#### **LEVINE, MATTHEW**

Provider ID: 206360

Provider Gender: Male

License Number: A77126

NPI: 1801994231

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

### METABOLISM DIABETES

#### **LEVINE, MATTHEW**

Provider ID: 206360

Provider Gender: Male

License Number: A77126

NPI: 1801994231

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

## D2. Primary Care Directory

MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619)  
515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **NAGELBERG, JODI**

Provider ID: 206360

Provider Gender: Female

License Number: A146838

NPI: 1720474141

☑ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619)  
515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **NAGELBERG, JODI**

Provider ID: 206360

Provider Gender: Female

License Number: A146838

NPI: 1720474141

☑ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619)  
515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **RODRIGUEZ MARTINEZ, RENIL**

Provider ID: 206360

Provider Gender: Female

License Number: A142703

NPI: 1477817757

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619)  
515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **RODRIGUEZ MARTINEZ, RENIL**

Provider ID: 206360

Provider Gender: Female

License Number: A142703

NPI: 1477817757

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619)  
515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **ABDALLAH, ALI**

Provider ID: 206363

Provider Gender: Male

License Number: 20A15471

NPI: 1649699968

☑ Provider English Spoken: Y

☑ Provider Language(s)

## D2. Primary Care Directory

*Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*



### **FAMILY PRACTICE**






#### **ABDALLAH, ALI**

*Provider ID: 206363*  
*Provider Gender: Male*  
*License Number: 20A15471*  
*NPI: 1649699968*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**



#### **ALVAREZ-ESTRADA, MIGUEL**

*Provider ID: 227409*  
*Provider Gender: Male*  
*License Number: A157505*  
*NPI: 1588197826*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL*  
*Board Certified Specialty: No*

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*






### **FAMILY PRACTICE**

#### **ALVAREZ-ESTRADA, MIGUEL**

*Provider ID: 227409*  
*Provider Gender: Male*  
*License Number: A157505*  
*NPI: 1588197826*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL*

*Board Certified Specialty: No*

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*


### **FAMILY PRACTICE**

#### **BACHARACH, REBECCA**

*Provider ID: 417937*  
*Provider Gender: Female*  
*License Number: 20A15459*  
*NPI: 1225442643*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N




## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-TH 8:00AM-9:00PM*  
*F 8:00AM-5:00PM*



### **FAMILY PRACTICE**


#### **BACHARACH, REBECCA**

*Provider ID: 417937*  
*Provider Gender: Female*  
*License Number: 20A15459*  
*NPI: 1225442643*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*  
 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*  
*Email: fabianm@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-TH 8:00AM-9:00PM*  
*F 8:00AM-5:00PM*



### **FAMILY PRACTICE**


#### **BAGINGITO, AUSTIN**

*Provider ID: 417429*  
*Provider Gender: Male*  
*License Number: A163977*  
*NPI: 1942705637*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*


 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 *Phone: (619) 515-2525*  
 *After Hours Phone: (619) 515-2525*

 *Website: www.fhcsd.org*  
*Email: janeta@fhcsd.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*



### **FAMILY PRACTICE**


#### **BAGINGITO, AUSTIN**

*Provider ID: 417429*  
*Provider Gender: Male*  
*License Number: A163977*  
*NPI: 1942705637*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 *Phone: (619) 515-2525*  
 *After Hours Phone: (619) 515-2525*

 *Website: www.fhcsd.org*  
*Email: janeta@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*

*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

### **FAMILY PRACTICE**

#### **BAHRAMZI, MARIA**



*Provider ID: 417987*  
*Provider Gender: Female*


*License Number: A173486*  
*NPI: 1588141865*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Pushto*

*Cultural Competency: N*  
*Board Certified Specialty: No*

 4874 POLK AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 515-2426*  
 *After Hours Phone: (619) 515-2426*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*



*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**



#### **BAHRAMZI, MARIA**


*Provider ID: 417987*  
*Provider Gender: Female*  
*License Number: A173486*  
*NPI: 1588141865*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Pushto*

*Cultural Competency: N*  
*Board Certified Specialty: No*

 4874 POLK AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 515-2426*  
 *After Hours Phone: (619) 515-2426*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT*

## D2. Primary Care Directory

PROVIDER

### **FAMILY PRACTICE**

**BAHRAMZI, MARIA**

Provider ID: 206362

Provider Gender: Female

License Number: A173486

NPI: 1588141865

Provider English Spoken: Y

Provider Language(s)  
Spoken: Pushto

Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**BAHRAMZI, MARIA**

Provider ID: 206362

Provider Gender: Female

License Number: A173486

NPI: 1588141865

Provider English Spoken: Y

Provider Language(s)  
Spoken: Pushto

Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**BAIN, NATALIE**

Provider ID: 206360

Provider Gender: Female

License Number: A183464

NPI: 1821677584

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**BAIN, NATALIE**

Provider ID: 206360

Provider Gender: Female

License Number: A183464

NPI: 1821677584

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**BAUTISTA, LUIS**

Provider ID: 517403

Provider Gender: Male

License Number: A97270

NPI: 1295712206

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO,

ST AGNES MEDICAL CENTER

Board Certified Specialty: No

316 25TH ST  
SAN DIEGO, CA 92102

Phone: (619) 238-5551

After Hours Phone: (619)  
238-5551

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **BAUTISTA, LUIS**

*Provider ID: 517403*

*Provider Gender: Male*

*License Number: A97270*

*NPI: 1295712206*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation:*


*COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, ST AGNES MEDICAL CENTER*

*Board Certified Specialty: No*

 *316 25TH ST  
SAN DIEGO, CA 92102*

 *Phone: (619) 238-5551*

 *After Hours Phone: (619) 238-5551*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\120*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **BISHOP, MELISSA**

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: C137521*

*NPI: 1578667077*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: PALOMAR MEDICAL CENTER*

*Board Certified Specialty: No*

 *1501 IMPERIAL AVE  
SAN DIEGO, CA 92101*

 *Phone: (619) 645-6405*

 *After Hours Phone: (619) 645-6405*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM*

### **FAMILY PRACTICE**


#### **BISHOP, MELISSA**

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: C137521*

*NPI: 1578667077*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: PALOMAR MEDICAL CENTER*

*Board Certified Specialty: No*

 *1501 IMPERIAL AVE  
SAN DIEGO, CA 92101*

 *Phone: (619) 645-6405*

 *After Hours Phone: (619) 645-6405*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM*

### **FAMILY PRACTICE**


#### **BODIFORD, SAMANTHA**

*Provider ID: 214492*

*Provider Gender: Female*


*License Number: A165398*


*NPI: 1730684200*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *1016 OUTER RD  
SAN DIEGO, CA 92154*

 *Phone: (619) 429-3733*

 *After Hours Phone: (619) 429-3733*

 *Website: www.ibclinic.org*  
*Email: avaldez@ibclinic.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:30AM-5:00PM*

*TU-TH 8:30AM-8:00PM*

*F 8:30AM-5:00PM*

### **FAMILY PRACTICE**

#### **BODIFORD, SAMANTHA**

*Provider ID: 214492*

*Provider Gender: Female*


*License Number: A165398*

*NPI: 1730684200*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *1016 OUTER RD  
SAN DIEGO, CA 92154*

 *Phone: (619) 429-3733*

 *After Hours Phone: (619)*

## D2. Primary Care Directory

429-3733  
 Website: [www.ibclinic.org](http://www.ibclinic.org)  
Email: [avaldez@ibclinic.org](mailto:avaldez@ibclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:00PM  
TU-TH 8:30AM-8:00PM  
F 8:30AM-5:00PM

### **FAMILY PRACTICE**




#### **BORTNER, ADAM**

Provider ID: 206363  
Provider Gender: Male  
License Number: A164879  
NPI: 1811491749  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **BORTNER, ADAM**


Provider ID: 206363

Provider Gender: Male  
License Number: A164879  
NPI: 1811491749  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **BRADY, PATRICIA**

Provider ID: 403583  
Provider Gender: Female  
License Number: C53121  
NPI: 1952390437  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Board Certified Specialty: No  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-W 8:30AM-5:00PM  
TH 8:30AM-9:00PM  
F 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **BRADY, PATRICIA**

Provider ID: 403583  
Provider Gender: Female  
License Number: C53121  
NPI: 1952390437  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Board Certified Specialty: No  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-W 8:30AM-5:00PM  
TH 8:30AM-9:00PM  
F 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **BRODSKY, MARK**

Provider ID: 402851  
Provider Gender: Male  
License Number: C53623


## D2. Primary Care Directory


NPI: 1346337904

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **BRODSKY, MARK**

Provider ID: 402851

Provider Gender: Male


License Number: C53623


NPI: 1346337904

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **BURTON, LUCAS**

Provider ID: 206362

Provider Gender: Male

License Number: 20A20786

NPI: 1376171520


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **BURTON, LUCAS**


Provider ID: 206362

Provider Gender: Male

License Number: 20A20786

NPI: 1376171520


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **CAMPBELL, BRIANNA**

Provider ID: 451167

Provider Gender: Female


License Number: A157488


NPI: 1316479892


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

## D2. Primary Care Directory

### **CAMPBELL, BRIANNA**

Provider ID: 451167

Provider Gender: Female

License Number: A157488


NPI: 1316479892


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


### **CARRIEDO CENICEROS, MARIA**

Provider ID: 227409

Provider Gender: Female

License Number: A78373


NPI: 1295746618


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhe>

[alth.org/locations](http://alth.org/locations)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


### **CARRIEDO CENICEROS, MARIA**

Provider ID: 227409

Provider Gender: Female

License Number: A78373


NPI: 1295746618


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


### **CARSON, COREY**

Provider ID: 206360

Provider Gender: Female

License Number: A136616

NPI: 1245599778


 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


### **CARSON, COREY**

Provider ID: 206360

Provider Gender: Female

License Number: A136616

NPI: 1245599778


 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Board Certified Specialty: No

 1809 NATIONAL AVE  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

---

### **FAMILY PRACTICE**

#### **CARSON, COREY**

Provider ID: 417937

Provider Gender: Female

License Number: A136616

NPI: 1245599778


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CARSON, COREY**

Provider ID: 417937

Provider Gender: Female

License Number: A136616

NPI: 1245599778


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CHOU, BILL**

Provider ID: 417937

Provider Gender: Male


License Number: 20A14794


NPI: 1730448101


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CHOU, BILL**

Provider ID: 417937

Provider Gender: Male


License Number: 20A14794


NPI: 1730448101


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545


 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CHOU, BILL**

Provider ID: 206362

Provider Gender: Male


License Number: 20A14794


NPI: 1730448101


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CHOU, BILL**







Provider ID: 206362

Provider Gender: Male

License Number: 20A14794

NPI: 1730448101

## D2. Primary Care Directory

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CHUN, HYUN**

Provider ID: 206360  
Provider Gender: Male  
License Number: A163978  
NPI: 1083118988  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Korean  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER






### **FAMILY PRACTICE**


#### **CHUN, HYUN**

Provider ID: 206360  
Provider Gender: Male  
License Number: A163978  
NPI: 1083118988  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Korean  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **COLLINS, WILLIAM**

Provider ID: 417937  
Provider Gender: Male  
License Number: 20A15413  
NPI: 1417361973  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: SU-SA 8:00AM-9:00PM

### **FAMILY PRACTICE**

#### **COLLINS, WILLIAM**

Provider ID: 206362  
Provider Gender: Male  
License Number: 20A15413  
NPI: 1417361973  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Board Certified Specialty: No  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: SU-SA 8:30AM-5:30PM
























### **FAMILY PRACTICE**

#### **COLLINS, WILLIAM**


Provider ID: 417937  
Provider Gender: Male  
License Number: 20A15413  
NPI: 1417361973



## D2. Primary Care Directory

-  *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA JOLLA*  
*JOHN SALLY THORNTON*  
*Board Certified Specialty: No*
-  4094 4TH AVE  
SAN DIEGO, CA 92103
-  *Phone: (619) 515-2545*
-  *After Hours Phone: (619) 515-2545*
-  *Website: www.fhcsd.org*  
*Email: fabianm@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*
-  *Accessibility: CONTACT PROVIDER*  
*Hours: SU-SA 8:00AM-9:00PM*
- FAMILY PRACTICE**  
**COLLINS, WILLIAM**  
*Provider ID: 206362*  
*Provider Gender: Male*  
*License Number: 20A15413*  
*NPI: 1417361973*
-  *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA JOLLA*  
*JOHN SALLY THORNTON*  
*Board Certified Specialty: No*
-  3544 30TH ST  
SAN DIEGO, CA 92104
-  *Phone: (619) 515-2424*
-  *After Hours Phone: (619) 515-2424*
-  *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*
- American Sign Language (ASL): N*
-  *Accessibility: CONTACT PROVIDER*  
*Hours: SU-SA 8:30AM-5:30PM*
- FAMILY PRACTICE**  
**CORMAN, DANIEL**  
*Provider ID: 402851*  
*Provider Gender: Male*  
*License Number: 20A13060*  
*NPI: 1629339593*
-  *Provider English Spoken: Y*
-  *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*
-  3705 MISSION BLVD  
SAN DIEGO, CA 92109
-  *Phone: (619) 515-2444*
-  *After Hours Phone: (619) 515-2444*
-  *Website: www.fhcsd.org*  
*Email: sabay@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*
-  *Accessibility: CONTACT PROVIDER*
- FAMILY PRACTICE**  
**CORMAN, DANIEL**  
*Provider ID: 402851*  
*Provider Gender: Male*  
*License Number: 20A13060*  
*NPI: 1629339593*
-  *Provider English Spoken: Y*
-  *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*
-  3705 MISSION BLVD  
SAN DIEGO, CA 92109
-  *Phone: (619) 515-2444*
-  *After Hours Phone: (619) 515-2444*
-  *Website: www.fhcsd.org*  
*Email: sabay@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*
-  *Accessibility: CONTACT PROVIDER*
- FAMILY PRACTICE**  
**DAPPEN, AMANDA**  
*Provider ID: 227409*  
*Provider Gender: Female*  
*License Number: A153414*  
*NPI: 1689037111*
-  *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*
-  3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113
-  *Phone: (619) 662-4100*
-  *After Hours Phone: (619) 662-4100*
-  *Website: https://www.syhealth.org/locations*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*
-  *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*
- FAMILY PRACTICE**  
**DAPPEN, AMANDA**  
*Provider ID: 227409*


## D2. Primary Care Directory

Provider Gender: Female  
License Number: A153414  
NPI: 1689037111  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**



#### **DAVIS, DEIRDRE**




Provider ID: 451167  
Provider Gender: Female  
License Number: A165432  
NPI: 1265921365  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM

### **FAMILY PRACTICE**

#### **DAVIS, DEIRDRE**








Provider ID: 451167  
Provider Gender: Female  
License Number: A165432  
NPI: 1265921365  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM

### **FAMILY PRACTICE**

#### **FAMBRO, CYNTHIA**

Provider ID: 451167  
Provider Gender: Female  
License Number: A153223  
NPI: 1710331707

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **FAMBRO, CYNTHIA**

Provider ID: 451167  
Provider Gender: Female  
License Number: A153223  
NPI: 1710331707  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **FLORES, JOE**

*Provider ID: 417937*

*Provider Gender: Male*


*License Number: A171135*


*NPI: 1033647409*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*

 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*  
*Email: fabianm@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TH 8:00AM-9:00PM*  
*F 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **FLORES, JOE**

*Provider ID: 417937*

*Provider Gender: Male*


*License Number: A171135*

*NPI: 1033647409*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*

 *After Hours Phone: (619) 515-2545*

*515-2545*

 *Website: www.fhcsd.org*

*Email: fabianm@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TH 8:00AM-9:00PM*  
*F 8:00AM-5:00PM*

### **FAMILY PRACTICE**


#### **GLEASON ROHRER, GWEN**

*Provider ID: 233597*

*Provider Gender: Female*

*License Number: A112176*

*NPI: 1710140462*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: UCSD*


*MEDICAL CTR*

*Board Certified Specialty: No*

 4290 POLK AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 563-0250*

 *After Hours Phone: (619) 563-0250*

 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **GLEASON ROHRER, GWEN**

*Provider ID: 233532*

*Provider Gender: Female*

*License Number: A112176*

*NPI: 1710140462*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: UCSD*

*MEDICAL CTR*

*Board Certified Specialty: No*

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105

 *Phone: (619) 280-2058*

 *After Hours Phone: (619) 280-2058*

 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\22*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **GLEASON ROHRER, GWEN**

*Provider ID: 233597*

*Provider Gender: Female*

*License Number: A112176*

*NPI: 1710140462*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR*


*Board Certified Specialty: No*

 4290 POLK AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 563-0250*

## D2. Primary Care Directory

 After Hours Phone: (619) 563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **GLEASON ROHRER, GWEN**

Provider ID: 233532

Provider Gender: Female

License Number: A112176

NPI: 1710140462

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619) 280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **GRIFFITHS, KENNETH**

Provider ID: 417937

Provider Gender: Male

License Number: C52451


NPI: 1760563068

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **GRIFFITHS, KENNETH**

Provider ID: 417937

Provider Gender: Male

License Number: C52451


NPI: 1760563068

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **GUTIERREZ, TANIA**

Provider ID: 417987

Provider Gender: Female

License Number: 20A19345

NPI: 1285196311

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619) 515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **GUTIERREZ, TANIA**








Provider ID: 417987

Provider Gender: Female

License Number: 20A19345

NPI: 1285196311

## D2. Primary Care Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4874 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619)  
515-2426  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **HACHOLSKI, MARK**

Provider ID: 206362  
Provider Gender: Male  
License Number: A169591  
NPI: 1568995694

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **HACHOLSKI, MARK**


Provider ID: 206362  
Provider Gender: Male  
License Number: A169591  
NPI: 1568995694

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

Provider ID: 206363  
Provider Gender: Female  
License Number: 20A14772  
NPI: 1235576059  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM



### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

Provider ID: 206363  
Provider Gender: Female  
License Number: 20A14772  
NPI: 1235576059  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

Provider ID: 418142  
Provider Gender: Female  
License Number: 20A14772  
NPI: 1235576059  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 5160 FEDERAL BLVD

## D2. Primary Care Directory

SAN DIEGO, CA 92105  
Phone: (619) 515-2454  
After Hours Phone: (619) 515-2454  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

Provider ID: 418142  
Provider Gender: Female  
License Number: 20A14772  
NPI: 1235576059  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
5160 FEDERAL BLVD  
SAN DIEGO, CA 92105  
Phone: (619) 515-2454  
After Hours Phone: (619) 515-2454  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **HEINRICI, ALEKA**

Provider ID: 451167

Provider Gender: Female  
License Number: A125329  
NPI: 1780979120  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM

### **FAMILY PRACTICE**

#### **HEINRICI, ALEKA**

Provider ID: 451167  
Provider Gender: Female  
License Number: A125329  
NPI: 1780979120  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
950 S EUCLID AVE  
SAN DIEGO, CA 92114

Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM

### **FAMILY PRACTICE**

#### **KAUFHOLD, ANNE**

Provider ID: 227409  
Provider Gender: Female  
License Number: A88893  
NPI: 1164508073  
Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
Phone: (619) 662-4100  
Fax: (619) 858-1003  
After Hours Phone: (619) 662-4100  
Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT

## D2. Primary Care Directory

PROVIDER	Board Certified Specialty: No	Provider ID: 206363
<b><u>FAMILY PRACTICE</u></b> <b>KAUFHOLD, ANNE</b> Provider ID: 227409 Provider Gender: Female License Number: A88893 NPI: 1164508073 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Arabic, Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA Board Certified Specialty: No  3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113  Phone: (619) 662-4100 Fax: (619) 858-1003  After Hours Phone: (619) 662-4100  Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER	 4874 POLK AVE SAN DIEGO, CA 92105  Phone: (619) 515-2426  After Hours Phone: (619) 515-2426  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Hours: M-F 8:30AM-5:30PM	 4725 MARKET ST SAN DIEGO, CA 92102  Phone: (619) 515-2560 Fax: (619) 263-2499  After Hours Phone: (619) 515-2560  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a> Email: <a href="mailto:nancyl@fhcsd.org">nancyl@fhcsd.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER
<b><u>FAMILY PRACTICE</u></b> <b>KAUFMAN, JENNIFER CHILYN</b> Provider ID: 417987 Provider Gender: Female License Number: G149974 NPI: 1407818768 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Mandarin Cultural Competency: N Board Certified Specialty: No  4874 POLK AVE SAN DIEGO, CA 92105  Phone: (619) 515-2426  After Hours Phone: (619) 515-2426  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Hours: M-F 8:30AM-5:30PM	<b><u>FAMILY PRACTICE</u></b> <b>KAUFMAN, JENNIFER CHILYN</b> Provider ID: 417987 Provider Gender: Female License Number: G149974 NPI: 1407818768 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Mandarin Cultural Competency: N Board Certified Specialty: No  4874 POLK AVE SAN DIEGO, CA 92105  Phone: (619) 515-2426  After Hours Phone: (619) 515-2426  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER	<b><u>FAMILY PRACTICE</u></b> <b>KEFLEZIGHI, BAHGHI</b> Provider ID: 206363 Provider Gender: Female License Number: A100391 NPI: 1124210844 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS
<b><u>FAMILY PRACTICE</u></b> <b>KAUFMAN, JENNIFER CHILYN</b> Provider ID: 417987 Provider Gender: Female License Number: G149974 NPI: 1407818768 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Mandarin Cultural Competency: N	<b><u>FAMILY PRACTICE</u></b> <b>KEFLEZIGHI, BAHGHI</b>	

## D2. Primary Care Directory

MERCY HOSPITAL CHULA  
VISTA, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

Fax: (619) 263-2499

After Hours Phone: (619)  
515-2560

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **KIDDER, BRENDAN**

Provider ID: 227409

Provider Gender: Male

License Number: A112379

NPI: 1275793929

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [https://www.syhe  
alth.org/locations](https://www.syhealth.org/locations)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

### **FAMILY PRACTICE**

#### **KIDDER, BRENDAN**

Provider ID: 227409

Provider Gender: Male

License Number: A112379

NPI: 1275793929

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [https://www.syhe  
alth.org/locations](https://www.syhealth.org/locations)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LACH, REBECCA**

Provider ID: 206362

Provider Gender: Female

License Number: A177922

NPI: 1679137780

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)

515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LACH, REBECCA**

Provider ID: 206362

Provider Gender: Female

License Number: A177922

NPI: 1679137780

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LACH, REBECCA**

Provider ID: 417937

Provider Gender: Female

License Number: A177922

NPI: 1679137780

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish



## D2. Primary Care Directory

Cultural Competency: N  
Board Certified Specialty: No



 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **LACH, REBECCA**

Provider ID: 417937  
Provider Gender: Female  
License Number: A177922  
NPI: 1679137780  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **FAMILY PRACTICE**


#### **LEE, SANDRINE**

Provider ID: 206362  
Provider Gender: Female  
License Number: 20A15068  
NPI: 1073909651

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French

Cultural Competency: N  
Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LEE, SANDRINE**

Provider ID: 206362  
Provider Gender: Female  
License Number: 20A15068  
NPI: 1073909651

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French

Cultural Competency: N  
Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)

515-2424



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**




#### **LINDEMAN, KURTIS**

Provider ID: 403583  
Provider Gender: Male  
License Number: A104052  
NPI: 1124155791

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **LINDEMAN, KURTIS**






Provider ID: 403583


## D2. Primary Care Directory

Provider Gender: Male  
License Number: A104052  
NPI: 1124155791  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Board Certified Specialty: No  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**





#### **LISH, JONATHAN**

Provider ID: 206360  
Provider Gender: Male  
License Number: A177373  
NPI: 1811459456  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



### **FAMILY PRACTICE**






#### **LISH, JONATHAN**

Provider ID: 206360  
Provider Gender: Male  
License Number: A177373  
NPI: 1811459456  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LIU, JIE**

Provider ID: 206362  
Provider Gender: Female  
License Number: A147758  
NPI: 1780066472  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LIU, JIE**

Provider ID: 206362  
Provider Gender: Female  
License Number: A147758  
NPI: 1780066472  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### **FAMILY PRACTICE**


#### **MARSTON, JACQUELINE**

Provider ID: 206046

Provider Gender: Female

License Number: 20A12402

NPI: 1417205055

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **MARSTON, JACQUELINE**


Provider ID: 206046

Provider Gender: Female

License Number: 20A12402

NPI: 1417205055

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **MARSTON, JACQUELINE**

Provider ID: 482070

Provider Gender: Female

License Number: 20A12402

NPI: 1417205055

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **MARSTON, JACQUELINE**


Provider ID: 206046

Provider Gender: Female

License Number: 20A12402

NPI: 1417205055

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **MARSTON, JACQUELINE**

Provider ID: 206046

Provider Gender: Female

License Number: 20A12402

NPI: 1417205055

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111



 Phone: (858) 279-0925

## D2. Primary Care Directory

 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **MARSTON, JACQUELINE**

Provider ID: 482070  
Provider Gender: Female  
License Number: 20A12402  
NPI: 1417205055  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL  
Board Certified Specialty: No


 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858) 810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**






Provider ID: 482070  
Provider Gender: Male

License Number: C174985  
NPI: 1023437704  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858) 810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**

Provider ID: 206046  
Provider Gender: Male  
License Number: C174985  
NPI: 1023437704  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**




#### **MATICH, BRANKO**

Provider ID: 206046  
Provider Gender: Male  
License Number: C174985  
NPI: 1023437704  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**

Provider ID: 482070  
Provider Gender: Male  
License Number: C174985  
NPI: 1023437704  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700

## D2. Primary Care Directory

 After Hours Phone: (858) 810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**

Provider ID: 206046  
Provider Gender: Male  
License Number: C174985  
NPI: 1023437704  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **MATICH, BRANKO**

Provider ID: 206046  
Provider Gender: Male  
License Number: C174985  
NPI: 1023437704  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **MELGAR, MONICA**

Provider ID: 402851  
Provider Gender: Female  
License Number: A154399  
NPI: 1629432174  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-W 8:30AM-5:30PM  
TH 9:00AM-6:00PM  
F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **MELGAR, MONICA**

Provider ID: 402851  
Provider Gender: Female  
License Number: A154399  
NPI: 1629432174  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-W 8:30AM-5:30PM  
TH 9:00AM-6:00PM  
F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **MORALES, ALEJANDRA**


Provider ID: 227409  
Provider Gender: Female  
License Number: A162332


## D2. Primary Care Directory


NPI: 1063945657

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **MORALES, ALEJANDRA**

Provider ID: 227409


Provider Gender: Female


License Number: A162332


NPI: 1063945657

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE



#### **NGUYEN, NGOC**

Provider ID: 517998

Provider Gender: Male

License Number: A74094

NPI: 1184668105

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish,  
Vietnamese


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **NGUYEN, NGOC**

Provider ID: 517998

Provider Gender: Male

License Number: A74094

NPI: 1184668105

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish,  
Vietnamese


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE


#### **NAZI, HARRIS**

Provider ID: 206360

Provider Gender: Male

License Number: A146111

NPI: 1174905871


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **NAZI, HARRIS**



Provider ID: 206360

Provider Gender: Male

License Number: A146111

NPI: 1174905871


## D2. Primary Care Directory


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NORRIS, JEFFREY**


Provider ID: 403583

Provider Gender: Male

License Number: A136275

NPI: 1073870374

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**


#### **NORRIS, JEFFREY**

Provider ID: 403583

Provider Gender: Male

License Number: A136275

NPI: 1073870374

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**


#### **NUQUI, JOSIE**


Provider ID: 432308

Provider Gender: Female

License Number: A71544

NPI: 1184773673

 Provider English Spoken: Y


 Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N


Board Certified Specialty: No

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

 After Hours Phone: (844)

200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

SA 8:30AM-5:00PM

### **FAMILY PRACTICE**


#### **NUQUI, JOSIE**

Provider ID: 432308

Provider Gender: Female

License Number: A71544

NPI: 1184773673

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish, Tagalog


Cultural Competency: N

Board Certified Specialty: No

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426


 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

SA 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **ORTIZ, KENNETH**

Provider ID: 517403

## D2. Primary Care Directory

Provider Gender: Male

License Number: A156607

NPI: 1356761571


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **ORTIZ, KENNETH**

Provider ID: 517403

Provider Gender: Male

License Number: A156607

NPI: 1356761571


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL


Board Certified Specialty: No

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**


#### **PALOMINO, VERONICA**

Provider ID: 419529

Provider Gender: Female

License Number: A121451

NPI: 1255569083

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)  
515-2422

 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PALOMINO, VERONICA**

Provider ID: 419529

Provider Gender: Female

License Number: A121451

NPI: 1255569083

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)  
515-2422

 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PALOMINO, VERONICA**


Provider ID: 206360

Provider Gender: Female

License Number: A121451

NPI: 1255569083


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes


Min/Max Age: 0\150

American Sign Language (ASL):



## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **PALOMINO, VERONICA**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: A121451*

*NPI: 1255569083*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*


*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **PEREZ, PERLITA**

*Provider ID: 206363*

*Provider Gender: Female*

*License Number: A119689*

*NPI: 1174810972*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*

 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*

*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **PEREZ, PERLITA**


*Provider ID: 206363*

*Provider Gender: Female*

*License Number: A119689*

*NPI: 1174810972*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*

 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*

*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **POSADA, SEAN**

*Provider ID: 206360*

*Provider Gender: Male*

*License Number: A180171*

*NPI: 1295100691*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **POSADA, SEAN**


*Provider ID: 206360*

*Provider Gender: Male*

*License Number: A180171*

*NPI: 1295100691*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **PROPST, TOBE**

*Provider ID: 403583*

*Provider Gender: Male*

*License Number: A82123*

*NPI: 1194814277*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 *Phone: (619) 233-8500*

 *After Hours Phone: (619)  
233-8500*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **PROPST, TOBE**

*Provider ID: 403583*

*Provider Gender: Male*

*License Number: A82123*

*NPI: 1194814277*


 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 *Phone: (619) 233-8500*

 *After Hours Phone: (619)*

*233-8500*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **RAGUVEER, VISHAKA**


*Provider ID: 618164*


*Provider Gender: Female*

*NPI: 1740609387*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Board Certified Specialty: No*

 9995 CARMEL MOUNTAIN  
RD STE 10-11B  
SAN DIEGO, CA 92129

 *Phone: (844) 200-2426*

*Fax: (858) 240-6470*

 *After Hours Phone: (844)  
200-2426*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **FAMILY PRACTICE**


#### **RAMIREZ, CRISTHIAN**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: 20A17478*

*NPI: 1407200942*

 *Provider English Spoken: Y*


 *Provider Language(s)*


*Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)  
515-2300*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:00AM-7:00PM*

*TU-TH 8:00AM-6:00PM*

*F 8:00AM-5:30PM*

*SA 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **RAMIREZ, CRISTHIAN**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: 20A17478*

*NPI: 1407200942*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)  
515-2300*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:00AM-7:00PM*

*TU-TH 8:00AM-6:00PM*

*F 8:00AM-5:30PM*

*SA 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **RITTER, STEVEN**

*Provider ID: 451167*

*Provider Gender: Male*


*License Number: 20A7435*


*NPI: 1356556021*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*


 *Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **RITTER, STEVEN**

*Provider ID: 451167*

*Provider Gender: Male*


*License Number: 20A7435*


*NPI: 1356556021*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**



#### **RODRIGUEZ, SEAN**

*Provider ID: 227409*

*Provider Gender: Male*

*License Number: A120576*

*NPI: 1780909903*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL CHULA*

*VISTA*

*Board Certified Specialty: No*

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **RODRIGUEZ, SEAN**

*Provider ID: 227409*

*Provider Gender: Male*

*License Number: A120576*

*NPI: 1780909903*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL CHULA VISTA*

*Board Certified Specialty: No*

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*


 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **FAMILY PRACTICE**


#### **ROSADO, IVAN**

*Provider ID: 517403*

*Provider Gender: Male*

*License Number: A169434*

*NPI: 1316479603*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 316 25TH ST

## D2. Primary Care Directory

SAN DIEGO, CA 92102  
☎ Phone: (619) 662-4100  
🕒 After Hours Phone: (619) 662-4100  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\120  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **ROSADO, IVAN**

Provider ID: 517403  
Provider Gender: Male  
License Number: A169434  
NPI: 1316479603  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 316 25TH ST  
SAN DIEGO, CA 92102  
☎ Phone: (619) 662-4100  
🕒 After Hours Phone: (619) 662-4100  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\120  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SCHUMAKER, EDWARD**

Provider ID: 185268  
Provider Gender: Male  
License Number: 20A6433  
NPI: 1184616872  
☐ Provider English Spoken: Y  
☐ Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
☎ Phone: (619) 255-9155  
Fax: (619) 284-4731  
🕒 After Hours Phone: (619) 255-9155  
🌐 Website: www.lamaestra.org  
g  
Email:

aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### **FAMILY PRACTICE**

#### **SCHUMAKER, EDWARD**

Provider ID: 185268  
Provider Gender: Male  
License Number: 20A6433  
NPI: 1184616872  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
☎ Phone: (619) 255-9155  
Fax: (619) 284-4731  
🕒 After Hours Phone: (619) 255-9155  
🌐 Website: www.lamaestra.org  
g  
Email:

aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### **FAMILY PRACTICE**

#### **SCOTT, RYLEE**

Provider ID: 402851  
Provider Gender: Male  
License Number: A162946  
NPI: 1457887911  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
☎ Phone: (619) 515-2300  
🕒 After Hours Phone: (619) 515-2300  
🌐 Website: www.fhcsd.org  
Email: sabay@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SCOTT, LAGINA**

Provider ID: 206360  
Provider Gender: Female  
License Number: A160489  
NPI: 1558897009  
☐ Provider English Spoken: Y  
Cultural Competency: N

## D2. Primary Care Directory

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **SCOTT, LAGINA**

Provider ID: 206360

Provider Gender: Female

License Number: A160489

NPI: 1558897009

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **SCOTT, RYLEE**

Provider ID: 402851

Provider Gender: Male

License Number: A162946

NPI: 1457887911

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **SHEIKH, ZARA**

Provider ID: 233532

Provider Gender: Female

License Number: A163512

NPI: 1952808727

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Urdu

Cultural Competency: N

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)  
280-2058

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### FAMILY PRACTICE

#### **SHEIKH, ZARA**

Provider ID: 233597

Provider Gender: Female

License Number: A163512

NPI: 1952808727

Provider English Spoken: Y

Provider Language(s)  
Spoken: Urdu

Cultural Competency: N

Board Certified Specialty: No

4290 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 563-0250

After Hours Phone: (619)  
563-0250

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### FAMILY PRACTICE

#### **SHEIKH, ZARA**

Provider ID: 233532

Provider Gender: Female

License Number: A163512

NPI: 1952808727

Provider English Spoken: Y

Provider Language(s)  
Spoken: Urdu


Cultural Competency: N


## D2. Primary Care Directory


*Board Certified Specialty: No*      *Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-2:00PM*

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 *Phone: (619) 280-2058*

 *After Hours Phone: (619)*  
*280-2058*

 *Website: www.sdfamilycare*  
*.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\22*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

*SA 8:00AM-2:00PM*

### **FAMILY PRACTICE**


#### **SHEIKH, ZARA**


*Provider ID: 233597*

*Provider Gender: Female*

*License Number: A163512*

*NPI: 1952808727*

 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Urdu*


*Cultural Competency: N*

*Board Certified Specialty: No*

 4290 POLK AVE

SAN DIEGO, CA 92105

 *Phone: (619) 563-0250*

 *After Hours Phone: (619)*  
*563-0250*


 *Website: www.sdfamilycare*  
*.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **FAMILY PRACTICE**


#### **SHIRAKI, JEAN**

*Provider ID: 417987*

*Provider Gender: Female*

*License Number: 20A17577*

*NPI: 1144684382*

 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Japanese*


*Cultural Competency: N*


*Board Certified Specialty: No*

 4874 POLK AVE

SAN DIEGO, CA 92105

 *Phone: (619) 515-2426*

 *After Hours Phone: (619)*  
*515-2426*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **FAMILY PRACTICE**


#### **SHIRAKI, JEAN**


*Provider ID: 417987*

*Provider Gender: Female*

*License Number: 20A17577*

*NPI: 1144684382*

 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Japanese*

*Cultural Competency: N*

*Board Certified Specialty: No*


 4874 POLK AVE

SAN DIEGO, CA 92105

 *Phone: (619) 515-2426*

 *After Hours Phone: (619)*

*515-2426*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **FAMILY PRACTICE**

#### **SHUMILAK, KAILI**


*Provider ID: 418142*

*Provider Gender: Female*

*License Number: 20A12796*

*NPI: 1831489855*

 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 5160 FEDERAL BLVD

SAN DIEGO, CA 92105

 *Phone: (619) 515-2454*

 *After Hours Phone: (619)*  
*515-2454*

 *Website: www.fhcsd.org*


*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **FAMILY PRACTICE**

#### **SHUMILAK, KAILI**

*Provider ID: 418142*

*Provider Gender: Female*

*License Number: 20A12796*

*NPI: 1831489855*

 *Provider English Spoken: Y*

## D2. Primary Care Directory

 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105  
 *Phone: (619) 515-2454*  
 *After Hours Phone: (619)  
515-2454*  
 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**






#### **SMOOT, CHARLES**


*Provider ID: 206360*  
*Provider Gender: Male*  
*License Number: A97036*  
*NPI: 1245490358*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619)  
515-2300*  
 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 9:00AM-5:00PM*

### **FAMILY PRACTICE**




#### **SMOOT, CHARLES**





*Provider ID: 206360*  
*Provider Gender: Male*  
*License Number: A97036*  
*NPI: 1245490358*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619)  
515-2300*  
 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 9:00AM-5:00PM*

### **FAMILY PRACTICE**








#### **SMOOT, CHARLES**

*Provider ID: 356145*  
*Provider Gender: Male*  
*License Number: A97036*  
*NPI: 1245490358*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2435*  
 *After Hours Phone: (619)  
515-2435*  
 *Website: N/A*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**

#### **SMOOT, CHARLES**

*Provider ID: 356145*  
*Provider Gender: Male*  
*License Number: A97036*  
*NPI: 1245490358*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 2391 ISLAND AVE  
SAN DIEGO, CA 92102  
 *Phone: (619) 515-2435*  
 *After Hours Phone: (619)  
515-2435*  
 *Website: N/A*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**

#### **SNYDER, CHRISTOPHER**

*Provider ID: 517998*  
*Provider Gender: Male*  
*License Number: 20A7502*

## D2. Primary Care Directory

NPI: 1922041235

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIH

Hospital - Downey, JOHN F

KENNEDY MEMORIAL HOSP,

CEDARS SINAI MEDICAL

CENTER, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

EISENHOWER MEDICAL CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SNYDER, CHRISTOPHER**

Provider ID: 517998

Provider Gender: Male

License Number: 20A7502

NPI: 1922041235

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIH

Hospital - Downey, JOHN F

KENNEDY MEMORIAL HOSP,

CEDARS SINAI MEDICAL

CENTER, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
EISENHOWER MEDICAL CTR,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SOPHY, ELIZABETH**

Provider ID: 403583

Provider Gender: Female

License Number: A157547

NPI: 1013441203

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **FAMILY PRACTICE**

#### **SOPHY, ELIZABETH**

Provider ID: 403583

Provider Gender: Female

License Number: A157547

NPI: 1013441203

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **FAMILY PRACTICE**

#### **SUMMERS-DAY, COURTNEY**

Provider ID: 214492

Provider Gender: Female

License Number: A112781

NPI: 1124288873

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish



## D2. Primary Care Directory

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

1016 OUTER RD  
SAN DIEGO, CA 92154

Phone: (619) 429-3733

After Hours Phone: (619)  
429-3733

Website: [www.ibclinic.org](http://www.ibclinic.org)

Email: [avaldez@ibclinic.org](mailto:avaldez@ibclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SUMMERS-DAY, COURTNEY**

Provider ID: 214492

Provider Gender: Female

License Number: A112781

NPI: 1124288873

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

1016 OUTER RD  
SAN DIEGO, CA 92154

Phone: (619) 429-3733

After Hours Phone: (619)  
429-3733

Website: [www.ibclinic.org](http://www.ibclinic.org)  
Email: [avaldez@ibclinic.org](mailto:avaldez@ibclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): NPI: 1396754131

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SWARTZ, JOHN**

Provider ID: 403583

Provider Gender: Male

License Number: G72486

NPI: 1396754131

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL, LOS ANGELES  
COUNTY HARBOR UCLA  
MEDICAL CENTER

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **SWARTZ, JOHN**

Provider ID: 403583

Provider Gender: Male

License Number: G72486

NPI: 1396754131

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL, LOS ANGELES  
COUNTY HARBOR UCLA  
MEDICAL CENTER

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **THAI, JUSTIN**

Provider ID: 417937

Provider Gender: Male

License Number: A177462

NPI: 1093276198

Provider English Spoken: Y





Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No



4094 4TH AVE  
SAN DIEGO, CA 92103

## D2. Primary Care Directory



 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM


### **FAMILY PRACTICE**


#### **THAI, JUSTIN**

Provider ID: 417937  
Provider Gender: Male  
License Number: A177462  
NPI: 1093276198  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No



 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM


### **FAMILY PRACTICE**

#### **THAI, JUSTIN**

Provider ID: 206360  
Provider Gender: Male  
License Number: A177462  
NPI: 1093276198  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No



 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER


### **FAMILY PRACTICE**


#### **THAI, JUSTIN**

Provider ID: 206360  
Provider Gender: Male  
License Number: A177462  
NPI: 1093276198  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No


 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)


Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **THOMAS, ZACHARY**

Provider ID: 417987  
Provider Gender: Male  
License Number: A145023  
NPI: 1326453119  
 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No


 4874 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619) 515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **THOMAS, ZACHARY**

Provider ID: 417987  
Provider Gender: Male  
License Number: A145023  
NPI: 1326453119  
 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 515-2426

## D2. Primary Care Directory

 After Hours Phone: (619) 515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **TOWNSEND, LAURIE**

Provider ID: 206363

Provider Gender: Female

License Number: C174538

NPI: 1053754333


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619) 515-2560


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **TOWNSEND, LAURIE**

Provider ID: 206363

Provider Gender: Female

License Number: C174538

NPI: 1053754333


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619) 515-2560


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **TRAN, TONNIA**

Provider ID: 233597

Provider Gender: Female

License Number: 20A7662

NPI: 1982746657


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619) 563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

PROVIDER

### **FAMILY PRACTICE**

#### **TRAN, TONNIA**


Provider ID: 233597

Provider Gender: Female

License Number: 20A7662

NPI: 1982746657


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250


 After Hours Phone: (619) 563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **TRUONG, NHA**


Provider ID: 417937

Provider Gender: Female

License Number: 20A17836

NPI: 1760975833


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N



Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2400

 After Hours Phone: (619)



## D2. Primary Care Directory

515-2400  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER


### **FAMILY PRACTICE**

#### **TRUONG, NHA**

Provider ID: 417937  
Provider Gender: Female  
License Number: 20A17836  
NPI: 1760975833

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2400  
 After Hours Phone: (619)  
515-2400


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER


### **FAMILY PRACTICE**


#### **TSUCHIYA, KIMIKO**

Provider ID: 417782  
Provider Gender: Female  
License Number: 20A19610  
NPI: 1629637285

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2430  
 After Hours Phone: (619)  
515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150


American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER




Hours: M-F 8:00AM-5:00PM


### **FAMILY PRACTICE**


#### **TSUCHIYA, KIMIKO**

Provider ID: 417782  
Provider Gender: Female  
License Number: 20A19610  
NPI: 1629637285

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2430  
 After Hours Phone: (619)  
515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150



American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM


### **FAMILY PRACTICE**


#### **VALENZUELA, TRICIA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A161373  
NPI: 1346776358

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **VALENZUELA, TRICIA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A161373  
NPI: 1346776358

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

## D2. Primary Care Directory

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


### **FAMILY PRACTICE**


#### **VILLA, MARIA**

Provider ID: 107710


Provider Gender: Female


NPI: 1861541385

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N

Board Certified Specialty: No

 655 SATURN BLVD STE J  
SAN DIEGO, CA 92154

 Phone: (619) 575-4442

Fax: (619) 575-1297


 After Hours Phone: (619)  
575-4442

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **WANG, REGINA**

Provider ID: 403583

Provider Gender: Female

License Number: A109828

NPI: 1154554871


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: LONG  
BEACH MEMORIAL MED CTR,  
UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

### **FAMILY PRACTICE**

#### **WANG, REGINA**

Provider ID: 403583

Provider Gender: Female

License Number: A109828


NPI: 1154554871


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LONG  
BEACH MEMORIAL MED CTR,  
UCSD MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

### **FAMILY PRACTICE**

#### **WHITE, KATHERINE**

Provider ID: 227409

Provider Gender: Female


License Number: A120447


NPI: 1801112925


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **WHITE, KATHERINE**

Provider ID: 227409

Provider Gender: Female

License Number: A120447

NPI: 1801112925


 Provider English Spoken: Y


## D2. Primary Care Directory


*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

*Board Certified Specialty: No*

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [https://www.syhe  
alth.org/locations](https://www.syhealth.org/locations)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**


#### **WU, JENNIFER**

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: A54702*

*NPI: 1215953013*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Mandarin, Spanish*

*Cultural Competency: N*


*Hospital Affiliation: UCSD*


MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

*Board Certified Specialty: No*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:30AM-5:00PM*

### **FAMILY PRACTICE**


#### **WU, JENNIFER**


*Provider ID: 403583*

*Provider Gender: Female*

*License Number: A54702*

*NPI: 1215953013*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Mandarin, Spanish*

*Cultural Competency: N*


*Hospital Affiliation: UCSD*


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

*Board Certified Specialty: No*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

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233-8500

 Website: N/A

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:30AM-5:00PM*

### **FAMILY PRACTICE**


#### **ZAHLER, MARVIN**

*Provider ID: 417937*

*Provider Gender: Male*

*License Number: 20A11612*


*NPI: 1134380710*


 *Provider English Spoken: Y*


*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
MERCY HOSPITAL

*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**

#### **ZAHLER, MARVIN**

*Provider ID: 417937*

*Provider Gender: Male*

*License Number: 20A11612*

*NPI: 1134380710*


 *Provider English Spoken: Y*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*  
MERCY HOSPITAL

*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT*

## D2. Primary Care Directory

<p><i>PROVIDER</i></p> <p><b><u>FAMILY PRACTICE</u></b> <b>ZINK, IRENE</b> Provider ID: 227409 Provider Gender: Female License Number: C54198 NPI: 1215959549</p> <p> Provider English Spoken: Y  Provider Language(s) Spoken: German Cultural Competency: N Hospital Affiliation: SCRIPPS</p> <p><b>MEMORIAL HOSPITAL</b> Board Certified Specialty: No</p> <p> 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113  Phone: (619) 662-4100  After Hours Phone: (619) 662-4100  Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:00PM</p> <p><b>FQHC</b> <b>DIAMOND NEIGHBORHOODS</b> <b>FAMILY HLTH CTRS INC,</b> Provider ID: 206363 NPI: 1982747671</p> <p> Provider English Spoken: Y Cultural Competency: N</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102  Phone: (619) 515-2560 Fax: (619) 263-2499  After Hours Phone: (619) 515-2560  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a> Email: <a href="mailto:nancyl@fhcsd.org">nancyl@fhcsd.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:00PM</p> <p><b>FQHC</b> <b>DOWNTOWN FAMILY CTR AT</b> <b>CONNECTIONS,</b> Provider ID: 417782 NPI: 1588901045</p> <p> Provider English Spoken: Y Cultural Competency: N</p> <p> 1250 6TH AVE STE 100 SAN DIEGO, CA 92101  Phone: (619) 515-2430 Fax: (619) 578-2410  After Hours Phone: (619) 515-2430  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a> Email: <a href="mailto:jinah@fhcsd.org">jinah@fhcsd.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:00PM</p>	<p><b><u>FAMILY PRACTICE</u></b> <b>ZINK, IRENE</b> Provider ID: 227409 Provider Gender: Female License Number: C54198 NPI: 1215959549</p> <p> Provider English Spoken: Y  Provider Language(s) Spoken: German Cultural Competency: N Hospital Affiliation: SCRIPPS</p> <p><b>MEMORIAL HOSPITAL</b> Board Certified Specialty: No</p> <p> 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113  Phone: (619) 662-4100  After Hours Phone: (619) 662-4100  Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:00PM</p> <p><b>FQHC</b> <b>DIAMOND NEIGHBORHOODS</b> <b>FAMILY HLTH CTRS INC,</b> Provider ID: 206363 NPI: 1982747671</p> <p> Provider English Spoken: Y Cultural Competency: N</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102  Phone: (619) 515-2560 Fax: (619) 263-2499  After Hours Phone: (619) 515-2560  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a> Email: <a href="mailto:nancyl@fhcsd.org">nancyl@fhcsd.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:00PM</p> <p><b>FQHC</b> <b>DIAMOND NEIGHBORHOODS</b> <b>FAMILY HLTH CTRS INC,</b> Provider ID: 206363 NPI: 1982747671</p> <p> Provider English Spoken: Y Cultural Competency: N</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102  Phone: (619) 515-2560 Fax: (619) 263-2499  After Hours Phone: (619) 515-2560  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a> Email: <a href="mailto:nancyl@fhcsd.org">nancyl@fhcsd.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:00PM</p> <p><b>FQHC</b> <b>DOWNTOWN FAMILY CTR AT</b> <b>CONNECTIONS,</b> Provider ID: 417782 NPI: 1588901045</p> <p> Provider English Spoken: Y Cultural Competency: N</p> <p> 1250 6TH AVE STE 100 SAN DIEGO, CA 92101  Phone: (619) 515-2430 Fax: (619) 578-2410  After Hours Phone: (619) 515-2430  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a> Email: <a href="mailto:jinah@fhcsd.org">jinah@fhcsd.org</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:00PM</p>
---	---

## D2. Primary Care Directory

### **FQHC**


#### **DOWNTOWN FAMILY CTR AT CONNECTIONS,**

Provider ID: 417782

NPI: 1588901045

 Provider English Spoken: Y  
Cultural Competency: N

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

 Phone: (619) 515-2430

Fax: (619) 578-2410

 After Hours Phone: (619)  
515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **FAMILY HEALTH CTR IBARRA,**

Provider ID: 417987

NPI: 1477953933

 Provider English Spoken: Y  
Cultural Competency: N

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

Fax: (619) 255-8002

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FQHC**


#### **FAMILY HEALTH CTR IBARRA,**

Provider ID: 417987

NPI: 1477953933

 Provider English Spoken: Y  
Cultural Competency: N

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

Fax: (619) 255-8002

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FQHC**


#### **FAMILY HEALTH CTR OF SD-ELM ST,**

Provider ID: 419167


NPI: 1316419070

 Provider English Spoken: Y  
Cultural Competency: N

 140 ELM ST  
SAN DIEGO, CA 92101

 Phone: (619) 515-2520

Fax: (619) 231-0431

 After Hours Phone: (619)  
515-2520

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **FAMILY HEALTH CTR OF SD-ELM ST,**

Provider ID: 419167


NPI: 1316419070


 Provider English Spoken: Y  
Cultural Competency: N

 140 ELM ST  
SAN DIEGO, CA 92101

 Phone: (619) 515-2520

Fax: (619) 231-0431

 After Hours Phone: (619)  
515-2520

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK,**

Provider ID: 418142

NPI: 1336525906

 Provider English Spoken: Y  
Cultural Competency: N

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

 Phone: (619) 515-2454


Fax: (619) 794-2696

 After Hours Phone: (619)  
515-2454

 Website: [www.fhcsd.org](http://www.fhcsd.org)









## D2. Primary Care Directory

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM




### **FQHC**

#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK,**

Provider ID: 664747  
NPI: 1336525906  
 Provider English Spoken: Y  
Cultural Competency: N  
 2114 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2406  
 After Hours Phone: (619) 515-2406  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FQHC**







#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK,**

Provider ID: 418142  
NPI: 1336525906  
 Provider English Spoken: Y  
Cultural Competency: N  
 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105  
 Phone: (619) 515-2454  
Fax: (619) 794-2696

 After Hours Phone: (619) 515-2454  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM



### **FQHC**

#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK,**

Provider ID: 664747  
NPI: 1336525906  
 Provider English Spoken: Y  
Cultural Competency: N  
 2114 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2406  
 After Hours Phone: (619) 515-2406  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FQHC**







#### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,**

Provider ID: 419529  
NPI: 1235521782  
 Provider English Spoken: Y  
Cultural Competency: N  
 2325 COMMERCIAL ST STE

1400  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2422  
Fax: (619) 269-0053  
 After Hours Phone: (619) 515-2422  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,**

Provider ID: 419529  
NPI: 1235521782  
 Provider English Spoken: Y  
Cultural Competency: N  
 2325 COMMERCIAL ST STE  
1400  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2422  
Fax: (619) 269-0053  
 After Hours Phone: (619) 515-2422  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **FAMILY HLTH CTR SAN**

## D2. Primary Care Directory


### **DIEGO- CITY COLLEGE,**

Provider ID: 417429

NPI: 1952729303

 Provider English Spoken: Y  
Cultural Competency: N

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

Fax: (619) 501-5814

 After Hours Phone: (619)  
515-2525


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FQHC**

#### **FAMILY HLTH CTR SAN**


#### **DIEGO- CITY COLLEGE,**

Provider ID: 417429

NPI: 1952729303

 Provider English Spoken: Y  
Cultural Competency: N

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

Fax: (619) 501-5814

 After Hours Phone: (619)  
515-2525


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FQHC**

#### **FAMILY HLTH CTR SAN**


#### **DIEGO-BEACH AREA,**

Provider ID: 402851

NPI: 1386689701

 Provider English Spoken: Y  
Cultural Competency: N

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

Fax: (858) 488-1394

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

### **FQHC**

#### **FAMILY HLTH CTR SAN**


#### **DIEGO-BEACH AREA,**

Provider ID: 402851

NPI: 1386689701

 Provider English Spoken: Y  
Cultural Competency: N

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

Fax: (858) 488-1394

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

### **FQHC**

#### **FAMILY HLTH CTR SD**


#### **HILLCREST,**

Provider ID: 417937

NPI: 1629456900

 Provider English Spoken: Y  
Cultural Competency: N

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

Fax: (619) 501-9645

 After Hours Phone: (619)  
515-2545


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **FQHC**

#### **FAMILY HLTH CTR SD**

#### **HILLCREST,**





Provider ID: 417937

NPI: 1629456900

 Provider English Spoken: Y







## D2. Primary Care Directory

*Cultural Competency: N*

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
Fax: (619) 501-9645  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **FQHC**

#### **KING CHAVEZ HEALTH CENTER,**

Provider ID: 451167  
NPI: 1538262092  
 Provider English Spoken: Y  
Cultural Competency: N  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
Fax: (619) 205-1952  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM

### **FQHC**


#### **KING CHAVEZ HEALTH CENTER,**

Provider ID: 451167  
NPI: 1538262092  
 Provider English Spoken: Y  
Cultural Competency: N  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
Fax: (619) 205-1952  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM

### **FQHC**

#### **LA MAESTRA FAMILY CLINIC INC,**

Provider ID: 185268  
NPI: 1336353721  
 Provider English Spoken: Y  
Cultural Competency: N  
 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 280-4213  
Fax: (619) 795-9849  
 After Hours Phone: (619)  
280-4213  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:


[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **LA MAESTRA FAMILY CLINIC INC,**


Provider ID: 185268  
NPI: 1336353721  
 Provider English Spoken: Y  
Cultural Competency: N  
 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 280-4213  
Fax: (619) 795-9849  
 After Hours Phone: (619)  
280-4213  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **LINDA VISTA HEALTH CARE CTR,**

Provider ID: 206046  
NPI: 1780665877  
 Provider English Spoken: Y  
Cultural Competency: N







## D2. Primary Care Directory

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM



### **FQHC** **LINDA VISTA HEALTH CARE CTR,**







Provider ID: 206046  
NPI: 1609905215  
 Provider English Spoken: Y  
Cultural Competency: N  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM







### **FQHC** **LINDA VISTA HEALTH CARE CTR,**

Provider ID: 206046  
NPI: 1609905215  
 Provider English Spoken: Y  
Cultural Competency: N  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FQHC** **LINDA VISTA HEALTH CARE CTR,**

Provider ID: 206046  
NPI: 1780665877  
 Provider English Spoken: Y  
Cultural Competency: N  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

**FQHC**  
**LOGAN HEIGHTS FAMILY  
HEALTH CENTER,**  
Provider ID: 624977  
NPI: 1447281936  
 Provider English Spoken: Y  
Cultural Competency: N  
 2204 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2355  
Fax: (619) 232-7011  
 After Hours Phone: (619)  
515-2355  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**FQHC**  
**LOGAN HEIGHTS FAMILY  
HEALTH CENTER,**  
Provider ID: 624977  
NPI: 1447281936  
 Provider English Spoken: Y  
Cultural Competency: N  
 2204 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2355  
Fax: (619) 232-7011  
 After Hours Phone: (619)  
515-2355  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### **FQHC**


#### **LOGAN HEIGHTS FAMILY HEALTH CENTER,**

Provider ID: 206360

NPI: 1447281936

 Provider English Spoken: Y  
Cultural Competency: N

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

Fax: (619) 234-2447

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FQHC**


#### **LOGAN HEIGHTS FAMILY HEALTH CENTER,**

Provider ID: 206360

NPI: 1447281936


 Provider English Spoken: Y  
Cultural Competency: N

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

Fax: (619) 234-2447

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FQHC**

#### **MID-CITY COMMUNITY CLINIC,**


Provider ID: 233532

NPI: 1962483040

 Provider English Spoken: Y  
Cultural Competency: N

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **FQHC**

#### **MID-CITY COMMUNITY CLINIC,**


Provider ID: 233597

NPI: 1962483040

 Provider English Spoken: Y  
Cultural Competency: N

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619)  
563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **FQHC**

#### **MID-CITY COMMUNITY CLINIC,**


Provider ID: 233532

NPI: 1962483040

 Provider English Spoken: Y  
Cultural Competency: N


 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **FQHC**

#### **MID-CITY COMMUNITY CLINIC,**

Provider ID: 233597

NPI: 1962483040

 Provider English Spoken: Y  
Cultural Competency: N

 4290 POLK AVE







SAN DIEGO, CA 92105

## D2. Primary Care Directory

 Phone: (619) 563-0250  
 Fax: (858) 633-4681  
 After Hours Phone: (619) 563-0250  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM







### **FQHC**

#### **NESTOR COMMUNITY HEALTH CENTER,**

Provider ID: 214492  
NPI: 1215246996  
 Provider English Spoken: Y  
Cultural Competency: N  
 1016 OUTER RD  
SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733  
 Website: [www.ibclinic.org](http://www.ibclinic.org)  
Email: [avaldez@ibclinic.org](mailto:avaldez@ibclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:00PM  
TU-TH 8:30AM-8:00PM  
F 8:30AM-5:00PM

### **FQHC**


#### **NESTOR COMMUNITY HEALTH CENTER,**

Provider ID: 214492  
NPI: 1215246996  
 Provider English Spoken: Y  
Cultural Competency: N  
 1016 OUTER RD  
SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733  
 Website: [www.ibclinic.org](http://www.ibclinic.org)  
Email: [avaldez@ibclinic.org](mailto:avaldez@ibclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:00PM  
TU-TH 8:30AM-8:00PM  
F 8:30AM-5:00PM

### **FQHC**

#### **NORTH PARK FAMILY HEALTH CENTERS,**

Provider ID: 206362  
NPI: 1700821303  
 Provider English Spoken: Y  
Cultural Competency: N  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
Fax: (619) 501-0627  
 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

### **FQHC**

#### **NORTH PARK FAMILY HEALTH CENTERS,**

Provider ID: 416831  
NPI: 1700821303  
 Provider English Spoken: Y  
Cultural Competency: N  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
Fax: (619) 683-7586  
 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-5:00PM

### **FQHC**

#### **NORTH PARK FAMILY HEALTH CENTERS,**

Provider ID: 206362  
NPI: 1700821303  
 Provider English Spoken: Y  
Cultural Competency: N  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
Fax: (619) 501-0627  
 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

## D2. Primary Care Directory

Min/Max Age: 0\150

American Sign Language (ASL):  Website: [www.operationsamahan.org](http://www.operationsamahan.org)

N

 Accessibility: CONTACT PROVIDER

### **FQHC**


#### **NORTH PARK FAMILY HEALTH CENTERS,**

Provider ID: 416831


NPI: 1700821303

 Provider English Spoken: Y  
Cultural Competency: N

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

Fax: (619) 683-7586

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-5:00PM


### **FQHC**


#### **OPERATION SAMAHAN - MIRA MESA,**

Provider ID: 432308

NPI: 1861933897

 Provider English Spoken: Y  
Cultural Competency: N


 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

Fax: (858) 536-8034

 After Hours Phone: (844)

200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FQHC**


#### **OPERATION SAMAHAN - MIRA MESA,**

Provider ID: 432308

NPI: 1861933897


 Provider English Spoken: Y  
Cultural Competency: N

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

Fax: (858) 536-8034

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


### **FQHC**

#### **OPERATION SAMAHAN - MIRA MESA,**


Provider ID: 417101

NPI: 1871680397

 Provider English Spoken: Y  
Cultural Competency: N


 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:30PM


### **FQHC**

#### **OPERATION SAMAHAN - MIRA MESA,**


Provider ID: 417101

NPI: 1871680397

 Provider English Spoken: Y  
Cultural Competency: N


 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:30PM

### **FQHC**


#### **OPERATION SAMAHAN RANCHO PENASQUITOS,**


Provider ID: 418535

## D2. Primary Care Directory


NPI: 1699216622


 Provider English Spoken: Y  
Cultural Competency: N

 9995 CARMEL MOUNTAIN RD STE B10 AND B11  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 695-9074


 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM


### **FQHC**


#### **OPERATION SAMAHAN RANCHO PENASQUITOS,**

Provider ID: 418535

NPI: 1699216622


 Provider English Spoken: Y  
Cultural Competency: N

 9995 CARMEL MOUNTAIN RD STE B10 AND B11  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 695-9074

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

### **FQHC**


#### **SAN DIEGO AMERICAN INDIAN HEALTH CENTER,**

Provider ID: 207382

NPI: 1003902917

 Provider English Spoken: Y  
Cultural Competency: N

 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0206


 After Hours Phone: (619)  
234-2158

 Website: [WWW.SDAIHC.ORG](http://WWW.SDAIHC.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

Indian Health Services: Y

### **FQHC**

#### **SAN DIEGO AMERICAN INDIAN HEALTH CENTER,**


Provider ID: 207382

NPI: 1003902917

 Provider English Spoken: Y  
Cultural Competency: N


 2630 1ST AVE

SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619)  
234-2158

 Website: [WWW.SDAIHC.ORG](http://WWW.SDAIHC.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

Indian Health Services: Y

### **FQHC**


#### **SAN DIEGO FAMILY CARE,**

Provider ID: 482070

NPI: 1457724858


 Provider English Spoken: Y  
Cultural Competency: N

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **FQHC**

#### **SAN DIEGO FAMILY CARE,**

Provider ID: 482070




## D2. Primary Care Directory

NPI: 1457724858

 Provider English Spoken: Y  
Cultural Competency: N

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700  
Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **FQHC**

#### **SAN YSIDRO HEALTH 25TH ST**


#### **FAMILY MEDICINE,**

Provider ID: 517403

NPI: 1598308926

 Provider English Spoken: Y  
Cultural Competency: N

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 238-5551  
Fax: (619) 238-3807

 After Hours Phone: (619)  
238-5551


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **SAN YSIDRO HEALTH 25TH ST**


#### **FAMILY MEDICINE,**

Provider ID: 517403

NPI: 1598308926

 Provider English Spoken: Y  
Cultural Competency: N

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 238-5551  
Fax: (619) 238-3807

 After Hours Phone: (619)  
238-5551

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **SAN YSIDRO HEALTH CHC -**


#### **OCEAN VIEW,**

Provider ID: 227409


NPI: 1326225632

 Provider English Spoken: Y  
Cultural Competency: N

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100  
Fax: (619) 595-0258

 After Hours Phone: (619)  
662-4100


 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM


### **FQHC**


#### **SAN YSIDRO HEALTH CHC -**


#### **OCEAN VIEW,**


Provider ID: 227409


NPI: 1326225632

 Provider English Spoken: Y  
Cultural Competency: N

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100  
Fax: (619) 595-0258

 After Hours Phone: (619)  
662-4100


 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,**

Provider ID: 517998

NPI: 1205477841



 Provider English Spoken: Y  
Cultural Competency: N

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 662-4100  
Fax: (619) 824-9076

 After Hours Phone: (619)  
662-4100

## D2. Primary Care Directory

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\120  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,**

Provider ID: 517998


NPI: 1205477841

 Provider English Spoken: Y  
Cultural Competency: N

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 662-4100

Fax: (619) 824-9076

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\120

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **SHERMAN HEIGHTS FAMILY HLTH CTRS INC,**

Provider ID: 356145

NPI: 1174549232

 Provider English Spoken: Y  
Cultural Competency: N

 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 Phone: (619) 515-2435

Fax: (619) 515-2435

 After Hours Phone: (619)  
515-2435

 Website: N/A

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FQHC**


#### **SHERMAN HEIGHTS FAMILY HLTH CTRS INC,**

Provider ID: 356145

NPI: 1174549232

 Provider English Spoken: Y  
Cultural Competency: N

 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 Phone: (619) 515-2435

Fax: (619) 515-2435

 After Hours Phone: (619)  
515-2435

 Website: N/A

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FQHC**

#### **ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER,**


Provider ID: 403583

NPI: 1598122871

 Provider English Spoken: Y

Cultural Competency: N

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

Fax: (619) 687-1067

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **FQHC**


#### **ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER,**

Provider ID: 403583

NPI: 1598122871

 Provider English Spoken: Y  
Cultural Competency: N

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

Fax: (619) 687-1067

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **GASTROENTEROLOGY FRENETTE, CATHERINE**

Provider ID: 417937


Provider Gender: Female

## D2. Primary Care Directory

---


License Number: A80461  
NPI: 1417935081  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, CALIFORNIA PACIFIC MED CTR  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM






### **GASTROENTEROLOGY** **FRENETTE, CATHERINE**

Provider ID: 417937  
Provider Gender: Female  
License Number: A80461  
NPI: 1417935081  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, CALIFORNIA

PACIFIC MED CTR  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM







### **GASTROENTEROLOGY** **HAI, FAIZI**

Provider ID: 417937  
Provider Gender: Male  
License Number: A159324  
NPI: 1639523228  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM


### **GASTROENTEROLOGY**

#### **HAI, FAIZI**

Provider ID: 417937  
Provider Gender: Male  
License Number: A159324  
NPI: 1639523228  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **GENERAL PRACTICE**

#### **BELLO, OSAGIE**

Provider ID: 417101  
Provider Gender: Male  
License Number: A115182  
NPI: 1164726378  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY

## D2. Primary Care Directory

HOSPITAL, SCRIPPS GREEN  
HOSPITAL

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### GENERAL PRACTICE

**BELLO, OSAGIE**

Provider ID: 417101

Provider Gender: Male

License Number: A115182

NPI: 1164726378

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

PARADISE VALLEY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS MERCY

HOSPITAL, SCRIPPS GREEN

HOSPITAL

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)

200-2426

Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### GENERAL PRACTICE

**BORRERO, MARCOS**

Provider ID: 100677

Provider Gender: Male

NPI: 1952312621

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

3490 PALM AVE

SAN DIEGO, CA 92154

Phone: (619) 423-5616

Fax: (619) 423-5684

After Hours Phone: (619)  
423-5616

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 2\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### GENERAL PRACTICE

**DOAN STEPHENS, CRYSTAL**

Provider ID: 233532

Provider Gender: Female

License Number: A152267

NPI: 1730570144

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)  
280-2058

Website: [www.sdfamilycare  
.org](http://www.sdfamilycare<br/>.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### GENERAL PRACTICE

**DOAN STEPHENS, CRYSTAL**

Provider ID: 233532

Provider Gender: Female

License Number: A152267

NPI: 1730570144

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)  
280-2058


Website: [www.sdfamilycare  
.org](http://www.sdfamilycare<br/>.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

## D2. Primary Care Directory

American Sign Language (ASL): *Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL*

 *Accessibility: CONTACT  
PROVIDER*

### **GENERAL PRACTICE RECALDE, FRANCISCO**

*Provider ID: 13850*

*Provider Gender: Male*

*NPI: 1538309067*

*Provider English Spoken: Y*


*Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL*


*Board Certified Specialty: No*

 *3811 EL CAJON BLVD  
SAN DIEGO, CA 92105*

 *Phone: (619) 284-5622*

*Fax: (619) 283-2572*

 *After Hours Phone: (619)  
507-3050*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

American Sign Language (ASL):  
*N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:30AM-5:00PM*

### **GENERAL PRACTICE RECALDE, FRANCISCO**

*Provider ID: 13850*

*Provider Gender: Male*

*NPI: 1538309067*


*Provider English Spoken: Y*

*Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 *3811 EL CAJON BLVD  
SAN DIEGO, CA 92105*

 *Phone: (619) 284-5622*

*Fax: (619) 283-2572*

 *After Hours Phone: (619)  
507-3050*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\150*

American Sign Language (ASL):  
*N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:30AM-5:00PM*

### **HEPATOLOGY**

#### **GISH, ROBERT**

*Provider ID: 185268*

*Provider Gender: Male*

*License Number: G45632*

*NPI: 1548281322*

*Provider English Spoken: Y*

*Provider Language(s)  
Spoken: Dutch, French,  
Spanish, Vietnamese*


*Cultural Competency: N*


*Hospital Affiliation: LOMA*

*LINDA UNIVERSITY COMM  
MED CTR*

*Board Certified Specialty: No*

 *4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105*

 *Phone: (619) 255-9155*

 *After Hours Phone: (619)  
255-9155*

 *Website: www.lamaestra.org*

*Email:*

*aschmaltz@lamaestra.org*

*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150*

American Sign Language (ASL):  
*N*

 *Accessibility: CONTACT  
PROVIDER*

### **HEPATOLOGY**

#### **GISH, ROBERT**

*Provider ID: 185268*

*Provider Gender: Male*

*License Number: G45632*

*NPI: 1548281322*

*Provider English Spoken: Y*

*Provider Language(s)  
Spoken: Dutch, French,  
Spanish, Vietnamese*


*Cultural Competency: N*


*Hospital Affiliation: LOMA*

*LINDA UNIVERSITY COMM  
MED CTR*

*Board Certified Specialty: No*

 *4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105*

 *Phone: (619) 255-9155*

 *After Hours Phone: (619)  
255-9155*

 *Website: www.lamaestra.org*

*Email:*

*aschmaltz@lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

American Sign Language (ASL):  
*N*

 *Accessibility: CONTACT  
PROVIDER*

### **INTERNAL MEDICINE**

#### **ALASSIL, SALLY**


*Provider ID: 206360*

## D2. Primary Care Directory

Provider Gender: Female

License Number: A122238

NPI: 1982044483


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **ALASSIL, SALLY**

Provider ID: 206360

Provider Gender: Female

License Number: A122238

NPI: 1982044483


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

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515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  2325 COMMERCIAL ST STE  
1400

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **ALASSIL, SALLY**

Provider ID: 419529

Provider Gender: Female

License Number: A122238

NPI: 1982044483

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

 2325 COMMERCIAL ST STE  
1400

 SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)  
515-2422

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **ALASSIL, SALLY**

Provider ID: 419529

Provider Gender: Female

License Number: A122238

NPI: 1982044483

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

 2325 COMMERCIAL ST STE  
1400

 SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)  
515-2422

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **ALDOUS, JEANNETTE**


Provider ID: 451167

Provider Gender: Female

License Number: A101017

NPI: 1073650339

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### INTERNAL MEDICINE


#### **ALDOUS, JEANNETTE**

Provider ID: 451167

Provider Gender: Female

License Number: A101017

NPI: 1073650339

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **ANDREWS, JOHN**

Provider ID: 403583

Provider Gender: Male

License Number: G71080

NPI: 1003164302


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE


#### **ANDREWS, JOHN**

Provider ID: 403583

Provider Gender: Male

License Number: G71080

NPI: 1003164302


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **BOHR, CHRISTINA**

Provider ID: 417937

Provider Gender: Female


License Number: 20A17702


NPI: 1841794344

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **BOHR, CHRISTINA**

Provider ID: 417937

Provider Gender: Female


License Number: 20A17702


NPI: 1841794344

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

## D2. Primary Care Directory


### **BRIONES COLMAN, FELICIA**

Provider ID: 417937

Provider Gender: Female

License Number: A80153


NPI: 1962517367

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **INTERNAL MEDICINE**


### **BRIONES COLMAN, FELICIA**


Provider ID: 417937

Provider Gender: Female

License Number: A80153


NPI: 1962517367

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **INTERNAL MEDICINE**


### **CHAN, ANDY**


Provider ID: 417937

Provider Gender: Male

License Number: 20A20352


NPI: 1104480912

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **INTERNAL MEDICINE**

### **CHAN, ANDY**

Provider ID: 417937

Provider Gender: Male

License Number: 20A20352


NPI: 1104480912

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **INTERNAL MEDICINE**

### **CSAPOCZI, PETER**


Provider ID: 451167

Provider Gender: Male

License Number: A96919

NPI: 1841357118

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Hungarian,  
Spanish, Ukrainian


Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE

SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)



## D2. Primary Care Directory

*/clinics/king- chavez- health- center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

*SA 8:00AM-4:00PM*

### **INTERNAL MEDICINE**


#### **CSAPOCZI, PETER**


*Provider ID: 451167*

*Provider Gender: Male*

*License Number: A96919*

*NPI: 1841357118*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Hungarian,  
Spanish, Ukrainian*


*Cultural Competency: N*

*Board Certified Specialty: No*

 *950 S EUCLID AVE  
SAN DIEGO, CA 92114*

 *Phone: (619) 662-4100*


 *After Hours Phone: (619)  
662-4100*

 *Website: [www.syhealth.org/clinics/king- chavez- health- center](http://www.syhealth.org/clinics/king- chavez- health- center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

*SA 8:00AM-4:00PM*

### **INTERNAL MEDICINE**

#### **CURTIS, MEGAN**

*Provider ID: 206360*

*Provider Gender: Female*


*License Number: A187390*


*NPI: 1699138115*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *1809 NATIONAL AVE  
SAN DIEGO, CA 92113*

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)  
515-2300*

 *Website: [www.fhcsd.org](http://www.fhcsd.org)*

*Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

#### **CURTIS, MEGAN**

*Provider ID: 206360*

*Provider Gender: Female*


*License Number: A187390*


*NPI: 1699138115*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *1809 NATIONAL AVE  
SAN DIEGO, CA 92113*

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)  
515-2300*


 *Website: [www.fhcsd.org](http://www.fhcsd.org)*

*Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

#### **DAHMS, ERIC**

*Provider ID: 417937*

*Provider Gender: Male*

*License Number: G80316*


*NPI: 1306808464*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA*

*Board Certified Specialty: No*

 *4094 4TH AVE  
SAN DIEGO, CA 92103*

 *Phone: (619) 515-2545*

 *After Hours Phone: (619)  
515-2545*

 *Website: [www.fhcsd.org](http://www.fhcsd.org)*

*Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

#### **DAHMS, ERIC**

*Provider ID: 417937*

*Provider Gender: Male*

*License Number: G80316*

*NPI: 1306808464*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA*


## D2. Primary Care Directory


### VISTA


Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### DIEP, KEVIN

Provider ID: 417937


Provider Gender: Male

License Number: 20A17657


NPI: 1083117865


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### INTERNAL MEDICINE

### DIEP, KEVIN

Provider ID: 417937


Provider Gender: Male

License Number: 20A17657


NPI: 1083117865


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### INTERNAL MEDICINE


#### DIXIT, SHUBHAM

Provider ID: 417937

Provider Gender: Male


License Number: 20A21421

NPI: 1932785367


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### INTERNAL MEDICINE


#### DIXIT, SHUBHAM


Provider ID: 417937

Provider Gender: Male

License Number: 20A21421


NPI: 1932785367

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Hindi


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### DOMINGUEZ, FERNANDO


Provider ID: 417937

Provider Gender: Male

License Number: A154708

## D2. Primary Care Directory


NPI: 1972917672

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **DOMINGUEZ, FERNANDO**


Provider ID: 417937

Provider Gender: Male

License Number: A154708


NPI: 1972917672

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM


### INTERNAL MEDICINE


#### **FABELLA, GABRIEL**

Provider ID: 9774

Provider Gender: Male

NPI: 1124060827

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Japanese, Spanish,  
Tagalog

Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE 115

SAN DIEGO, CA 92126

 Phone: (858) 695-1262

Fax: (858) 695-2132

 After Hours Phone: (858)  
695-1262

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-3:00PM

### INTERNAL MEDICINE


#### **FARASAT, SADAF**

Provider ID: 206360

Provider Gender: Female

License Number: A147939

NPI: 1255696407

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hindi, Punjabi,  
Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, NATIVIDAD MEDICAL


CENTER, PALOMAR MEDICAL


CENTER

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **FARASAT, SADAF**


Provider ID: 206360

Provider Gender: Female

License Number: A147939

NPI: 1255696407

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Punjabi,  
Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, NATIVIDAD MEDICAL

## D2. Primary Care Directory

CENTER, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

**GERWER, JOHANNA**

Provider ID: 206360

Provider Gender: Female

License Number: A169752

NPI: 1043742588

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

**GERWER, JOHANNA**

Provider ID: 206360

Provider Gender: Female

License Number: A169752

NPI: 1043742588

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

**GUTIERREZ, ANGELICA**

Provider ID: 233597

Provider Gender: Female

License Number: A175116

NPI: 1982180329

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4290 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 563-0250

After Hours Phone: (619)  
563-0250

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### INTERNAL MEDICINE

**GUTIERREZ, ANGELICA**

Provider ID: 233597

Provider Gender: Female

License Number: A175116

NPI: 1982180329

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4290 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 563-0250

After Hours Phone: (619)  
563-0250

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### INTERNAL MEDICINE

**HAZELBAKER, PAUL**

Provider ID: 417782

Provider Gender: Male

License Number: 20A7147

NPI: 1831106103

Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

Phone: (619) 515-2430

## D2. Primary Care Directory


 After Hours Phone: (619) 515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **HAZELBAKER, PAUL**

Provider ID: 417782

Provider Gender: Male


License Number: 20A7147


NPI: 1831106103


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

 Phone: (619) 515-2430

 After Hours Phone: (619) 515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE


#### **HENDERSON, PHILIP**

Provider ID: 417937

Provider Gender: Male


License Number: A140324


NPI: 1447678834


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **HENDERSON, PHILIP**

Provider ID: 417937

Provider Gender: Male


License Number: A140324


NPI: 1447678834


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **JAMISON, KAREN**

Provider ID: 417937

Provider Gender: Female

License Number: A95356

NPI: 1285830505


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL


Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

Fax: (619) 501-9645

 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **JAMISON, KAREN**

Provider ID: 417937

Provider Gender: Female

License Number: A95356

NPI: 1285830505

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

## D2. Primary Care Directory

### MERCY HOSPITAL

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

Fax: (619) 501-9645

After Hours Phone: (619)  
515-2545

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### JEONG, MATTHEW

Provider ID: 417782

Provider Gender: Male

License Number: A190535

NPI: 1558982512

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

Phone: (619) 515-2430

After Hours Phone: (619)  
515-2430

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### JEONG, MATTHEW

Provider ID: 417782

Provider Gender: Male

License Number: A190535

NPI: 1558982512

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

Phone: (619) 515-2430

After Hours Phone: (619)  
515-2430

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### KRIJGER, LISA

Provider ID: 403583

Provider Gender: Female

License Number: A67762

NPI: 1932278710

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### INTERNAL MEDICINE

#### KRIJGER, LISA

Provider ID: 403583

Provider Gender: Female

License Number: A67762

NPI: 1932278710

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### INTERNAL MEDICINE

#### LALITHAKUMARI, ARYA

Provider ID: 206362

Provider Gender: Female

License Number: A140646

NPI: 1265874010

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Hemet


Global Medical Center, Menifee


Global Medical Center

## D2. Primary Care Directory

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**


#### **LALITHAKUMARI, ARYA**

Provider ID: 206362

Provider Gender: Female

License Number: A140646

NPI: 1265874010

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: Hemet


Global Medical Center, Menifee

Global Medical Center

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**


#### **LAMANTIA, MICHELE**

Provider ID: 451167

Provider Gender: Female

License Number: G71855

NPI: 1124176102


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**


#### **LAMANTIA, MICHELE**

Provider ID: 451167

Provider Gender: Female

License Number: G71855

NPI: 1124176102


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **LEE, MICHAEL**

Provider ID: 206360

Provider Gender: Male

License Number: A71671

NPI: 1760406649

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,


SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **LEE, MICHAEL**

Provider ID: 206360

Provider Gender: Male

License Number: A71671

NPI: 1760406649





 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

## D2. Primary Care Directory

MEMORIAL HOSPITAL,  
SCRIPPS GREEN HOSPITAL  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **LU, STEPHANIE**

Provider ID: 206362  
Provider Gender: Female  
License Number: 20A20252  
NPI: 1518524586

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



### INTERNAL MEDICINE


#### **LU, STEPHANIE**

Provider ID: 206362  
Provider Gender: Female  
License Number: 20A20252  
NPI: 1518524586

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER


### INTERNAL MEDICINE

#### **MARCINIAK, ROMAN**

Provider ID: 206360  
Provider Gender: Male  
License Number: 20A17072  
NPI: 1326579210

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):

N




 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **MARCINIAK, ROMAN**

Provider ID: 206360  
Provider Gender: Male  
License Number: 20A17072  
NPI: 1326579210

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **NARANJO, RODRIGO**

Provider ID: 482070  
Provider Gender: Male  
License Number: A119010  
NPI: 1609095264



Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)





## D2. Primary Care Directory

810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE** **NARANJO, RODRIGO**


Provider ID: 206046  
Provider Gender: Male  
License Number: A119010  
NPI: 1609095264







 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE** **NARANJO, RODRIGO**



Provider ID: 206046  
Provider Gender: Male  
License Number: A119010  
NPI: 1609095264






 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE** **NARANJO, RODRIGO**



Provider ID: 206046  
Provider Gender: Male  
License Number: A119010  
NPI: 1609095264

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No



 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE** **NARANJO, RODRIGO**

Provider ID: 482070  
Provider Gender: Male  
License Number: A119010  
NPI: 1609095264



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE** **NARANJO, RODRIGO**

Provider ID: 206046  
Provider Gender: Male  
License Number: A119010  
NPI: 1609095264








 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925

## D2. Primary Care Directory

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



### **INTERNAL MEDICINE** **NARAYANAN, MEENA**






Provider ID: 206363  
Provider Gender: Female  
License Number: A113448  
NPI: 1508170697  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, Adventist Health and Rideout  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**  
**NARAYANAN, MEENA**  
Provider ID: 206363





Provider Gender: Female  
License Number: A113448  
NPI: 1508170697  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, Adventist Health and Rideout  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

**PARIKH, MILIND**  
Provider ID: 206363  
Provider Gender: Male  
License Number: 20A13745  
NPI: 1194161406  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Gujarati, Hindi, Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital, Adventist Health and Rideout

Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE** **PARIKH, MILIND**

Provider ID: 206363  
Provider Gender: Male  
License Number: 20A13745  
NPI: 1194161406  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Gujarati, Hindi, Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital, Adventist Health and Rideout  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N

## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**


#### **RAMERS, CHRISTIAN**

*Provider ID: 417937*

*Provider Gender: Male*

*License Number: A119631*

*NPI: 1730381385*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*


 *After Hours Phone: (619)  
515-2545*

 *Website: www.fhcsd.org*  
*Email: fabianm@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**


#### **RAMERS, CHRISTIAN**

*Provider ID: 417937*

*Provider Gender: Male*

*License Number: A119631*

*NPI: 1730381385*


 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*

 *After Hours Phone: (619)  
515-2545*

 *Website: www.fhcsd.org*  
*Email: fabianm@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**


#### **ROUEL, WADI**


*Provider ID: 185268*

*Provider Gender: Male*

*License Number: C55979*

*NPI: 1740254713*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL,*


*SCRIPPS MEMORIAL*


*HOSPITAL, GROSSMONT*

*HOSPITAL*

*Board Certified Specialty: No*

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 255-9155*

 *After Hours Phone: (619)  
255-9155*

 *Website: www.lamaestra.org*

*Email:  
aschmaltz@lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM*

### **INTERNAL MEDICINE**

#### **ROUEL, WADI**


*Provider ID: 185268*

*Provider Gender: Male*

*License Number: C55979*

*NPI: 1740254713*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL,*


*SCRIPPS MEMORIAL*


*HOSPITAL, GROSSMONT*


*HOSPITAL*

*Board Certified Specialty: No*

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 255-9155*

 *After Hours Phone: (619)  
255-9155*

 *Website: www.lamaestra.org*

*Email:  
aschmaltz@lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM*

### **INTERNAL MEDICINE**

## D2. Primary Care Directory

### **SASSIC, JESSICA**

Provider ID: 417937


Provider Gender: Female

License Number: A185024


NPI: 1598342529


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **INTERNAL MEDICINE**

### **SASSIC, JESSICA**

Provider ID: 417937


Provider Gender: Female

License Number: A185024


NPI: 1598342529


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **INTERNAL MEDICINE**

### **SHI, RUJING**

Provider ID: 417937

Provider Gender: Female

License Number: 20A19399


NPI: 1710446539

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **INTERNAL MEDICINE**


### **SHI, RUJING**

Provider ID: 417937

Provider Gender: Female


License Number: 20A19399

NPI: 1710446539


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **INTERNAL MEDICINE**

### **SMILDE, RENEE**


Provider ID: 417937

Provider Gender: Female

License Number: A70175

NPI: 1427010594

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Dutch

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

## D2. Primary Care Directory

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### INTERNAL MEDICINE


#### **SMILDE, RENEE**


Provider ID: 417937

Provider Gender: Female

License Number: A70175

NPI: 1427010594

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Dutch

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### INTERNAL MEDICINE


#### **URIBE-BRUCE, LILIANA**

Provider ID: 206360

Provider Gender: Female

License Number: C55724

NPI: 1689010324


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **URIBE-BRUCE, LILIANA**

Provider ID: 206360

Provider Gender: Female

License Number: C55724

NPI: 1689010324


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **VALDEZ, KRystal**


Provider ID: 417101

Provider Gender: Female

License Number: A156854

NPI: 1629480272

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, SIERRA VISTA


REGIONAL MED CTR,


PARADISE VALLEY HOSPITAL


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa-mahan.org](http://www.operationsa-mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### INTERNAL MEDICINE

## D2. Primary Care Directory

### VALDEZ, KRYSTAL

Provider ID: 417101

Provider Gender: Female

License Number: A156854

NPI: 1629480272

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, SIERRA VISTA

REGIONAL MED CTR,

PARADISE VALLEY HOSPITAL

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### INTERNAL MEDICINE

#### VIDAURRAZAGA, MONICA

Provider ID: 417937

Provider Gender: Female

License Number: A169207

NPI: 1346628310

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### VIDAURRAZAGA, MONICA

Provider ID: 417937

Provider Gender: Female

License Number: A169207

NPI: 1346628310

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### WASTILA, LISA

Provider ID: 403583

Provider Gender: Female

License Number: A60801

NPI: 1043375231

Provider English Spoken: Y

Provider Language(s)

Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Board Certified Specialty: No

1501 IMPERIAL AVE

SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### WASTILA, LISA

Provider ID: 403583

Provider Gender: Female

License Number: A60801

NPI: 1043375231

Provider English Spoken: Y

Provider Language(s)

Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Board Certified Specialty: No

1501 IMPERIAL AVE

SAN DIEGO, CA 92101

## D2. Primary Care Directory

 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### **WATTANAMANO, PORNTHEP**


Provider ID: 206046

Provider Gender: Male

License Number: C186338

NPI: 1295738516


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Thai

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE


#### **WATTANAMANO, PORNTHEP**


Provider ID: 206046

Provider Gender: Male

License Number: C186338

NPI: 1295738516


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Thai

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE


#### **WATTANAMANO, PORNTHEP**


Provider ID: 206046

Provider Gender: Male

License Number: C186338

NPI: 1295738516


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Thai

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **WATTANAMANO, PORNTHEP**


Provider ID: 206046

Provider Gender: Male

License Number: C186338

NPI: 1295738516


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Thai


Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **WATTS, ELI**

Provider ID: 451167

Provider Gender: Male

License Number: A79383

NPI: 1649373739

 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

## D2. Primary Care Directory

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **WATTS, ELI**

Provider ID: 451167

Provider Gender: Male



License Number: A79383

NPI: 1649373739

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERVENTIONAL

#### CARDIOLOGY


#### **MOUSSAVIAN, MEHRAN**

Provider ID: 206363

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi


Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, TRI  
CITY MEDICAL CTR, SHARP  
MEMORIAL HOSPITAL,

ALVARADO HOSPITAL LLC,  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,

Adventist Health and Rideout  
Board Certified Specialty: No


 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 263-2499  
 After Hours Phone: (619)  
263-2499

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### INTERVENTIONAL

#### CARDIOLOGY

#### **MOUSSAVIAN, MEHRAN**

Provider ID: 206363

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N


Hospital Affiliation: SHARP

CHULA VISTA MED CTR, TRI  
CITY MEDICAL CTR, SHARP  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,

Adventist Health and Rideout  
Board Certified Specialty: No

 4725 MARKET ST  
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Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### INTERVENTIONAL

#### CARDIOLOGY

#### **SHETABI, KAMBIZ**

Provider ID: 206363




## D2. Primary Care Directory

Provider Gender: Male

License Number: A126187

NPI: 1972827806

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP


CHULA VISTA MED CTR, Sharp


Grossmont Hospital

Board Certified Specialty: No

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERVENTIONAL

#### CARDIOLOGY


##### **SHETABI, KAMBIZ**

Provider ID: 206363

Provider Gender: Male

License Number: A126187

NPI: 1972827806

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP


CHULA VISTA MED CTR, Sharp


Grossmont Hospital

Board Certified Specialty: No

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### NEUROLOGY

##### **CANTU-REYNA, GUILLERMO**

Provider ID: 185268

Provider Gender: Male

License Number: A41375

NPI: 1447389101


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### NEUROLOGY

##### **CANTU-REYNA, GUILLERMO**

Provider ID: 185268

Provider Gender: Male

License Number: A41375

NPI: 1447389101


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### OBSTETRICS / GYNECOLOGY

##### **AL-MSHHDANI, AYSER**

Provider ID: 185268

Provider Gender: Female

License Number: A172929

NPI: 1679008569

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, Sharp Grossmont

Hospital, SCRIPPS MERCY

HOSPITAL

## D2. Primary Care Directory

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 280-4213  
 After Hours Phone: (619)  
280-4213  
 Website: [www.lamaestra.org](http://www.lamaestra.org)


Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **AL-MSHHDANI, AYSER**

Provider ID: 185268

Provider Gender: Female

License Number: A172929

NPI: 1679008569

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, Sharp Grossmont  
Hospital, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 280-4213  
 After Hours Phone: (619)  
280-4213  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **ALIMONOS, LYSISTRATI**

Provider ID: 206362

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y




 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5:30PM

F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 206362

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y



 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5:30PM  
F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 416831

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N





Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No



 3514 30TH ST  
SAN DIEGO, CA 92104

## D2. Primary Care Directory

 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **ALIMONOS, LYSISTRATI**

Provider ID: 416831  
Provider Gender: Female  
License Number: 20A14919  
NPI: 1619397031  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **ALIMONOS, LYSISTRATI**

Provider ID: 206360  
Provider Gender: Female  
License Number: 20A14919  
NPI: 1619397031  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No





 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 206360  
Provider Gender: Female  
License Number: 20A14919  
NPI: 1619397031  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 402851  
Provider Gender: Female  
License Number: 20A14919  
NPI: 1619397031  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:30AM-5:00PM

## D2. Primary Care Directory

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 402851

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 206363

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 206363

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **BLAKE, GARY**

Provider ID: 206046

Provider Gender: Male

License Number: G44807

NPI: 1497738439

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **BLAKE, GARY**

Provider ID: 206046

Provider Gender: Male

License Number: G44807



NPI: 1497738439

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No




6973 LINDA VISTA RD

## D2. Primary Care Directory

SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **BLAKE, GARY**

Provider ID: 206046  
Provider Gender: Male  
License Number: G44807  
NPI: 1497738439  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM


### **OBSTETRICS / GYNECOLOGY**

#### **BLAKE, GARY**

Provider ID: 206046  
Provider Gender: Male  
License Number: G44807  
NPI: 1497738439  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)



Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **OBSTETRICS / GYNECOLOGY**





#### **BUECHNER, CHARLENE**

Provider ID: 416831  
Provider Gender: Female  
License Number: A68463  
NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL,




SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS  
Board Certified Specialty: No  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

Provider ID: 206362  
Provider Gender: Female  
License Number: A68463  
NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS  
Board Certified Specialty: No  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424

## D2. Primary Care Directory



 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

Provider ID: 206362  
Provider Gender: Female  
License Number: A68463  
NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS  
Board Certified Specialty: No




 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

Provider ID: 416831  
Provider Gender: Female  
License Number: A68463  
NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS  
Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

Provider ID: 206360  
Provider Gender: Female  
License Number: A68463  
NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

Provider ID: 206360  
Provider Gender: Female  
License Number: A68463  
NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish



Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS  
Board Certified Specialty: No

## D2. Primary Care Directory


 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**



Provider ID: 402851  
Provider Gender: Female  
License Number: A68463  
NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS  
Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

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Cultural Competency: N  
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MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
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Board Certified Specialty: No

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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **BUECHNER, CHARLENE**

Provider ID: 206363  
Provider Gender: Female  
License Number: A68463

NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2420  
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515-2420  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
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### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

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 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
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## D2. Primary Care Directory

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Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 206363

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): NPI: 1225231582

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 206363

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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American Sign Language (ASL):

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Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 402851

Provider Gender: Male

License Number: A113001

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5:00PM  
TH 9:30AM-6:00PM

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**CARTER, KHALIL**

Provider ID: 402851

Provider Gender: Male

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NPI: 1225231582

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Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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Board Certified Specialty: No




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PROVIDER  
Hours: M-W 8:30AM-5:00PM  
TH 9:30AM-6:00PM

### **OBSTETRICS / GYNECOLOGY**




#### **CARTER, KHALIL**

Provider ID: 206360  
Provider Gender: Male  
License Number: A113001  
NPI: 1225231582

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M 8:00AM-7:00PM  
TU-TH 8:00AM-6:00PM  
F 8:00AM-5:30PM  
SA 8:00AM-5:00PM




### **OBSTETRICS / GYNECOLOGY**


#### **CARTER, KHALIL**

Provider ID: 206360  
Provider Gender: Male  
License Number: A113001  
NPI: 1225231582


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
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F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**


Provider ID: 206362  
Provider Gender: Male  
License Number: A113001  
NPI: 1225231582

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

 3544 30TH ST  
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515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:30AM-5:30PM  
F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**

Provider ID: 206362  
Provider Gender: Male  
License Number: A113001  
NPI: 1225231582

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,

## D2. Primary Care Directory

GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

3544 30TH ST  
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Phone: (619) 515-2424

After Hours Phone: (619)  
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Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5:30PM  
F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 416831

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

3514 30TH ST  
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Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 416831

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

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Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**

Provider ID: 416831

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

3514 30TH ST  
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Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**

Provider ID: 206362

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP

CORONADO HOSP AND





HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

3544 30TH ST  
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## D2. Primary Care Directory

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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-5:30PM  
F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**










#### **CERVANTES, SANDRA**

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Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
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GROSSMONT HOSPITAL  
Board Certified Specialty: No  
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Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

#### PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **CERVANTES, SANDRA**

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 Provider Language(s)  
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Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
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GROSSMONT HOSPITAL  
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Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-5:30PM  
F 8:00AM-5:00PM  
**OBSTETRICS / GYNECOLOGY**  
**CERVANTES, SANDRA**  
Provider ID: 206360  
Provider Gender: Female  
License Number: A118095  
NPI: 1073701041  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
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 Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-7:00PM  
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F 8:00AM-5:30PM  
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### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 206360  
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License Number: A118095  
NPI: 1073701041  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL

## D2. Primary Care Directory

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Hours: M 8:00AM-7:00PM

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SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 402851

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)  
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Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

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Board Certified Specialty: No

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Accessibility: CONTACT  
PROVIDER

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### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 206363

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

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### **OBSTETRICS / GYNECOLOGY**

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Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

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Email: nancyl@fhcsd.org  
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Min/Max Age: 0\150

American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital

Board Certified Specialty: No

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Min/Max Age: 0\150

American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

Provider ID: 402851  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109  
Phone: (619) 515-2444  
After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org  
Email: sabay@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5:30PM  
TH 9:00AM-6:00PM  
F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

Provider ID: 402851  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109  
Phone: (619) 515-2444  
After Hours Phone: (619)

## D2. Primary Care Directory

515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-W 8:30AM-5:30PM  
TH 9:00AM-6:00PM  
F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

Provider ID: 206360  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER



### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

Provider ID: 206360  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
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515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

Provider ID: 416831  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital

Board Certified Specialty: No  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

Provider ID: 416831  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
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515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

## D2. Primary Care Directory

PROVIDER  
Hours: M-TH 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 416831

Provider Gender: Male



License Number: A108228


NPI: 1629277322

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104


 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 416831

Provider Gender: Male



License Number: A108228


NPI: 1629277322

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

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Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 206360

Provider Gender: Male



License Number: A108228


NPI: 1629277322

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 206360

Provider Gender: Male



License Number: A108228


NPI: 1629277322

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 402851

Provider Gender: Male



License Number: A108228

NPI: 1629277322

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 402851

Provider Gender: Male

License Number: A108228

NPI: 1629277322

## D2. Primary Care Directory

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3705 MISSION BLVD  
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 Phone: (619) 515-2444  
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Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 206363  
Provider Gender: Male  
License Number: A108228  
NPI: 1629277322  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER







### **OBSTETRICS / GYNECOLOGY**


#### **DE MIK, TRAVIS**

Provider ID: 206363  
Provider Gender: Male  
License Number: A108228  
NPI: 1629277322  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4725 MARKET ST  
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515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**




#### **DORUELO, ASHLEY**

Provider ID: 206363  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 206363  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 402851  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732





## D2. Primary Care Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No


 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**



Provider ID: 402851  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**



Provider ID: 206360  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No




 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**



Provider ID: 206360  
Provider Gender: Female  
License Number: A178499




NPI: 1033613732  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No

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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 416831  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

## D2. Primary Care Directory

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **DORUELO, ASHLEY**

Provider ID: 416831

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR,**


#### **BEATRIZ**


Provider ID: 416831

Provider Gender: Female

License Number: A148014

NPI: 1457794752

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Yue Chinese


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR,**


#### **BEATRIZ**


Provider ID: 206362

Provider Gender: Female

License Number: A148014

NPI: 1457794752

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Yue Chinese


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR,**


#### **BEATRIZ**

Provider ID: 416831

Provider Gender: Female

License Number: A148014

NPI: 1457794752

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish, Yue Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 3514 30TH ST

## D2. Primary Care Directory

SAN DIEGO, CA 92104  
☎ Phone: (619) 515-2424  
🕒 After Hours Phone: (619) 515-2424  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 206362  
Provider Gender: Female  
License Number: A148014  
NPI: 1457794752  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Spanish, Yue Chinese

Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No

📍 3544 30TH ST  
SAN DIEGO, CA 92104  
☎ Phone: (619) 515-2424  
🕒 After Hours Phone: (619) 515-2424  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 206360  
Provider Gender: Female  
License Number: A148014  
NPI: 1457794752  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Spanish, Yue Chinese

Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
🕒 After Hours Phone: (619) 515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-7:00PM  
TU-TH 8:00AM-6:00PM  
F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

♿ Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-7:00PM  
TU-TH 8:00AM-6:00PM  
F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 206360  
Provider Gender: Female  
License Number: A148014  
NPI: 1457794752  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Spanish, Yue Chinese

Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
🕒 After Hours Phone: (619) 515-2300  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-7:00PM  
TU-TH 8:00AM-6:00PM  
F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 402851

## D2. Primary Care Directory

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 402851

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

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After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 206363

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

4725 MARKET ST  
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Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 206363

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

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Website: www.fhcsd.org

Email: nancyl@fhcsd.org

## D2. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **HANLEY, LAUREN**

Provider ID: 206363

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 4725 MARKET ST  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **HANLEY, LAUREN**

Provider ID: 206363

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **HANLEY, LAUREN**

Provider ID: 402851

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 402851

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

## D2. Primary Care Directory

F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 206360

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 206360

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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Grossmont Hospital

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Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 416831

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

3514 30TH ST  
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Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org  
Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 416831

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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Website: www.fhcsd.org  
Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 416831

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)

## D2. Primary Care Directory

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

3514 30TH ST  
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Phone: (619) 515-2424  
After Hours Phone: (619)  
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Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY** **LIPSCHITZ, LISA**

Provider ID: 206362  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

3544 30TH ST  
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Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:30AM-5:30PM  
F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY** **LIPSCHITZ, LISA**

Provider ID: 206362  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

3544 30TH ST  
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Phone: (619) 515-2424  
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515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:30AM-5:30PM

F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY** **LIPSCHITZ, LISA**

Provider ID: 416831  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

3514 30TH ST  
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Phone: (619) 515-2424  
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Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER


### **OBSTETRICS / GYNECOLOGY** **LIPSCHITZ, LISA**


Provider ID: 206360  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

## D2. Primary Care Directory

*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CORONADO HOSP AND*  
*HEALTHCARE CTR, SCRIPPS*  
*MERCY HOSPITAL,*  
*GROSSMONT HOSPITAL*  
*Board Certified Specialty: No*



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 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **LIPSCHITZ, LISA**

Provider ID: 206360  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CORONADO HOSP AND*  
*HEALTHCARE CTR, SCRIPPS*  
*MERCY HOSPITAL,*  
*GROSSMONT HOSPITAL*  
*Board Certified Specialty: No*

 1809 NATIONAL AVE  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM


### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**


Provider ID: 402851  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CORONADO HOSP AND*  
*HEALTHCARE CTR, SCRIPPS*  
*MERCY HOSPITAL,*  
*GROSSMONT HOSPITAL*  
*Board Certified Specialty: No*

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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER




Hours: M-W 8:30AM-5:00PM  
TH 9:30AM-6:00PM


### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**


Provider ID: 402851  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CORONADO HOSP AND*  
*HEALTHCARE CTR, SCRIPPS*  
*MERCY HOSPITAL,*  
*GROSSMONT HOSPITAL*  
*Board Certified Specialty: No*

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Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-W 8:30AM-5:00PM  
TH 9:30AM-6:00PM



### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711





## D2. Primary Care Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

 4725 MARKET ST  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **LIPSCHITZ, LISA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No



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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **LOEFFLER, ALLISON**


Provider ID: 206363  
Provider Gender: Female  
License Number: A116680  
NPI: 1700073962

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No

 4725 MARKET ST  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **LOEFFLER, ALLISON**


Provider ID: 206363  
Provider Gender: Female  
License Number: A116680  
NPI: 1700073962

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No

 4725 MARKET ST  
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Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**




Provider ID: 402851  
Provider Gender: Female  
License Number: A116680  
NPI: 1700073962



## D2. Primary Care Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
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515-2444  
 Website: www.fhcsd.org  
Email: sabay@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **LOEFFLER, ALLISON**

Provider ID: 402851  
Provider Gender: Female  
License Number: A116680  
NPI: 1700073962  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
 3705 MISSION BLVD

SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444  
 Website: www.fhcsd.org  
Email: sabay@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**





#### **LOEFFLER, ALLISON**

Provider ID: 206360  
Provider Gender: Female  
License Number: A116680  
NPI: 1700073962  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-7:00PM  
TU-TH 8:00AM-6:00PM  
F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 206360  
Provider Gender: Female  
License Number: A116680  
NPI: 1700073962  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
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515-2300  
 Website: www.fhcsd.org  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M 8:00AM-7:00PM  
TU-TH 8:00AM-6:00PM  
F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

## D2. Primary Care Directory

Provider ID: 416831

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 206362

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,


SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 3544 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 416831

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 3514 30TH ST

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 206362

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:


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SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
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Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **MELLENDEZ BERRIOS, IARA DEL**

Provider ID: 206362


Provider Gender: Female






License Number: A114181

NPI: 1740514249

Provider English Spoken: Y



## D2. Primary Care Directory

 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No*


 3544 30TH ST  
SAN DIEGO, CA 92104  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619)  
515-2424*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA DEL**



*Provider ID: 416831  
Provider Gender: Female  
License Number: A114181  
NPI: 1740514249*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No*






 3514 30TH ST  
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515-2424*  
 *Website: www.fhcsd.org*

*Email: jenanm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA DEL**







*Provider ID: 206362  
Provider Gender: Female  
License Number: A114181  
NPI: 1740514249*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No*

 3544 30TH ST  
SAN DIEGO, CA 92104  
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*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**




#### **MELENDEZ BERRIOS, IARA DEL**

*Provider ID: 416831*

*Provider Gender: Female  
License Number: A114181  
NPI: 1740514249*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No*  
 3514 30TH ST  
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*Email: jenanm@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA DEL**

*Provider ID: 206360  
Provider Gender: Female  
License Number: A114181  
NPI: 1740514249*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No*  
 1809 NATIONAL AVE

## D2. Primary Care Directory

SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-7:00PM  
TU-TH 8:00AM-6:00PM  
F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA DEL**

Provider ID: 206360  
Provider Gender: Female  
License Number: A114181  
NPI: 1740514249

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL  
Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL): Provider ID: 402851  
N

Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-7:00PM  
TU-TH 8:00AM-6:00PM  
F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA DEL**

Provider ID: 402851  
Provider Gender: Female  
License Number: A114181  
NPI: 1740514249

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL  
Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109  
Phone: (619) 515-2444  
After Hours Phone: (619) 515-2444

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA DEL**

Provider Gender: Female  
License Number: A114181  
NPI: 1740514249

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL  
Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109  
Phone: (619) 515-2444  
After Hours Phone: (619) 515-2444

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA DEL**


Provider ID: 206363  
Provider Gender: Female  
License Number: A114181  
NPI: 1740514249

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL  
Board Certified Specialty: No

## D2. Primary Care Directory

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **MELENDEZ BERRIOS, IARA DEL**

Provider ID: 206363

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **PHAN, TIFFANI**

Provider ID: 417101

Provider Gender: Female

License Number: A161105

NPI: 1134515695

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CHULA VISTA MED CTR,


SCRIPPS MEMORIAL


HOSPITAL


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **PHAN, TIFFANI**

Provider ID: 417101

Provider Gender: Female

License Number: A161105

NPI: 1134515695

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CHULA VISTA MED CTR,


SCRIPPS MEMORIAL


HOSPITAL


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**


Provider ID: 402851

Provider Gender: Male

License Number: A154298

NPI: 1710316450

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 3705 MISSION BLVD

## D2. Primary Care Directory

SAN DIEGO, CA 92109  
Phone: (616) 515-2444  
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Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 402851  
Provider Gender: Male  
License Number: A154298  
NPI: 1710316450  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL  
Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109  
Phone: (616) 515-2444  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206360  
Provider Gender: Male  
License Number: A154298  
NPI: 1710316450

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL  
Board Certified Specialty: No

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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
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Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-7:00PM  
TU-TH 8:00AM-6:00PM  
F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206360

Provider Gender: Male  
License Number: A154298  
NPI: 1710316450  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL  
Board Certified Specialty: No

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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
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Accessibility: CONTACT PROVIDER  
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F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 416831  
Provider Gender: Male  
License Number: A154298  
NPI: 1710316450  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N

## D2. Primary Care Directory

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

3514 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206362

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

3544 30TH ST  
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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 416831

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

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Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

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Provider Gender: Male

License Number: A154298

NPI: 1710316450

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Provider Language(s)  
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Cultural Competency: N

Hospital Affiliation: SCRIPPS

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HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

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Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206363

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND



## D2. Primary Care Directory

HEALTHCARE CTR,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2420

After Hours Phone: (619)  
515-2420

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206363

Provider Gender: Male

License Number: A154298

NPI: 1710316450

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Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

4725 MARKET ST  
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Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 206363

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 206363

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s)

Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 416831

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

3514 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

## D2. Primary Care Directory

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **SAPRA, SONIA**

Provider ID: 416831

Provider Gender: Female

License Number: A164859

NPI: 1952751711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **SAPRA, SONIA**


Provider ID: 206360

Provider Gender: Female

License Number: A164859

NPI: 1952751711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **SAPRA, SONIA**


Provider ID: 206360

Provider Gender: Female

License Number: A164859

NPI: 1952751711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **SAPRA, SONIA**


Provider ID: 402851

Provider Gender: Female

License Number: A164859

NPI: 1952751711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: www.fhcsd.org


Email: sabay@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**


Provider ID: 402851


Provider Gender: Female

License Number: A164859

NPI: 1952751711

## D2. Primary Care Directory

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Hindi


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

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PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **SHUCKETT, ARIEL**

Provider ID: 206046

Provider Gender: Female

License Number: A144372

NPI: 1245590124

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)

279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **SHUCKETT, ARIEL**

Provider ID: 206046

Provider Gender: Female

License Number: A144372

NPI: 1245590124

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SHUCKETT, ARIEL**

Provider ID: 206046

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License Number: A144372

NPI: 1245590124

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP


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PROVIDER

### **OBSTETRICS / GYNECOLOGY**

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NPI: 1245590124

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Cultural Competency: N


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MEMORIAL HOSPITAL, SHARP

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## D2. Primary Care Directory

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 416831

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Sharp


Grossmont Hospital

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424


 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **STABEN, REBECCA**

Provider ID: 416831

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Sharp


Grossmont Hospital

Board Certified Specialty: No

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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 206360

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Sharp


Grossmont Hospital

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 206360

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 402851

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

 3705 MISSION BLVD

## D2. Primary Care Directory

SAN DIEGO, CA 92109  
Phone: (619) 515-2444  
After Hours Phone: (619) 515-2444

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 402851

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

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Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

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#### **STABEN, REBECCA**

Provider ID: 206363

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619) 515-2560

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 206363

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

4725 MARKET ST  
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Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **TRUJILLO, JENNIFER**

Provider ID: 451167

Provider Gender: Female

License Number: 20A8204

NPI: 1053407593

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR

Board Certified Specialty: No

950 S EUCLID AVE  
SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

## D2. Primary Care Directory

### **OBSTETRICS / GYNECOLOGY**

#### **TRUJILLO, JENNIFER**

Provider ID: 451167

Provider Gender: Female

License Number: 20A8204

NPI: 1053407593

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Board Certified Specialty: No

950 S EUCLID AVE  
SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 206363

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2420

After Hours Phone: (619)  
515-2420

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 206363

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

4725 MARKET ST  
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Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
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Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 402851

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

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515-2444

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

## D2. Primary Care Directory

*PROVIDER*  
Hours: M-TH 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **WINESBURG, JENNIFER**

Provider ID: 402851

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP

CORONADO HOSP AND


HEALTHCARE CTR,


GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

Board Certified Specialty: No

 3705 MISSION BLVD  
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Hours: M-TH 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **WINESBURG, JENNIFER**

Provider ID: 206360

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

 Provider English Spoken: Y

 Provider Language(s)  
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Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND


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GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

Board Certified Specialty: No

 1809 NATIONAL AVE  
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NPI: 1811162456

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND


HEALTHCARE CTR,


GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 206362

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND


HEALTHCARE CTR,


GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2400

 After Hours Phone: (619)  
515-2400

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

## D2. Primary Care Directory

American Sign Language (ASL): Provider ID: 416831

N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:30AM-5:30PM  
F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **WINESBURG, JENNIFER**

Provider ID: 206362

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP


CORONADO HOSP AND

HEALTHCARE CTR,


GROSSMONT HOSPITAL,


DESERT REGIONAL MED CTR

Board Certified Specialty: No

 3544 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2400

 After Hours Phone: (619)  
515-2400

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:30AM-5:30PM

F 8:30AM-5:00PM


### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP


CORONADO HOSP AND

HEALTHCARE CTR,


GROSSMONT HOSPITAL,


DESERT REGIONAL MED CTR

Board Certified Specialty: No

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **WINESBURG, JENNIFER**


Provider ID: 416831

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP


CORONADO HOSP AND

HEALTHCARE CTR,


GROSSMONT HOSPITAL,


DESERT REGIONAL MED CTR

Board Certified Specialty: No

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 416831

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,


SHARP CORONADO HOSP

AND HEALTHCARE CTR,


SCRIPPS MERCY HOSPITAL


CHULA VISTA

Board Certified Specialty: No

 3514 30TH ST

SAN DIEGO, CA 92104


 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)




## D2. Primary Care Directory






Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206362  
Provider Gender: Male  
License Number: G78814  
NPI: 1699790634  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA


Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER






### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206362  
Provider Gender: Male


License Number: G78814  
NPI: 1699790634  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA






Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**






#### **ZIEG, ALAN**

Provider ID: 416831  
Provider Gender: Male  
License Number: G78814  
NPI: 1699790634  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER


### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206360  
Provider Gender: Male  
License Number: G78814  
NPI: 1699790634  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**


#### **ZIEG, ALAN**

*Provider ID: 206360*

*Provider Gender: Male*

*License Number: G78814*

*NPI: 1699790634*

 *Provider English Spoken: Y*


*Cultural Competency: N*


*Hospital Affiliation:*


*GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA*

*Board Certified Specialty: No*

 *1809 NATIONAL AVE  
SAN DIEGO, CA 92113*

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)  
515-2300*


 *Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**


#### **ZIEG, ALAN**

*Provider ID: 402851*

*Provider Gender: Male*

*License Number: G78814*

*NPI: 1699790634*

 *Provider English Spoken: Y*


*Cultural Competency: N*


*Hospital Affiliation:*


*GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA*

*Board Certified Specialty: No*

 *3705 MISSION BLVD  
SAN DIEGO, CA 92109*

 *Phone: (619) 515-2444*

 *After Hours Phone: (619)  
515-2444*

 *Website: www.fhcsd.org  
Email: sabay@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **OBSTETRICS / GYNECOLOGY**


#### **ZIEG, ALAN**

*Provider ID: 402851*

*Provider Gender: Male*

*License Number: G78814*

*NPI: 1699790634*

 *Provider English Spoken: Y*


*Cultural Competency: N*


*Hospital Affiliation:*


*GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA*

*Board Certified Specialty: No*

 *3705 MISSION BLVD  
SAN DIEGO, CA 92109*

 *Phone: (619) 515-2444*

 *After Hours Phone: (619)  
515-2444*


 *Website: www.fhcsd.org  
Email: sabay@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

*Provider ID: 206363*

*Provider Gender: Male*

*License Number: G78814*

*NPI: 1699790634*

 *Provider English Spoken: Y*


*Cultural Competency: N*


*Hospital Affiliation:*


*GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA*

*Board Certified Specialty: No*

 *4725 MARKET ST  
SAN DIEGO, CA 92102*

 *Phone: (619) 515-2560*

 *After Hours Phone: (619)  
515-2560*

 *Website: www.fhcsd.org  
Email: nancyl@fhcsd.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

## D2. Primary Care Directory

N

 **Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

**Provider ID:** 206363

**Provider Gender:** Male

**License Number:** G78814

**NPI:** 1699790634


 **Provider English Spoken:** Y  
**Cultural Competency:** N


**Hospital Affiliation:**

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

**Board Certified Specialty:** No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 **Phone:** (619) 515-2560

 **After Hours Phone:** (619)  
515-2560

 **Website:** [www.fhcsd.org](http://www.fhcsd.org)


**Email:** [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM

### **OPHTHALMOLOGY**


#### **NAJAFI, DAVID**


**Provider ID:** 206360

**Provider Gender:** Male

**License Number:** A68124

**NPI:** 1396715991

 **Provider English Spoken:** Y

 **Provider Language(s)  
Spoken:** Farsi, Persian,  
Spanish


**Cultural Competency:** N


**Hospital Affiliation:**

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

**Board Certified Specialty:** No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 **Phone:** (619) 515-2300

 **After Hours Phone:** (619)  
515-2300

 **Website:** [www.fhcsd.org](http://www.fhcsd.org)

**Email:** [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

**Hours:** M-TU 8:30AM-6:00PM

TH 8:30AM-6:00PM

F 8:30AM-5:00PM

SA 8:30AM-5:00PM

### **OPHTHALMOLOGY**

#### **NAJAFI, DAVID**


**Provider ID:** 206360

**Provider Gender:** Male

**License Number:** A68124

**NPI:** 1396715991

 **Provider English Spoken:** Y

 **Provider Language(s)  
Spoken:** Farsi, Persian,  
Spanish


**Cultural Competency:** N


**Hospital Affiliation:**

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

**Board Certified Specialty:** No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 **Phone:** (619) 515-2300

 **After Hours Phone:** (619)  
515-2300

 **Website:** [www.fhcsd.org](http://www.fhcsd.org)

**Email:** [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

**Hours:** M-TU 8:30AM-6:00PM

TH 8:30AM-6:00PM

F 8:30AM-5:00PM

SA 8:30AM-5:00PM

### **OPHTHALMOLOGY**

#### **SHAW, BLAKE**


**Provider ID:** 206363

**Provider Gender:** Male

**License Number:** G61394

**NPI:** 1649206541


 **Provider English Spoken:** Y

 **Provider Language(s)  
Spoken:** Spanish

**Cultural Competency:** N



**Board Certified Specialty:** No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 **Phone:** (619) 515-2560

 **After Hours Phone:** (619)

## D2. Primary Care Directory

515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### OPHTHALMOLOGY



#### **SHAW, BLAKE**

Provider ID: 206363  
Provider Gender: Male  
License Number: G61394  
NPI: 1649206541  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### OPHTHALMOLOGY







#### **ZABLIT, KARIM**


Provider ID: 403583  
Provider Gender: Male  
License Number: A42127  
NPI: 1083700538

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL  
Board Certified Specialty: No  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-4:45PM

### OPHTHALMOLOGY






#### **ZABLIT, KARIM**

Provider ID: 403583  
Provider Gender: Male  
License Number: A42127  
NPI: 1083700538  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL  
Board Certified Specialty: No  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-4:45PM



### OTOLARYNGOLOGY

#### **DAVIS, MORGAN**

Provider ID: 206360  
Provider Gender: Female  
License Number: A181809  
NPI: 1891359154  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER




### OTOLARYNGOLOGY

#### **DAVIS, MORGAN**

Provider ID: 206360  
Provider Gender: Female  
License Number: A181809  
NPI: 1891359154  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

## D2. Primary Care Directory

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### OTOLARYNGOLOGY


#### **YOUSEF, ANDREW**




Provider ID: 206360


Provider Gender: Male

License Number: A186426

NPI: 1275152662

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### OTOLARYNGOLOGY

#### **YOUSEF, ANDREW**

Provider ID: 206360




Provider Gender: Male


License Number: A186426

NPI: 1275152662

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
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515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### PEDIATRICS

#### **ABELL, GEOFFREY**



Provider ID: 27341

Provider Gender: Male

NPI: 1245256130


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PARADISE VALLEY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, SCRIPPS MERCY  
HOSPITAL


Board Certified Specialty: No

 292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114  
 Phone: (619) 262-8624  
Fax: (619) 262-6639

 After Hours Phone: (619)

262-8624

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PEDIATRICS


#### **ABRAMSON, RACHEL**

Provider ID: 185268



Provider Gender: Female

License Number: A104918

NPI: 1588707178


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS GREEN  
HOSPITAL, SHARP CHULA  
VISTA MED CTR

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 280-4213  
 After Hours Phone: (619)  
280-4213

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

## D2. Primary Care Directory

### **PEDIATRICS**

#### **ABRAMSON, RACHEL**

Provider ID: 185268

Provider Gender: Female

License Number: A104918

NPI: 1588707178

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS GREEN

HOSPITAL, SHARP CHULA

VISTA MED CTR

Board Certified Specialty: No

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

Phone: (619) 280-4213

After Hours Phone: (619)

280-4213

Website: [www.lamaestra.org](http://www.lamaestra.org)

g

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 8:00AM-2:00PM

### **PEDIATRICS**

#### **ADJAN, ROULA**

Provider ID: 185268

Provider Gender: Female

License Number: A81682

NPI: 1992847263

Provider English Spoken: Y

Provider Language(s)

Spoken: Arabic, Spanish

Cultural Competency: N

Board Certified Specialty: No

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

Phone: (619) 255-9155

Fax: (619) 749-5480

After Hours Phone: (619)

255-9155

Website: [www.lamaestra.org](http://www.lamaestra.org)

g

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **ADJAN, ROULA**

Provider ID: 185268

Provider Gender: Female

License Number: A81682

NPI: 1992847263

Provider English Spoken: Y

Provider Language(s)

Spoken: Arabic, Spanish

Cultural Competency: N

Board Certified Specialty: No

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

Phone: (619) 255-9155

Fax: (619) 749-5480

After Hours Phone: (619)

255-9155

Website: [www.lamaestra.org](http://www.lamaestra.org)

g

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **ADLOUNI, LOUBABA**

Provider ID: 230441

Provider Gender: Female

NPI: 1669443685

Provider English Spoken: Y

Provider Language(s)

Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, PALOMAR HEALTH,

PALOMAR MEDICAL CENTER

Board Certified Specialty: No

16918 DOVE CANYON RD

STE 200

SAN DIEGO, CA 92127

Phone: (858) 924-1960

Fax: (858) 924-1964

After Hours Phone: (858)

924-1960

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **ANDREE, GREGOR**

Provider ID: 482070

Provider Gender: Male

License Number: A72833


## D2. Primary Care Directory


NPI: 1467436063


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German, Spanish  
Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **PEDIATRICS**

#### **ANDREE, GREGOR**

Provider ID: 233532

Provider Gender: Male

License Number: A72833

NPI: 1467436063


Provider English Spoken: Y


Provider Language(s)  
Spoken: German, Spanish  
Cultural Competency: N

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **ANDREE, GREGOR**

Provider ID: 233532

Provider Gender: Male

License Number: A72833

NPI: 1467436063


Provider English Spoken: Y


Provider Language(s)  
Spoken: German, Spanish  
Cultural Competency: N

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **ANDREE, GREGOR**

Provider ID: 482070

Provider Gender: Male

License Number: A72833


NPI: 1467436063


Provider English Spoken: Y  
 Provider Language(s)


Spoken: German, Spanish  
Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **PEDIATRICS**

#### **ARCHAMBAULT, CHRISTIAN**

Provider ID: 5589

Provider Gender: Male

NPI: 1992776918

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL, PALOMAR HEALTH,

SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, CHILDRENS

HOSPITAL OF ORANGE

COUNTY, PARADISE VALLEY

HOSPITAL, PARADISE VALLEY

## D2. Primary Care Directory

### HOSPITAL

Board Certified Specialty: No

16918 DOVE CANYON RD  
STE 200

SAN DIEGO, CA 92127

Phone: (858) 924-1960

Fax: (858) 924-1964

After Hours Phone: (858)  
924-1960

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### AWDYKOVYCH, MARTA

Provider ID: 206360

Provider Gender: Female

License Number: A44027

NPI: 1447265137

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, French,  
Spanish, Ukrainian

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### AWDYKOVYCH, MARTA

Provider ID: 206360

Provider Gender: Female

License Number: A44027

NPI: 1447265137

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, French,  
Spanish, Ukrainian

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### AYSON, NICOLE

Provider ID: 417429

Provider Gender: Female

License Number: A128091

NPI: 1013278704

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

### CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
515-2525

Website: www.fhcsd.org

Email: janeta@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### AYSON, NICOLE

Provider ID: 417429

Provider Gender: Female

License Number: A128091

NPI: 1013278704

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
515-2525

Website: www.fhcsd.org

Email: janeta@fhcsd.org

Medi-Cal Open Panel: Yes


Min/Max Age: 0\150

American Sign Language (ASL):

N



## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **PEDIATRICS**

#### **AZIMI, AYSUN**

*Provider ID: 317194*

*Provider Gender: Female*


*NPI: 1710246160*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP CHULA VISTA MED CTR, COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CLOVIS COMMUNITY HOSPITAL, CLOVIS COMMUNITY HOSPITAL*

*Board Certified Specialty: No*

 *292 EUCLID AVE STE 220 SAN DIEGO, CA 92114*

 *Phone: (619) 262-8624*

*Fax: (619) 262-6639*


 *After Hours Phone: (619) 262-8624*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **PEDIATRICS**

#### **BAJWA, MANDEEP**

*Provider ID: 416831*

*Provider Gender: Male*


*License Number: A186551*


*NPI: 1720615867*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *3514 30TH ST SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*

*Email: jenanm@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\18*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TH 8:00AM-5:00PM*

### **PEDIATRICS**

#### **BAJWA, MANDEEP**

*Provider ID: 416831*

*Provider Gender: Male*


*License Number: A186551*


*NPI: 1720615867*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *3514 30TH ST SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*

*Email: jenanm@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\18*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TH 8:00AM-5:00PM*

### **PEDIATRICS**

#### **BONSU, BEMA**

*Provider ID: 227409*

*Provider Gender: Male*

*License Number: C55180*


*NPI: 1932106986*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND*

*Board Certified Specialty: No*

 *3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **BONSU, BEMA**


*Provider ID: 227409*

*Provider Gender: Male*


*License Number: C55180*


*NPI: 1932106986*


## D2. Primary Care Directory

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [https://www.syhe  
alth.org/locations](https://www.syhealth.org/locations)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **BOWERS, JESSIE**

Provider ID: 394841


Provider Gender: Female

NPI: 1730594235

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 12036 SCRIPPS  
HIGHLANDS DR STE 102  
SAN DIEGO, CA 92131

 Phone: (858) 566-4444

Fax: (858) 566-3321

 After Hours Phone: (858)  
566-4444

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**


#### **CABARLO, JEHRIB**

Provider ID: 206360

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CABARLO, JEHRIB**


Provider ID: 206360

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300


 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CARSON, STEPHEN**

Provider ID: 6735

Provider Gender: Male

NPI: 1780719872


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Board Certified Specialty: Yes

 550 WASHINGTON ST STE  
300

SAN DIEGO, CA 92103

 Phone: (619) 297-5437

Fax: (619) 297-4567

 After Hours Phone: (619)

## D2. Primary Care Directory

297-5437  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-8:30PM  
F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **PEDIATRICS**

#### **CASTELNOVI, CLAUDIA**

Provider ID: 185268  
Provider Gender: Female  
License Number: A111170  
NPI: 1417279324

Provider English Spoken: Y  
Provider Language(s)  
Spoken: French, Italian,  
Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 255-9155  
After Hours Phone: (619)  
255-9155

Website: www.lamaestra.org  
Email:

aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CASTELNOVI, CLAUDIA**

Provider ID: 185268  
Provider Gender: Female  
License Number: A111170  
NPI: 1417279324

Provider English Spoken: Y  
Provider Language(s)  
Spoken: French, Italian,  
Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 255-9155  
After Hours Phone: (619)  
255-9155

Website: www.lamaestra.org  
Email:

aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CHEN, JENNIFER**

Provider ID: 206363  
Provider Gender: Female  
License Number: A141057  
NPI: 1255785150

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CHEN, JENNIFER**

Provider ID: 206363  
Provider Gender: Female  
License Number: A141057  
NPI: 1255785150

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

## D2. Primary Care Directory

American Sign Language (ASL): VISTA, RADY CHILDRENS  
HOSPITAL SAN DIEGO

N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CHEN, EILEEN**

Provider ID: 606456


Provider Gender: Female

NPI: 1932660966

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 7910 FROST ST STE 400  
SAN DIEGO, CA 92123

 Phone: (858) 495-0500

Fax: (858) 560-4279

 After Hours Phone: (858)  
495-0500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **CONE, STEPHANIE**


Provider ID: 185268

Provider Gender: Female

License Number: A123929

NPI: 1437444858

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9154

 After Hours Phone: (619)  
255-9154

 Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 8:00AM-2:00PM

### **PEDIATRICS**


#### **CONE, STEPHANIE**

Provider ID: 185268

Provider Gender: Female

License Number: A123929

NPI: 1437444858

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA, RADY CHILDRENS

HOSPITAL SAN DIEGO


Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9154

 After Hours Phone: (619)

255-9154

 Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 8:00AM-2:00PM

### **PEDIATRICS**

#### **CORDES, WILLIAM**

Provider ID: 206360

Provider Gender: Male

License Number: 20A15743

NPI: 1174942544

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300


 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-7:00PM



## D2. Primary Care Directory

TU-TH 8:00AM-6:00PM  
F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

### **PEDIATRICS**

#### **CORDES, WILLIAM**


Provider ID: 206360  
Provider Gender: Male  
License Number: 20A15743  
NPI: 1174942544


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300


 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM


F 8:00AM-5:30PM

SA 8:00AM-5:00PM

### **PEDIATRICS**

#### **DIXON, SARAH**

Provider ID: 482070  
Provider Gender: Female  
License Number: A137415  
NPI: 1467751131


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **PEDIATRICS**

#### **DIXON, SARAH**

Provider ID: 482070

Provider Gender: Female

License Number: A137415

NPI: 1467751131


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **PEDIATRICS**

#### **FISHMAN, ELENA**

Provider ID: 524340

Provider Gender: Female

NPI: 1740249432

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL


HOSPITAL ENCINITAS, RADY

CHILDRENS HOSPITAL SAN


DIEGO, SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

 11943 EL CAMINO REAL STE  
210

SAN DIEGO, CA 92130

 Phone: (858) 793-1011

Fax: (858) 793-1035

 After Hours Phone: (858)  
793-1011

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **FORTUNE, ERIN**

Provider ID: 416831

Provider Gender: Male

License Number: A95577

NPI: 1801088422

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

3514 30TH ST

SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **FORTUNE, ERIN**

Provider ID: 416831

Provider Gender: Male

License Number: A95577

NPI: 1801088422

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

3514 30TH ST

SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **FORTUNE, ERIN**

Provider ID: 206360

Provider Gender: Male

License Number: A95577

NPI: 1801088422

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE

SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **FORTUNE, ERIN**

Provider ID: 206360

Provider Gender: Male

License Number: A95577

NPI: 1801088422

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE

SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **FRIEDMAN, JAIME**

Provider ID: 230500

Provider Gender: Female

NPI: 1144297961

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

## D2. Primary Care Directory

CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH  
Board Certified Specialty: No

16918 DOVE CANYON RD  
STE 200  
SAN DIEGO, CA 92127

Phone: (858) 924-1960

Fax: (858) 924-1964

After Hours Phone: (858)  
924-1960

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **GOGGIN, SAMANTHA**

Provider ID: 185268

Provider Gender: Female

License Number: A163693

NPI: 1023506367

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 255-9154

After Hours Phone: (619)  
255-9154

Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **GOGGIN, SAMANTHA**

Provider ID: 185268

Provider Gender: Female

License Number: A163693

NPI: 1023506367

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 255-9154

After Hours Phone: (619)  
255-9154

Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **GRAY, SARAH**

Provider ID: 206360

Provider Gender: Female

License Number: A151631

NPI: 1508210311

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-7:00PM

TU-TH 8:30AM-6:00PM

F 8:30AM-5:30PM

SA 8:30AM-5:00PM

### **PEDIATRICS**

#### **GRAY, SARAH**

Provider ID: 206360

Provider Gender: Female

License Number: A151631

NPI: 1508210311

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:30AM-7:00PM*

*TU-TH 8:30AM-6:00PM*

*F 8:30AM-5:30PM*

*SA 8:30AM-5:00PM*

### **PEDIATRICS**


#### **GUPTA, VARSHA**


*Provider ID: 206360*

*Provider Gender: Female*

*License Number: A164889*

*NPI: 1891283214*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Hindi, Spanish*


*Cultural Competency: N*


*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*


*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**


#### **GUPTA, VARSHA**


*Provider ID: 206360*

*Provider Gender: Female*

*License Number: A164889*

*NPI: 1891283214*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Hindi, Spanish*


*Cultural Competency: N*


*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


### **PEDIATRICS**

#### **HANSEN, JOHN**

*Provider ID: 318919*

*Provider Gender: Male*

*NPI: 1780655621*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Danish*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL*

*HOSPITAL, SCRIPPS MERCY*

*HOSPITAL CHULA VISTA,*

*SHARP MARY BIRCH HOSP*


*FOR WOMEN AND*

*NEWBORNS*

*Board Certified Specialty: No*

 7910 FROST ST STE 400

SAN DIEGO, CA 92123

 *Phone: (858) 495-0500*

*Fax: (858) 560-4279*

 *After Hours Phone: (858) 495-0500*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **PEDIATRICS**

#### **HENDERSON, TREVOR**

*Provider ID: 58111*

*Provider Gender: Male*

*NPI: 1356449425*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation:*

*GROSSMONT HOSPITAL,*

*SHARP MARY BIRCH HOSP*

*FOR WOMEN AND*

*NEWBORNS, RADY*

*CHILDRENS HOSPITAL SAN*

*DIEGO, ALVARADO HOSPITAL*

*LLC*

*Board Certified Specialty: No*

 6699 ALVARADO RD STE

2200

SAN DIEGO, CA 92120

 *Phone: (619) 265-3400*

*Fax: (619) 265-3407*

 *After Hours Phone: (619) 265-3400*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\19*

*American Sign Language (ASL):*



## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*


### **PEDIATRICS**

#### **HIBBS, NICOLE**

*Provider ID: 143979*


*Provider Gender: Female*

*NPI: 1164627832*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*

*Board Certified Specialty: No*  
 *550 WASHINGTON ST STE 300*

*SAN DIEGO, CA 92103*

 *Phone: (619) 297-5437*

*Fax: (619) 297-4567*

 *After Hours Phone: (619) 297-5437*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TH 8:00AM-8:30PM*

*F 8:00AM-5:00PM*

*SA 8:00AM-2:00PM*

### **PEDIATRICS**

#### **HOANG, VY**

*Provider ID: 161902*

*Provider Gender: Female*


*NPI: 1649575135*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 *6699 ALVARADO RD SAN DIEGO, CA 92120*

 *Phone: (619) 265-3400*

*Fax: (619) 265-3407*

 *After Hours Phone: (619) 265-3400*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **PEDIATRICS**

#### **HORMOZDYARAN, SANAYA**

*Provider ID: 612398*

*Provider Gender: Female*


*NPI: 1750887634*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *2790 TRUXTUN RD STE 120A*

*SAN DIEGO, CA 92106*

 *Phone: (619) 222-1253*

*Fax: (619) 222-1276*

 *After Hours Phone: (619)*

*222-1253*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **PEDIATRICS**

#### **JORDAN, JAMIE**

*Provider ID: 237831*


*Provider Gender: Female*


*NPI: 1275762833*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 *12036 SCRIPPS HIGHLANDS DR STE 102 SAN DIEGO, CA 92131*

 *Phone: (858) 566-4444*

*Fax: (858) 566-3321*

 *After Hours Phone: (858) 566-4444*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **PEDIATRICS**

#### **JUAREZ, PATRICIA**

## D2. Primary Care Directory

Provider ID: 317641

Provider Gender: Female

NPI: 1205807229

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, SHARP

MEMORIAL HOSPITAL, UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND

Board Certified Specialty: No

7910 FROST ST STE 400  
SAN DIEGO, CA 92123

Phone: (858) 495-0500  
Fax: (858) 560-4279

After Hours Phone: (858)  
495-0500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **KARMAKAR, KANKA**

Provider ID: 417101

Provider Gender: Female

License Number: C54941

NPI: 1972536654

Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali, Hindi,  
Polish, Spanish, Tagalog

Cultural Competency: N

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

### **PEDIATRICS**

#### **KARMAKAR, KANKA**

Provider ID: 417101

Provider Gender: Female

License Number: C54941

NPI: 1972536654

Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali, Hindi,  
Polish, Spanish, Tagalog

Cultural Competency: N

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

### **PEDIATRICS**

#### **KESANAPALLI, DEEPTHI**

Provider ID: 235069

Provider Gender: Female

NPI: 1487948584

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MARY BIRCH  
HOSP FOR WOMEN AND  
NEWBORNS

Board Certified Specialty: No

7910 FROST ST STE 335  
SAN DIEGO, CA 92123

Phone: (858) 576-8010

Fax: (858) 576-7391

After Hours Phone: (858)  
576-8010

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-6:00PM

F 8:30AM-0:00PM

### **PEDIATRICS**

#### **LAWRIE, ALISA**

Provider ID: 660912

Provider Gender: Female

## D2. Primary Care Directory

NPI: 1407847908

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP


MEMORIAL HOSPITAL

Board Certified Specialty: No

 550 WASHINGTON ST STE  
300

SAN DIEGO, CA 92103

 Phone: (619) 297-4567


 After Hours Phone: (619)  
297-4567

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-8:00PM  
F 8:00AM-5:00PM

### **PEDIATRICS**


#### **LIU, JESICA**

Provider ID: 206363

Provider Gender: Female

License Number: A166312

NPI: 1184157620


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **LIU, JESICA**

Provider ID: 206363

Provider Gender: Female

License Number: A166312

NPI: 1184157620


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **PEDIATRICS**

#### **LOPER, KAREN**

Provider ID: 490610

Provider Gender: Female

NPI: 1619908936

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 550 WASHINGTON ST STE

300

SAN DIEGO, CA 92103

 Phone: (619) 297-5437

Fax: (619) 297-4567

 After Hours Phone: (619)  
297-5437

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **LUJAN, ARLEEN**

Provider ID: 206360

Provider Gender: Female

License Number: A61687

NPI: 1760412431

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### **PEDIATRICS**


#### **LUJAN, ARLEEN**

Provider ID: 206360

Provider Gender: Female

License Number: A61687

NPI: 1760412431

 Provider English Spoken: Y

 Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


### **PEDIATRICS**


#### **MADANY, GEORGE**

Provider ID: 318924

Provider Gender: Male

NPI: 1811968837

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, French,  
Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN


DIEGO, SCRIPPS MERCY

### **HOSPITAL CHULA VISTA**

Board Certified Specialty: No

 7910 FROST ST STE 400

SAN DIEGO, CA 92123

 Phone: (858) 495-0500

Fax: (858) 560-4279

 After Hours Phone: (858)  
495-0500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**


#### **MAHENDRAN, SRIVIDYA**


Provider ID: 482070

Provider Gender: Female

License Number: A92173

NPI: 1487843454

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **MAHENDRAN, SRIVIDYA**


Provider ID: 482070

Provider Gender: Female

License Number: A92173

NPI: 1487843454

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **MANRIQUEZ-CASTILLO,**

#### **ERENDIRA**

Provider ID: 185268

Provider Gender: Female

License Number: A75533

NPI: 1356397418

 Provider English Spoken: Y

 Cultural Competency: N

Hospital Affiliation: VALLEY

CHILDRENS HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No

 4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

## D2. Primary Care Directory

 Phone: (619) 255-9155  
 After Hours Phone: (619)  
255-9155  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### PEDIATRICS

#### **MANRIQUEZ-CASTILLO, ERENDIRA**

Provider ID: 185268

Provider Gender: Female

License Number: A75533


NPI: 1356397418


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### PEDIATRICS

#### **MARTINEZ ANDREE, INGRID**

Provider ID: 319049

Provider Gender: Female


NPI: 1205807203

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No

 7910 FROST ST STE 400  
SAN DIEGO, CA 92123

 Phone: (858) 495-0500

Fax: (858) 560-4279

 After Hours Phone: (858)  
495-0500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **MLNARIK, ANASTASIA**

Provider ID: 558645


Provider Gender: Female

NPI: 1972000537

 Provider English Spoken: Y  
Cultural Competency: N

 11943 EL CAMINO REAL STE  
210

SAN DIEGO, CA 92130

 Phone: (858) 793-1011

Fax: (858) 793-1035

 After Hours Phone: (858)  
793-1011

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### PEDIATRICS

#### **PARK, TARI**

Provider ID: 237711

Provider Gender: Female

NPI: 1285669085


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Board Certified Specialty: No

 12036 SCRIPPS  
HIGHLANDS DR STE 102  
SAN DIEGO, CA 92131

 Phone: (858) 566-4444

Fax: (858) 566-3321

 After Hours Phone: (858)  
566-4444

 Website: N/A

Medi-Cal Open Panel: Yes

## D2. Primary Care Directory

Min/Max Age: 0\19

American Sign Language (ASL): **PEDIATRICS**

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**


#### **PARKER, SHERINE**

Provider ID: 206360

Provider Gender: Female


License Number: G81658


NPI: 1477626513


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: GLENDALE ADVENTIST MED CTR, GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-7:00PM

TU-TH 8:30AM-6:00PM

F 8:30AM-5:30PM

SA 8:30AM-5:00PM


#### **PARKER, SHERINE**

Provider ID: 206360

Provider Gender: Female


License Number: G81658


NPI: 1477626513


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: GLENDALE ADVENTIST MED CTR, GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
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 Phone: (619) 515-2300

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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-7:00PM

TU-TH 8:30AM-6:00PM

F 8:30AM-5:30PM

SA 8:30AM-5:00PM

### **PEDIATRICS**

#### **PAVLOVICH, WENDY**

Provider ID: 416831

Provider Gender: Female

License Number: A126181


NPI: 1740467299


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **PAVLOVICH, WENDY**

Provider ID: 416831

Provider Gender: Female

License Number: A126181


NPI: 1740467299


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

## D2. Primary Care Directory

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


### **PEDIATRICS**

#### **POWELL, STEPHANIE**

Provider ID: 319033

Provider Gender: Female

NPI: 1720059744

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Board Certified Specialty: No

 7910 FROST ST STE 400  
SAN DIEGO, CA 92123

 Phone: (858) 495-0500

Fax: (858) 560-4279


 After Hours Phone: (858)  
495-0500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**


#### **PRESKILL, CATALINA**

Provider ID: 403583

Provider Gender: Female

License Number: G29879

NPI: 1598088759


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

### **PEDIATRICS**


#### **PRESKILL, CATALINA**


Provider ID: 403583

Provider Gender: Female

License Number: G29879

NPI: 1598088759


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

### **PEDIATRICS**

#### **RODRIGUEZ, JAVIER**

Provider ID: 185268

Provider Gender: Male

License Number: A82639

NPI: 1013059385


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **RODRIGUEZ, ALDO**


Provider ID: 451167

Provider Gender: Male

License Number: A134995

NPI: 1508209651

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

## D2. Primary Care Directory

### MEMORIAL HOSPITAL

Board Certified Specialty: No

950 S EUCLID AVE

SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM

### PEDIATRICS

#### RODRIGUEZ, ALDO

Provider ID: 451167

Provider Gender: Male

License Number: A134995

NPI: 1508209651

Provider English Spoken: Y

Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

950 S EUCLID AVE

SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM

### PEDIATRICS

#### RODRIGUEZ, JAVIER

Provider ID: 185268

Provider Gender: Male

License Number: A82639

NPI: 1013059385

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619)  
255-9155

Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### RUBENSTEIN, STUART

Provider ID: 521305

Provider Gender: Male

NPI: 1689633844

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No

11943 EL CAMINO REAL STE  
210

SAN DIEGO, CA 92130

Phone: (858) 793-1011

Fax: (858) 793-1035

After Hours Phone: (858)  
793-1011

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### PEDIATRICS

#### SAMPATH, SRIVIDYA

Provider ID: 416831

Provider Gender: Female

License Number: A132576

NPI: 1275892754

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

3514 30TH ST

SAN DIEGO, CA 92104









## D2. Primary Care Directory

 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### PEDIATRICS



#### **SAMPATH, SRIVIDYA**

Provider ID: 416831  
Provider Gender: Female  
License Number: A132576  
NPI: 1275892754  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### PEDIATRICS



#### **SEBSO, JODI**

Provider ID: 416831  
Provider Gender: Female  
License Number: A103099  
NPI: 1538484316  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No





 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **SEBSO, JODI**



Provider ID: 416831  
Provider Gender: Female  
License Number: A103099  
NPI: 1538484316  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **SEBSO, JODI**

Provider ID: 206360  
Provider Gender: Female  
License Number: A103099  
NPI: 1538484316  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 9:00AM-5:00PM

### PEDIATRICS

#### **SEBSO, JODI**

## D2. Primary Care Directory

Provider ID: 206360

Provider Gender: Female

License Number: A103099

NPI: 1538484316

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **SHENOY, ASHVIN**

Provider ID: 232392

Provider Gender: Male

NPI: 1619262664

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY


BIRCH HOSP FOR WOMEN

AND NEWBORNS, SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

 Phone: (619) 262-8624

Fax: (619) 262-6639

 After Hours Phone: (619)  
262-8624

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **SHETH, HASMUKH**

Provider ID: 451167

Provider Gender: Male

License Number: A45942

NPI: 1396812236

Provider English Spoken: Y

Provider Language(s)  
Spoken: Gujarati, Hindi,  
Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY


HOSPITAL

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SHETH, HASMUKH**

Provider ID: 451167

Provider Gender: Male

License Number: A45942

NPI: 1396812236

Provider English Spoken: Y

Provider Language(s)  
Spoken: Gujarati, Hindi,  
Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY


HOSPITAL

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **SHIAU, NANCY**

Provider ID: 40852

Provider Gender: Female

NPI: 1750352779


## D2. Primary Care Directory

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL,*  
*GROSSMONT HOSPITAL, RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO, SHARP MARY BIRCH*  
*HOSP FOR WOMEN AND*  
*NEWBORNS, ALVARADO*  
*HOSP MED CTR*

*Board Certified Specialty: No*

 6699 ALVARADO RD STE  
2200

SAN DIEGO, CA 92120

 *Phone: (619) 265-3400*

*Fax: (619) 265-3407*

 *After Hours Phone: (619)*  
*265-3400*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### PEDIATRICS


#### **SPITZER, MARSHA**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: A76785*

*NPI: 1851323315*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL,*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)*  
*515-2300*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### PEDIATRICS


#### **SPITZER, MARSHA**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: A76785*

*NPI: 1851323315*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL,*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)*  
*515-2300*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### PEDIATRICS

#### **SPITZER, MARSHA**

*Provider ID: 417429*

*Provider Gender: Female*

*License Number: A76785*

*NPI: 1851323315*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL,*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 *Phone: (619) 515-2525*

 *After Hours Phone: (619)*  
*515-2525*

 *Website: www.fhcsd.org*

*Email: janeta@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### PEDIATRICS

#### **SPITZER, MARSHA**


*Provider ID: 417429*

*Provider Gender: Female*

*License Number: A76785*

*NPI: 1851323315*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL,*

## D2. Primary Care Directory

**GROSSMONT HOSPITAL**  
Board Certified Specialty: No

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
515-2525

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PEDIATRICS**

#### **SPITZER, MARSHA**

Provider ID: 402851

Provider Gender: Female

License Number: A76785

NPI: 1851323315

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SPITZER, MARSHA**

Provider ID: 402851

Provider Gender: Female

License Number: A76785

NPI: 1851323315

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **STUMP, CHARI**

Provider ID: 587747

Provider Gender: Female

NPI: 1265968788

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

7910 FROST ST STE 400  
SAN DIEGO, CA 92123

Phone: (858) 495-0500

Fax: (858) 560-4279

After Hours Phone: (858)  
495-0500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **SUBRAMANIAN, RAMA**

Provider ID: 662343

Provider Gender: Female

NPI: 1932593506

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

11943 EL CAMINO REAL STE  
210

SAN DIEGO, CA 92130

Phone: (858) 793-1011

Fax: (858) 793-1035

After Hours Phone: (858)  
793-1011

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### **PEDIATRICS**

#### **SULEIMAN QAFITI, KHAWLA**

## D2. Primary Care Directory

Provider ID: 416831

Provider Gender: Female

License Number: A51318


NPI: 1659303121


Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

### **PEDIATRICS**

#### **SULEIMAN QAFITI, KHAWLA**

Provider ID: 416831

Provider Gender: Female

License Number: A51318


NPI: 1659303121


Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

### **PEDIATRICS**

#### **TAMAYO, MAITHE**

Provider ID: 356145

Provider Gender: Female

License Number: A80504

NPI: 1487748430

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 Phone: (619) 515-2435

 After Hours Phone: (619)  
515-2435

 Website: N/A

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **TAMAYO, MAITHE**

Provider ID: 356145

Provider Gender: Female

License Number: A80504

NPI: 1487748430

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 Phone: (619) 515-2435

 After Hours Phone: (619)  
515-2435

 Website: N/A

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **TAMAYO, MAITHE**

Provider ID: 206360

Provider Gender: Female

License Number: A80504

NPI: 1487748430

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

## D2. Primary Care Directory

MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **TAMAYO, MAITHE**

Provider ID: 206360

Provider Gender: Female

License Number: A80504

NPI: 1487748430

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **WASSON, MINA**

Provider ID: 524333

Provider Gender: Female

NPI: 1366753022

Provider English Spoken: Y

Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

11943 EL CAMINO REAL STE  
210

SAN DIEGO, CA 92130

Phone: (858) 793-1011

Fax: (858) 793-1035

After Hours Phone: (858)  
793-1011

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### **PEDIATRICS**

#### **WATERS, ELIZABETH**

Provider ID: 153090

Provider Gender: Female

NPI: 1730477621

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, PARADISE

VALLEY HOSPITAL, SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

SCRIPPS MERCY HOSPITAL,

RADY CHILDRENS HOSPITAL

SAN DIEGO

Board Certified Specialty: No

292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

Phone: (619) 262-8624

Fax: (619) 262-6639

After Hours Phone: (619)  
262-8624

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **WEATHERLY, JACOB**

Provider ID: 637376

Provider Gender: Male

NPI: 1538520457

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: LUCILE

SALTER PACKARD CHILDRENS


HOSP, Stanford Health Care

Board Certified Specialty: No

6699 ALVARADO RD STE  
2200

SAN DIEGO, CA 92120

## D2. Primary Care Directory

 Phone: (619) 265-3400

Fax: (619) 265-3407

 After Hours Phone: (619) 265-3400

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:30AM-0:00PM

### **PEDIATRICS**


#### **WONG, YOLANDA**

Provider ID: 482070

Provider Gender: Female

License Number: A94449

NPI: 1851599872

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858) 810-8700


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **PEDIATRICS**


#### **WONG, YOLANDA**

Provider ID: 233532

Provider Gender: Female

License Number: A94449

NPI: 1851599872

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619) 280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**


#### **WONG, YOLANDA**


Provider ID: 233532

Provider Gender: Female

License Number: A94449

NPI: 1851599872

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO


Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619) 280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **WONG, YOLANDA**

Provider ID: 482070

Provider Gender: Female

License Number: A94449

NPI: 1851599872

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858) 810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

## D2. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): License Number: A61238

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **PEDIATRICS**


#### **ZAHEER, AARON**


Provider ID: 482070

Provider Gender: Male

License Number: A61238

NPI: 1902882301

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Persian, Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**


#### **ZAHEER, AARON**


Provider ID: 482070

Provider Gender: Male

License Number: A61238

NPI: 1902882301

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Persian, Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**


#### **ZAHEER, AARON**


Provider ID: 233532

Provider Gender: Male

License Number: A61238

NPI: 1902882301

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Persian, Spanish

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO


Board Certified Specialty: No


 4305 UNIVERSITY AVE STE

150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **ZAHEER, AARON**


Provider ID: 233532

Provider Gender: Male

License Number: A61238

NPI: 1902882301

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Persian, Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER



## D2. Primary Care Directory

### **PEDIATRICS**


#### **ZANDKARIMI, FARIBA**


Provider ID: 206360

Provider Gender: Female

License Number: A46161

NPI: 1356373674

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish


Cultural Competency: N


Hospital Affiliation: MERCY  
GENERAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA, UCSD  
MEDICAL CTR

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **ZANDKARIMI, FARIBA**


Provider ID: 206360

Provider Gender: Female

License Number: A46161

NPI: 1356373674

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish


Cultural Competency: N


Hospital Affiliation: MERCY  
GENERAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA, UCSD  
MEDICAL CTR

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**


#### **ALVARADO, EDMUND**

Provider ID: 419529

Provider Gender: Male

License Number: PA20888

NPI: 1720303340

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)

515-2422

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **ALVARADO, EDMUND**

Provider ID: 419529

Provider Gender: Male

License Number: PA20888

NPI: 1720303340

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422


 After Hours Phone: (619)  
515-2422

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **ARMENTA, JORGE**

Provider ID: 185268

## D2. Primary Care Directory

Provider Gender: Male  
License Number: PA13694  
NPI: 1346382611  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
📞 Phone: (619) 255-9155  
📞 After Hours Phone: (619) 255-9155  
🌐 Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### **PHYSICIANS ASSISTANT**

#### **ARMENTA, JORGE**

Provider ID: 185268  
Provider Gender: Male  
License Number: PA13694  
NPI: 1346382611  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
📞 Phone: (619) 255-9155  
📞 After Hours Phone: (619) 255-9155  
🌐 Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### **PHYSICIANS ASSISTANT**

#### **BATISTA, OSVALDO**

Provider ID: 206360  
Provider Gender: Male  
License Number: PA17864  
NPI: 1245349224  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
📞 Phone: (619) 515-2300  
📞 After Hours Phone: (619) 515-2300  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **BATISTA, OSVALDO**

Provider ID: 206360  
Provider Gender: Male  
License Number: PA17864  
NPI: 1245349224  
☐ Provider English Spoken: Y

### **PHYSICIANS ASSISTANT**

#### **BATISTA, OSVALDO**

Provider ID: 206360  
Provider Gender: Male  
License Number: PA17864  
NPI: 1245349224  
☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
📞 Phone: (619) 515-2300  
📞 After Hours Phone: (619) 515-2300  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CASTILLO, PATRICIA**

Provider ID: 206362  
Provider Gender: Female  
License Number: PA17220  
NPI: 1376550657  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 3544 30TH ST  
SAN DIEGO, CA 92104  
📞 Phone: (619) 515-2424  
📞 After Hours Phone: (619) 515-2424  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CASTILLO, PATRICIA**

## D2. Primary Care Directory

Provider ID: 206362

Provider Gender: Female


License Number: PA17220


NPI: 1376550657

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424


 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHAN, TIFFANY**

Provider ID: 206360

Provider Gender: Female


License Number: PA23258


NPI: 1790111607

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHAN, TIFFANY**

Provider ID: 206360

Provider Gender: Female


License Number: PA23258


NPI: 1790111607

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CONTRERAS, LORETTA**

Provider ID: 403583

Provider Gender: Female


License Number: PA54617


NPI: 1679096341

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU-W 8:30AM-5:00PM

TH 8:30AM-9:00PM

F 8:30AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **CONTRERAS, LORETTA**

Provider ID: 403583

Provider Gender: Female


License Number: PA54617


NPI: 1679096341

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU-W 8:30AM-5:00PM

TH 8:30AM-9:00PM

F 8:30AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **DOLMETSCH, JEANETTE**

Provider ID: 417987

Provider Gender: Female

License Number: PA58905






NPI: 1164941456

## D2. Primary Care Directory

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4874 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619)  
515-2426  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### PHYSICIANS ASSISTANT

#### **DOLMETSCH, JEANETTE**

Provider ID: 417987  
Provider Gender: Female  
License Number: PA58905  
NPI: 1164941456  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4874 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619)  
515-2426  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### PHYSICIANS ASSISTANT

#### **DRAME, SALWA**


Provider ID: 417987  
Provider Gender: Female  
License Number: PA59481  
NPI: 1093136426  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4874 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619)  
515-2426  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT




#### **DRAME, SALWA**

Provider ID: 417987  
Provider Gender: Female  
License Number: PA59481  
NPI: 1093136426  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4874 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619)  
515-2426  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER






### PHYSICIANS ASSISTANT

#### **GARCIA, DEANA**

Provider ID: 416831  
Provider Gender: Female  
License Number: PA21042  
NPI: 1447567995  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **GARCIA, DEANA**

Provider ID: 416831  
Provider Gender: Female  
License Number: PA21042  
NPI: 1447567995  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

## D2. Primary Care Directory


---

Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **HOXMEIER, KRISTA**

Provider ID: 418142

Provider Gender: Female

License Number: PA58505

NPI: 1104203454


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

 Phone: (619) 515-2454

 After Hours Phone: (619)  
515-2454


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **HOXMEIER, KRISTA**

Provider ID: 418142

Provider Gender: Female

License Number: PA58505

NPI: 1104203454

Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

 Phone: (619) 515-2454

 After Hours Phone: (619)  
515-2454

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **HOXMEIER, KRISTA**

Provider ID: 206363

Provider Gender: Female

License Number: PA58505

NPI: 1104203454


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **HOXMEIER, KRISTA**

Provider ID: 206363

Provider Gender: Female

License Number: PA58505

NPI: 1104203454


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LANDIS, SARAH**

Provider ID: 417782

Provider Gender: Female

License Number: PA58826

NPI: 1144733676


Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

 Phone: (619) 515-2430

 After Hours Phone: (619)  
515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)


## D2. Primary Care Directory

Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM


### PHYSICIANS ASSISTANT


#### LANDIS, SARAH


Provider ID: 417782  
Provider Gender: Female  
License Number: PA58826  
NPI: 1144733676

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2430  
 After Hours Phone: (619) 515-2430


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM


### PHYSICIANS ASSISTANT

#### LAPINA, LORI

Provider ID: 417937  
Provider Gender: Female  
License Number: PA23231  
NPI: 1245670413

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


### PHYSICIANS ASSISTANT

#### LAPINA, LORI

Provider ID: 417937  
Provider Gender: Female  
License Number: PA23231  
NPI: 1245670413

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER


### PHYSICIANS ASSISTANT

#### LEON, FLOR

Provider ID: 206360  
Provider Gender: Female  
License Number: PA53788  
NPI: 1902358237

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150


American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### LEON, FLOR

Provider ID: 206360  
Provider Gender: Female  
License Number: PA53788  
NPI: 1902358237

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **LEON, FLOR**

*Provider ID: 356145*

*Provider Gender: Female*


*License Number: PA53788*


*NPI: 1902358237*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2435*

 *After Hours Phone: (619) 515-2435*

 *Website: N/A*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **LEON, FLOR**

*Provider ID: 419529*

*Provider Gender: Female*

*License Number: PA53788*


*NPI: 1902358237*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

 *Phone: (619) 515-2422*

 *After Hours Phone: (619) 515-2422*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **LEON, FLOR**

*Provider ID: 356145*

*Provider Gender: Female*


*License Number: PA53788*


*NPI: 1902358237*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2435*

 *After Hours Phone: (619) 515-2435*

 *Website: N/A*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **LEON, FLOR**

*Provider ID: 419529*

*Provider Gender: Female*

*License Number: PA53788*

*NPI: 1902358237*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Board Certified Specialty: No*

 2325 COMMERCIAL ST STE

1400

SAN DIEGO, CA 92113

 *Phone: (619) 515-2422*

 *After Hours Phone: (619) 515-2422*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **LLOYD, MATTHEW**

*Provider ID: 417429*

*Provider Gender: Male*


*License Number: PA62752*


*NPI: 1487307369*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 *Phone: (619) 515-2525*

 *After Hours Phone: (619) 515-2525*


 *Website: www.fhcsd.org*

*Email: janeta@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **PHYSICIANS ASSISTANT**

#### **LLOYD, MATTHEW**

*Provider ID: 417429*

*Provider Gender: Male*

## D2. Primary Care Directory


License Number: PA62752


NPI: 1487307369

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: www.fhcsd.org

Email: janeta@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **LOHNES, ELLIE**

Provider ID: 417429

Provider Gender: Female


License Number: PA63071


NPI: 1902580426

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: www.fhcsd.org

Email: janeta@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **LOHNES, ELLIE**

Provider ID: 417429

Provider Gender: Female


License Number: PA63071


NPI: 1902580426

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: www.fhcsd.org

Email: janeta@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **LOPEZ, MARIO**

Provider ID: 417937

Provider Gender: Male


License Number: PA21385


NPI: 1932335080

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**


#### **LOPEZ, MARIO**

Provider ID: 417937

Provider Gender: Male


License Number: PA21385


NPI: 1932335080

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LOPEZ, MARIO**

Provider ID: 417987

Provider Gender: Male

License Number: PA21385

NPI: 1932335080

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE



## D2. Primary Care Directory

SAN DIEGO, CA 92105  
Phone: (619) 515-2426  
After Hours Phone: (619) 515-2426  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LOPEZ, MARIO**

Provider ID: 417987

Provider Gender: Male

License Number: PA21385

NPI: 1932335080

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4874 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 515-2426

After Hours Phone: (619) 515-2426

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **MARTINEZ MURGUIA, IRENE**

Provider ID: 185268

Provider Gender: Female

License Number: PA20296

NPI: 1447492889

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619) 255-9155

Website: [www.lamaestra.org](http://www.lamaestra.org)

g

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **MARTINEZ MURGUIA, IRENE**

Provider ID: 185268

Provider Gender: Female

License Number: PA20296

NPI: 1447492889

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619) 255-9155

Website: [www.lamaestra.org](http://www.lamaestra.org)

g

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **MERCER, KELLY**

Provider ID: 185268

Provider Gender: Female

License Number: PA21625

NPI: 1154609790

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619) 255-9155

Website: [www.lamaestra.org](http://www.lamaestra.org)

g

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 8:00AM-2:00PM

### **PHYSICIANS ASSISTANT**

#### **MERCER, KELLY**

Provider ID: 185268

Provider Gender: Female

License Number: PA21625

NPI: 1154609790

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

4060 FAIRMOUNT AVE

## D2. Primary Care Directory

SAN DIEGO, CA 92105  
Phone: (619) 255-9155  
After Hours Phone: (619) 255-9155  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### **PHYSICIANS ASSISTANT**

#### **MILLER, LAUREL**

Provider ID: 206363  
Provider Gender: Female  
License Number: PA20378  
NPI: 1598992133  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
After Hours Phone: (619) 515-2560  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **MILLER, LAUREL**

Provider ID: 206363  
Provider Gender: Female  
License Number: PA20378  
NPI: 1598992133  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
After Hours Phone: (619) 515-2560  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **NUNO, JOSE**

Provider ID: 206360  
Provider Gender: Male  
License Number: PA15227  
NPI: 1275543068  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **NUNO, JOSE**

Provider ID: 206360  
Provider Gender: Male  
License Number: PA15227  
NPI: 1275543068  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **PENA, NICHOLAS**

Provider ID: 206360  
Provider Gender: Male  
License Number: PA56636  
NPI: 1083176077  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

## D2. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **PENA, NICHOLAS**

Provider ID: 206360

Provider Gender: Male

License Number: PA56636

NPI: 1083176077


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **PHUNG, AIVI**

Provider ID: 206046

Provider Gender: Female

License Number: PA53902

NPI: 1639528110

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No



6973 LINDA VISTA RD

SAN DIEGO, CA 92111



Phone: (858) 279-0925



After Hours Phone: (858) 279-0925



Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### **PHYSICIANS ASSISTANT**

#### **PHUNG, AIVI**

Provider ID: 206046

Provider Gender: Female

License Number: PA53902

NPI: 1639528110

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No



6973 LINDA VISTA RD

SAN DIEGO, CA 92111



Phone: (858) 279-0925



After Hours Phone: (858) 279-0925



Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### **PHYSICIANS ASSISTANT**

#### **PHUNG, AIVI**

Provider ID: 206046

Provider Gender: Female

License Number: PA53902

NPI: 1639528110

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD

SAN DIEGO, CA 92111



Phone: (858) 279-0925



After Hours Phone: (858) 279-0925



Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### **PHYSICIANS ASSISTANT**

#### **PHUNG, AIVI**

Provider ID: 206046

Provider Gender: Female

License Number: PA53902


NPI: 1639528110

Provider English Spoken: Y

## D2. Primary Care Directory

 *Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*

 *After Hours Phone: (858)  
279-0925*

 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M 8:00AM-5:00PM  
TU 8:00AM-8:00PM  
W-F 8:00AM-5:00PM  
SA 9:00AM-1:00PM*

### **PHYSICIANS ASSISTANT**

#### **POLLEY, SHANNON**

*Provider ID: 206363  
Provider Gender: Female  
License Number: PA60864  
NPI: 1225608722*

 *Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*

 *After Hours Phone: (619)  
515-2560*

 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **POLLEY, SHANNON**

*Provider ID: 206363  
Provider Gender: Female  
License Number: PA60864  
NPI: 1225608722*

 *Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*

 *After Hours Phone: (619)  
515-2560*

 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*


*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


### **PHYSICIANS ASSISTANT**


#### **QUICK, ELISABETH**


*Provider ID: 206360  
Provider Gender: Female  
License Number: PA21591  
NPI: 1790055010*


 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No*


 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)  
515-2300*

 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*


*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


### **PHYSICIANS ASSISTANT**


#### **QUICK, ELISABETH**


*Provider ID: 206360  
Provider Gender: Female  
License Number: PA21591  
NPI: 1790055010*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No*


 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)  
515-2300*

 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*


*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*






### **PHYSICIANS ASSISTANT**

#### **RALL, EMILY**

*Provider ID: 227409  
Provider Gender: Female  
License Number: PA52141  
NPI: 1407855828*

 *Provider English Spoken: Y*

## D2. Primary Care Directory

*Cultural Competency: N*  
*Board Certified Specialty: No*  
 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**



#### **RALL, EMILY**

*Provider ID: 227409*  
*Provider Gender: Female*  
*License Number: PA52141*  
*NPI: 1407855828*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**






#### **RASMUSSEN, DALE**


*Provider ID: 417429*

*Provider Gender: Male*  
*License Number: PA54022*  
*NPI: 1962880864*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: MERCY HOSPITAL OF FOLSOM*  
*Board Certified Specialty: No*  
 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2525  
 After Hours Phone: (619)  
515-2525  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
*Email: janeta@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER  
*Hours: M-F 8:30AM-5:30PM*

### **PHYSICIANS ASSISTANT**

#### **RASMUSSEN, DALE**

*Provider ID: 417429*  
*Provider Gender: Male*  
*License Number: PA54022*  
*NPI: 1962880864*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: MERCY HOSPITAL OF FOLSOM*  
*Board Certified Specialty: No*  
 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2525  
 After Hours Phone: (619)  
515-2525  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
*Email: janeta@fhcsd.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER  
*Hours: M-F 8:30AM-5:30PM*

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**





*Provider ID: 517403*  
*Provider Gender: Female*  
*License Number: PA20490*  
*NPI: 1619100237*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 316 25TH ST  
SAN DIEGO, CA 92102  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\120*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

*Provider ID: 517403*  
*Provider Gender: Female*  
*License Number: PA20490*  
*NPI: 1619100237*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 316 25TH ST  
SAN DIEGO, CA 92102

## D2. Primary Care Directory

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\120  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**



#### **TOMASZEWSKI, DEBRA**


Provider ID: 206363  
Provider Gender: Female  
License Number: MT2061555  
NPI: 1215264452

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102


 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560

 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**



#### **TOMASZEWSKI, DEBRA**


Provider ID: 206363  
Provider Gender: Female  
License Number: MT2061555  
NPI: 1215264452

 Provider English Spoken: Y

Cultural Competency: N  
Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560

 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**



#### **TOMASZEWSKI, DEBRA**


Provider ID: 206363  
Provider Gender: Female  
License Number: PA58081  
NPI: 1215264452

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560

 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**



#### **TOMASZEWSKI, DEBRA**


Provider ID: 206363

Provider Gender: Female  
License Number: PA58081  
NPI: 1215264452

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560

 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **TURNER, SHEREENA**

Provider ID: 206360  
Provider Gender: Female  
License Number: PA20396  
NPI: 1992934988



 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**


#### **TURNER, SHEREENA**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: PA20396*

*NPI: 1992934988*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*


*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **UDOH, EKAETE**

*Provider ID: 418535*

*Provider Gender: Male*

*License Number: PA19664*

*NPI: 1841472776*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Board Certified Specialty: No*

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

 *Phone: (844) 200-2426*

 *After Hours Phone: (844)*

*200-2426*

 *Website: www.operationsa  
mahan.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:30AM-5:30PM*

*W 10:00AM-7:00PM*

*TH-F 8:30AM-5:30PM*

### **PHYSICIANS ASSISTANT**

#### **UDOH, EKAETE**

*Provider ID: 418535*


*Provider Gender: Male*


*License Number: PA19664*


*NPI: 1841472776*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 9995 CARMEL MOUNTAIN  
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200-2426*

 *Website: www.operationsa  
mahan.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:30AM-5:30PM*

*W 10:00AM-7:00PM*

*TH-F 8:30AM-5:30PM*

### **PHYSICIANS ASSISTANT**


#### **YOUNG-PEN, TONI**


*Provider ID: 206362*

*Provider Gender: Female*

*License Number: PA18746*

*NPI: 1932297595*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish,  
Vietnamese*

*Cultural Competency: N*

*Board Certified Specialty: No*

 3544 30TH ST  
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

 *After Hours Phone: (619)  
515-2424*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **YOUNG-PEN, TONI**


*Provider ID: 206362*

*Provider Gender: Female*

*License Number: PA18746*

*NPI: 1932297595*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish,  
Vietnamese*

*Cultural Competency: N*

*Board Certified Specialty: No*

 3544 30TH ST  
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

 *After Hours Phone: (619)  
515-2424*

 *Website: www.fhcsd.org*


## D2. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**


#### **YOUNG-PEN, TONI**


Provider ID: 233597

Provider Gender: Female

License Number: PA18746

NPI: 1932297595


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)  
563-0250


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **PHYSICIANS ASSISTANT**


#### **YOUNG-PEN, TONI**


Provider ID: 233597

Provider Gender: Female

License Number: PA18746

NPI: 1932297595


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)  
563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **PODIATRIST**


#### **JUAREZ, LETICIA**

Provider ID: 206360

Provider Gender: Female

License Number: DPM5661

NPI: 1508393778


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PODIATRIST**

#### **JUAREZ, LETICIA**

Provider ID: 206360

Provider Gender: Female

License Number: DPM5661

NPI: 1508393778


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PODIATRIST**

#### **LE, DIANA**

Provider ID: 206360

Provider Gender: Female

License Number: DPM5734

NPI: 1184112864

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N




Hospital Affiliation: ANAHEIM




## D2. Primary Care Directory

### REGIONAL MEDICAL CTR

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PODIATRIST


#### LE, DIANA

Provider ID: 206363

Provider Gender: Female

License Number: DPM5734

NPI: 1184112864

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Hospital Affiliation: ANAHEIM


REGIONAL MEDICAL CTR

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PODIATRIST


#### LE, DIANA

Provider ID: 206363

Provider Gender: Female

License Number: DPM5734

NPI: 1184112864

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Hospital Affiliation: ANAHEIM

REGIONAL MEDICAL CTR

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PODIATRIST

#### LE, DIANA


Provider ID: 206360

Provider Gender: Female

License Number: DPM5734

NPI: 1184112864

 Provider English Spoken: Y




 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Hospital Affiliation: ANAHEIM

REGIONAL MEDICAL CTR

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PODIATRIST

#### SCHNEIDER, SARAH

Provider ID: 206360




Provider Gender: Female


License Number: DPM4819

NPI: 1326282237

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No


 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PODIATRIST

#### SCHNEIDER, SARAH

Provider ID: 206360

Provider Gender: Female

License Number: DPM4819


## D2. Primary Care Directory


NPI: 1326282237

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PODIATRIST

#### **SCHNEIDER, SARAH**

Provider ID: 417429

Provider Gender: Female


License Number: DPM4819


NPI: 1326282237

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### PODIATRIST

#### **SCHNEIDER, SARAH**

Provider ID: 402851

Provider Gender: Female


License Number: DPM4819


NPI: 1326282237


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PODIATRIST

#### **SCHNEIDER, SARAH**

Provider ID: 417429

Provider Gender: Female


License Number: DPM4819


NPI: 1326282237

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### PODIATRIST

#### **SCHNEIDER, SARAH**

Provider ID: 402851

Provider Gender: Female


License Number: DPM4819


NPI: 1326282237

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PREVENTATIVE MEDICINE

#### GENERAL

#### **HILL, LINDA**

Provider ID: 206046

Provider Gender: Female

License Number: G41532

NPI: 1467434811

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

## D2. Primary Care Directory

### MEDICAL CTR

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### HILL, LINDA

Provider ID: 206046

Provider Gender: Female

License Number: G41532

NPI: 1467434811

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### HILL, LINDA

Provider ID: 482070

Provider Gender: Female

License Number: G41532

NPI: 1467434811

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### HILL, LINDA

Provider ID: 206046

Provider Gender: Female

License Number: G41532

NPI: 1467434811

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### HILL, LINDA

Provider ID: 206046

Provider Gender: Female

License Number: G41532

NPI: 1467434811

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No


## D2. Primary Care Directory

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL


#### **HILL, LINDA**


Provider ID: 482070

Provider Gender: Female

License Number: G41532

NPI: 1467434811

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL


#### **RISSER, JOSEPH**

Provider ID: 482070

Provider Gender: Male

License Number: G70886

NPI: 1952386765

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL


#### **RISSER, JOSEPH**

Provider ID: 206046

Provider Gender: Male

License Number: G70886

NPI: 1952386765

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: Yes

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 279-0377  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL


#### **RISSER, JOSEPH**

Provider ID: 482070

Provider Gender: Male

License Number: G70886

NPI: 1952386765

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

## D2. Primary Care Directory

### PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE


#### GENERAL

#### **RISSER, JOSEPH**


Provider ID: 206046  
Provider Gender: Male  
License Number: G70886  
NPI: 1952386765  
 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: Yes

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 279-0377


 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### **RISSER, JOSEPH**


Provider ID: 206046  
Provider Gender: Male  
License Number: G70886  
NPI: 1952386765

Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: Yes

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 279-0377


 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL


#### **RISSER, JOSEPH**

Provider ID: 206046  
Provider Gender: Male  
License Number: G70886  
NPI: 1952386765

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: Yes

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 279-0377

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

### PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### **ROMERO, CAMILA**

Provider ID: 206046  
Provider Gender: Female  
License Number: A93812  
NPI: 1508912130

Provider English Spoken: Y


Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS


Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 279-0377

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PREVENTATIVE MEDICINE

#### GENERAL


#### **ROMERO, CAMILA**


Provider ID: 206046  
Provider Gender: Female  
License Number: A93812  
NPI: 1508912130


## D2. Primary Care Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS  
Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925  
Fax: (858) 279-0377

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PREVENTATIVE MEDICINE

#### GENERAL



#### **ROMERO, CAMILA**

Provider ID: 206046

Provider Gender: Female


License Number: A93812

NPI: 1508912130

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS  
Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925  
Fax: (858) 279-0377

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PREVENTATIVE MEDICINE

#### GENERAL



#### **ROMERO, CAMILA**

Provider ID: 206046

Provider Gender: Female


License Number: A93812

NPI: 1508912130

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS  
Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925  
Fax: (858) 279-0377

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### REGISTERED PHYSICAL

### THERAPIST

#### **BLOCKER, NIRIT**


Provider ID: 206360

Provider Gender: Female

License Number: PT30272


NPI: 1457689309


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Hebrew  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### REGISTERED PHYSICAL

#### THERAPIST

#### **BLOCKER, NIRIT**


Provider ID: 206360

Provider Gender: Female

License Number: PT30272


NPI: 1457689309

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hebrew  
Cultural Competency: N


Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300





 After Hours Phone: (619)

## D2. Primary Care Directory

515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **CHAVARRIA, JESSICA**





Provider ID: 417937  
Provider Gender: Female  
License Number: PT292351  
NPI: 1407391808  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **CHAVARRIA, JESSICA**



Provider ID: 417937


Provider Gender: Female  
License Number: PT292351  
NPI: 1407391808  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **CONCORS, ANDREW**





Provider ID: 417937  
Provider Gender: Male  
License Number: PT12930  
NPI: 1578706743  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**


#### **CONCORS, ANDREW**

Provider ID: 417937  
Provider Gender: Male  
License Number: PT12930  
NPI: 1578706743  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
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Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **CUMMINGS, GEORGE**

Provider ID: 417937  
Provider Gender: Male  
License Number: PT295173  
NPI: 1497236384  
 Provider English Spoken: Y


## D2. Primary Care Directory


 *Provider Language(s)*  
*Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*

 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*

*Email: fabianm@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **REGISTERED PHYSICAL**

#### **THERAPIST**


#### **CUMMINGS, GEORGE**

*Provider ID: 417937*

*Provider Gender: Male*

*License Number: PT295173*

*NPI: 1497236384*


 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*

 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*

*Email: fabianm@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*

*PROVIDER*

### **REGISTERED PHYSICAL**

#### **THERAPIST**


#### **DAHMS, MADELYNN**


*Provider ID: 206360*

*Provider Gender: Female*

*License Number: PT295463*

*NPI: 1245712702*


 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Sign Language*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **REGISTERED PHYSICAL**

#### **THERAPIST**


#### **DAHMS, MADELYNN**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: PT295463*

*NPI: 1245712702*

 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Sign Language*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **FIELDING, JOSEPH**

*Provider ID: 417937*

*Provider Gender: Male*

*License Number: PT40975*


*NPI: 1235577560*


 *Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*

 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*

*Email: fabianm@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **FIELDING, JOSEPH**

*Provider ID: 417937*



## D2. Primary Care Directory

Provider Gender: Male


License Number: PT40975


NPI: 1235577560


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **HAPKE, ELENA**

Provider ID: 417937

Provider Gender: Female


License Number: PT292613


NPI: 1003354895

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **HAPKE, ELENA**

Provider ID: 417937

Provider Gender: Female


License Number: PT292613


NPI: 1003354895

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
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Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **HERMES, MARY**


Provider ID: 206360

Provider Gender: Female

License Number: PT24707

NPI: 1518028547


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL**

#### **THERAPIST**


#### **HERMES, MARY**

Provider ID: 206360

Provider Gender: Female

License Number: PT24707

NPI: 1518028547

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL**


#### **THERAPIST**

#### **IRIZARRY, NICOLE**


Provider ID: 206360


## D2. Primary Care Directory


Provider Gender: Female  
License Number: PT33914  
NPI: 1003088063

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300


 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **IRIZARRY, NICOLE**

Provider ID: 206360

Provider Gender: Female


License Number: PT33914


NPI: 1003088063


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **MAHONEY, KAITLYN**

Provider ID: 417937

Provider Gender: Female


License Number: PT296559


NPI: 1114583176


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **REGISTERED PHYSICAL THERAPIST**

#### **MAHONEY, KAITLYN**

Provider ID: 417937

Provider Gender: Female


License Number: PT296559

NPI: 1114583176


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545


 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **REGISTERED PHYSICAL THERAPIST**

#### **MIGNEA, DAVID**

Provider ID: 417937

Provider Gender: Male


License Number: PT293536


NPI: 1043736879


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545


 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **MIGNEA, DAVID**

## D2. Primary Care Directory

Provider ID: 417937

Provider Gender: Male


License Number: PT293536


NPI: 1043736879


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### REGISTERED PHYSICAL

#### THERAPIST

#### **SCHMIDT, BRYAN**

Provider ID: 417937

Provider Gender: Male

License Number: PT28061

NPI: 1780685032


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### REGISTERED PHYSICAL

#### THERAPIST


#### **SCHMIDT, BRYAN**

Provider ID: 417937

Provider Gender: Male

License Number: PT28061

NPI: 1780685032


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### REGISTERED PHYSICAL

#### THERAPIST


#### **VAN DYKE, JASON**

Provider ID: 417937

Provider Gender: Male

License Number: PT25155

NPI: 1487658720


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### REGISTERED PHYSICAL

#### THERAPIST

#### **VAN DYKE, JASON**

Provider ID: 417937

Provider Gender: Male

License Number: PT25155

NPI: 1487658720


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM*

### **RHEUMATOLOGY**


#### **OGANDO, SHEENA**

*Provider ID: 206363*

*Provider Gender: Female*

*License Number: A142743*

*NPI: 1649564295*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: JOHN*


*MUIR MEDICAL CENTER*


*WALNUT CREEK CAMPUS*

*Board Certified Specialty: No*

 *4725 MARKET ST  
SAN DIEGO, CA 92102*

 *Phone: (619) 515-2560*

 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*

*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **RHEUMATOLOGY**


#### **OGANDO, SHEENA**

*Provider ID: 206363*

*Provider Gender: Female*

*License Number: A142743*

*NPI: 1649564295*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: JOHN*


*MUIR MEDICAL CENTER*

*WALNUT CREEK CAMPUS*

*Board Certified Specialty: No*

 *4725 MARKET ST  
SAN DIEGO, CA 92102*

 *Phone: (619) 515-2560*

 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*

*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **RHEUMATOLOGY**


#### **REDDY, DANA**

*Provider ID: 206363*

*Provider Gender: Female*

*License Number: A115598*

*NPI: 1144538778*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR,*

*SCRIPPS MERCY HOSPITAL,*

*SHARP MEMORIAL HOSPITAL,*

*SCRIPPS MEMORIAL*

*HOSPITAL, SCRIPPS*


*MEMORIAL HOSPITAL*


*ENCINITAS*

*Board Certified Specialty: No*

 *4725 MARKET ST*

*SAN DIEGO, CA 92102*

 *Phone: (619) 515-2560*

 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*

*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **RHEUMATOLOGY**

#### **REDDY, DANA**

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: A115598*

*NPI: 1144538778*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR,*

*SCRIPPS MERCY HOSPITAL,*

*SHARP MEMORIAL HOSPITAL,*

*SCRIPPS MEMORIAL*

*HOSPITAL, SCRIPPS*


*MEMORIAL HOSPITAL*


*ENCINITAS*

*Board Certified Specialty: No*

 *1501 IMPERIAL AVE*

*SAN DIEGO, CA 92101*

 *Phone: (619) 233-8500*

 *After Hours Phone: (619) 233-8500*

 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N


## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:30PM*




### **RHEUMATOLOGY**

#### **REDDY, DANA**


*Provider ID: 403583*  
*Provider Gender: Female*  
*License Number: A115598*  
*NPI: 1144538778*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, ENCINITAS*

*Board Certified Specialty: No*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 *Phone: (619) 233-8500*  
 *After Hours Phone: (619) 233-8500*


 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:30PM*

### **RHEUMATOLOGY**


#### **REDDY, DANA**


*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: A115598*  
*NPI: 1144538778*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, ENCINITAS*

*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619) 515-2560*


 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **SPEECH PATHOLOGIST**

#### **WILLIAMS, JESSICA**

*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: SP27677*  
*NPI: 1932680006*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*  
 *Website: www.fhcsd.org*


*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*


### **SPEECH PATHOLOGIST**

#### **WILLIAMS, JESSICA**

*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: SP27677*  
*NPI: 1932680006*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

## **SAN MARCOS**

### **CERTIFIED NURSE**







#### **PRACTITIONER**

#### **BINETTE, DONYA**

*Provider ID: 206426*  
*Provider Gender: Female*  
*License Number: NP95001653*  
*NPI: 1427325166*

 *Provider English Spoken: Y*



## D2. Primary Care Directory

 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760)  
736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*




### **CERTIFIED NURSE PRACTITIONER**


#### **BINETTE, DONYA**

*Provider ID: 206426  
Provider Gender: Female  
License Number: NP95001653  
NPI: 1427325166*


 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N*

*Board Certified Specialty: No*

 150 VALPRED A RD  
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 *After Hours Phone: (760)  
736-6767*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*



 *Accessibility: CONTACT  
PROVIDER*

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#### **PRACTITIONER**


#### **BINETTE, DONYA**

*Provider ID: 206426  
Provider Gender: Female  
License Number: NP95001653  
NPI: 1427325166*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N*

*Board Certified Specialty: No*

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 *Phone: (760) 736-6767*  
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736-6767*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*



 *Accessibility: CONTACT  
PROVIDER*

### **CERTIFIED NURSE**




#### **PRACTITIONER**



#### **BINETTE, DONYA**

*Provider ID: 206426  
Provider Gender: Female  
License Number: NP95001653  
NPI: 1427325166*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N*

*Board Certified Specialty: No*



 150 VALPRED A RD  
SAN MARCOS, CA 92069  
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 *After Hours Phone: (760)  
736-6767*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
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 *Accessibility: CONTACT  
PROVIDER*



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NPI: 1427325166*

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Spoken: Spanish  
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*Board Certified Specialty: No*

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 *After Hours Phone: (760)  
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 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150*

*American Sign Language (ASL):  
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PROVIDER*

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#### **PRACTITIONER**

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*Provider ID: 206426  
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 *Provider English Spoken: Y*

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Board Certified Specialty: No*  
 150 VALPRED A RD  
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 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*






**CERTIFIED NURSE  
PRACTITIONER**  
**DOAN, CHINH**



*Provider ID: 206426  
Provider Gender: Female  
License Number: NP18874  
NPI: 1083845069*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760)  
736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

**CERTIFIED NURSE  
PRACTITIONER**  
**DOAN, CHINH**

*Provider ID: 206426  
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NPI: 1083845069*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No*  
 150 VALPRED A RD  
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 *Website: www.ihpsocal.org*  
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PRACTITIONER**  
**DOAN, CHINH**


*Provider ID: 206426  
Provider Gender: Female  
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 *Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No*  
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*Provider ID: 206426  
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NPI: 1083845069*  
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 *Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No*  
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American Sign Language (ASL):  
N*  
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PROVIDER*

**CERTIFIED NURSE  
PRACTITIONER**  
**DOAN, CHINH**

*Provider ID: 206426  
Provider Gender: Female  
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NPI: 1083845069*  
 *Provider English Spoken: Y*

## D2. Primary Care Directory

 *Provider Language(s)*  
*Spoken: Vietnamese*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760) 736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*





**CERTIFIED NURSE**  
**PRACTITIONER**  
**DOAN, CHINH**



*Provider ID: 206426*  
*Provider Gender: Female*  
*License Number: NP18874*  
*NPI: 1083845069*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Vietnamese*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
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 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE**  
**PRACTITIONER**

**FODDA, RAMI**  
*Provider ID: 614511*  
*Provider Gender: Male*  
*License Number: NP18788*  
*NPI: 1164660452*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6744*  
 *After Hours Phone: (760) 736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE**  
**PRACTITIONER**

**FODDA, RAMI**  
*Provider ID: 614511*  
*Provider Gender: Male*  
*License Number: NP18788*  
*NPI: 1164660452*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6744*

 *After Hours Phone: (760) 736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE**  
**PRACTITIONER**

**FODDA, RAMI**  
*Provider ID: 614511*  
*Provider Gender: Male*  
*License Number: NP18788*  
*NPI: 1164660452*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6744*  
 *After Hours Phone: (760) 736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE**  
**PRACTITIONER**


**FODDA, RAMI**  
*Provider ID: 614511*  
*Provider Gender: Male*



## D2. Primary Care Directory

License Number: NP18788

NPI: 1164660452


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


#### **FODDA, RAMI**

Provider ID: 614511

Provider Gender: Male

License Number: NP18788

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 Provider English Spoken: Y

 Provider Language(s)  
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Cultural Competency: N

Board Certified Specialty: No

 1595 GRAND AVE STE 106  
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 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  150 VALPRED A RD  
SAN MARCOS, CA 92069

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


#### **FODDA, RAMI**

Provider ID: 614511

Provider Gender: Male

License Number: NP18788

NPI: 1164660452


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


#### **FREEMAN, WANDA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95003903


NPI: 1659504264


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **FREEMAN, WANDA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95003903


NPI: 1659504264


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **FREEMAN, WANDA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95003903


## D2. Primary Care Directory


NPI: 1659504264

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

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736-6767


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

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Board Certified Specialty: No

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American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

### **HENLEY, MEARA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95002545

NPI: 1538319645


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

### **HENLEY, MEARA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95002545

NPI: 1538319645

 Provider English Spoken: Y





 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

## D2. Primary Care Directory

 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HENLEY, MEARA**

Provider ID: 206426  
Provider Gender: Female  
License Number: NP95002545  
NPI: 1538319645

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
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#### **PRACTITIONER**

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PROVIDER

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 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **KOUSARI, JHALEH**

Provider ID: 206426  
Provider Gender: Female  
License Number: NP20893  
NPI: 1811262405  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL



## D2. Primary Care Directory

*Board Certified Specialty: No*

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE** **PRACTITIONER**

**KOUSARI, JHALEH**



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### **CERTIFIED NURSE PRACTITIONER**


#### **MACIAS, ALISSA**

Provider ID: 206426

Provider Gender: Female

License Number: NP21368


NPI: 1952658445


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

**BELANGER, TANYA**

Provider ID: 206426

Provider Gender: Female

License Number: NM235844


NPI: 1407287469


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

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Hours: M-F 8:00AM-5:00PM

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## D2. Primary Care Directory

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SA 8:00AM-5:00PM

### **CERTIFIED REGISTERED**

### **NURSE MIDWIFE**

#### **KELLY, KATHERINE**

Provider ID: 206426

Provider Gender: Female

License Number: NM235997

NPI: 1801134275

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
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 150 VALPRED A RD

## D2. Primary Care Directory

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### **FAMILY PRACTICE**


#### **MATIAS, JULIE**

Provider ID: 206426  
Provider Gender: Female  
License Number: 20A15159



## D2. Primary Care Directory

NPI: 1083094510


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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### **FAMILY PRACTICE**


#### **MATIAS, JULIE**

Provider ID: 206426

Provider Gender: Female

License Number: 20A15159

NPI: 1083094510


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 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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NPI: 1083094510


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 Provider Language(s)  
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Cultural Competency: N

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### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**

Provider ID: 206426

Provider Gender: Male

License Number: C54157

NPI: 1275630618

Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

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American Sign Language (ASL):

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PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**

Provider ID: 206426

Provider Gender: Male

License Number: C54157

NPI: 1275630618

Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali

Cultural Competency: N

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SA 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**

Provider ID: 206426


Provider Gender: Male

License Number: C54157

NPI: 1275630618

Provider English Spoken: Y



## D2. Primary Care Directory

 *Provider Language(s)  
Spoken: Bengali*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760)  
736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**



*Provider ID: 206426*  
*Provider Gender: Male*  
*License Number: C54157*  
*NPI: 1275630618*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Bengali*  
*Cultural Competency: N*




*Board Certified Specialty: No*  
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*Min/Max Age: 0\150*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

### **FAMILY PRACTICE**


#### **NATH, DEVARSHI**

*Provider ID: 614511*  
*Provider Gender: Male*  
*License Number: C54157*  
*NPI: 1275630618*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Bengali*  
*Cultural Competency: N*


*Board Certified Specialty: No*  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6744*  
 *After Hours Phone: (760)  
736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**



*Provider ID: 614511*  
*Provider Gender: Male*  
*License Number: C54157*  
*NPI: 1275630618*  
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 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**

*Provider ID: 614511*  
*Provider Gender: Male*  
*License Number: C54157*  
*NPI: 1275630618*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Bengali*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
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*Min/Max Age: 0\999*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*


### **FAMILY PRACTICE**


#### **NATH, DEVARSHI**

*Provider ID: 614511*  
*Provider Gender: Male*  
*License Number: C54157*

## D2. Primary Care Directory

NPI: 1275630618


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

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Provider ID: 614511

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#### **NATH, DEVARSHI**


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Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **SAFI, ROOZCHEHR**


Provider ID: 206426

Provider Gender: Female

License Number: A116562

NPI: 1659563641


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi


Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SAFI, ROOZCHEHR**

Provider ID: 206426

Provider Gender: Female

License Number: A116562

NPI: 1659563641


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SAFI, ROOZCHEHR**


Provider ID: 206426

Provider Gender: Female

License Number: A116562

NPI: 1659563641

 Provider English Spoken: Y

 Provider Language(s)

## D2. Primary Care Directory

Spoken: Farsi  
Cultural Competency: N  
Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
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Min/Max Age: 0\150  
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N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SAFI, ROOZCHEHR**

Provider ID: 206426  
Provider Gender: Female  
License Number: A116562  
NPI: 1659563641

Provider English Spoken: Y  
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Spoken: Farsi

Cultural Competency: N  
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PROVIDER

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### **FAMILY PRACTICE**

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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **WILLIE, KADEN**

Provider ID: 206426  
Provider Gender: Male  
License Number: 20A17306  
NPI: 1790133767

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Portuguese

Cultural Competency: N  
Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
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736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



### **FAMILY PRACTICE**

#### **WILLIE, KADEN**

Provider ID: 206426  
Provider Gender: Male  
License Number: 20A17306  
NPI: 1790133767

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Portuguese

Cultural Competency: N  
Board Certified Specialty: No

 150 VALPRED A RD  
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 Phone: (760) 736-6767

## D2. Primary Care Directory

 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **WILLIE, KADEN**

Provider ID: 206426

Provider Gender: Male

License Number: 20A17306

NPI: 1790133767


Provider English Spoken: Y


Provider Language(s)  
Spoken: Portuguese

Cultural Competency: N

Board Certified Specialty: No

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 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **WILLIE, KADEN**

Provider ID: 206426

Provider Gender: Male

License Number: 20A17306

NPI: 1790133767

Provider English Spoken: Y


Provider Language(s)


Spoken: Portuguese

Cultural Competency: N

Board Certified Specialty: No

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### **FAMILY PRACTICE**

#### **WILLIE, KADEN**

Provider ID: 206426

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License Number: 20A17306

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Provider English Spoken: Y


Provider Language(s)  
Spoken: Portuguese

Cultural Competency: N

Board Certified Specialty: No

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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **WILLIE, KADEN**

Provider ID: 206426

Provider Gender: Male

License Number: 20A17306

NPI: 1790133767


Provider English Spoken: Y


Provider Language(s)  
Spoken: Portuguese

Cultural Competency: N

Board Certified Specialty: No

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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FQHC**

#### **TRUECARE,**


Provider ID: 206426

NPI: 1598484255

Provider English Spoken: Y

Cultural Competency: N

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


Fax: (760) 736-8740

 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

## D2. Primary Care Directory

---

SA 8:00AM-5:00PM

### **FQHC**


#### **TRUECARE,**

Provider ID: 206426

NPI: 1811617939

 Provider English Spoken: Y  
Cultural Competency: N

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

### **FQHC**


#### **TRUECARE,**

Provider ID: 614511

NPI: 1811617939

 Provider English Spoken: Y  
Cultural Competency: N

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **TRUECARE,**

Provider ID: 614511

NPI: 1598484255

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N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **TRUECARE,**

Provider ID: 614511

NPI: 1245246917

 Provider English Spoken: Y  
Cultural Competency: N

 1595 GRAND AVE STE 106  
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Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **TRUECARE,**

Provider ID: 614511

NPI: 1598484255

 Provider English Spoken: Y  
Cultural Competency: N

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American Sign Language (ASL):

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 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


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NPI: 1811617939

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

## D2. Primary Care Directory

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **FQHC**


#### **TRUECARE,**

*Provider ID: 614511*

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*Hours: M-F 8:00AM-5:00PM*

### **FQHC**


#### **TRUECARE,**

*Provider ID: 206426*

*NPI: 1811617939*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

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*Fax: (760) 736-8740*


 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

### **FQHC**


#### **TRUECARE,**

*Provider ID: 206426*

*NPI: 1598484255*

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*Cultural Competency: N*

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*American Sign Language (ASL): N*

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*Hours: M-F 8:00AM-5:00PM*  
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### **FQHC**


#### **TRUECARE,**

*Provider ID: 206426*

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*Min/Max Age: 0\150*

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### **FQHC**


#### **TRUECARE,**

*Provider ID: 206426*

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*Cultural Competency: N*

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*Min/Max Age: 0\150*

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 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

### **GENERAL PRACTICE**

#### **WITCZAK, IZABELA**

*Provider ID: 206426*

*Provider Gender: Female*

*License Number: A71311*

*NPI: 1184735201*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Polish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MEMORIAL HOSPITAL*



## D2. Primary Care Directory

### ENCINITAS

Board Certified Specialty: No

150 VALPRED A RD

SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### GENERAL PRACTICE

#### WITCZAK, IZABELA

Provider ID: 206426

Provider Gender: Female

License Number: A71311

NPI: 1184735201

Provider English Spoken: Y

Provider Language(s) Spoken: Polish

Cultural Competency: N

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MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

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Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### GENERAL PRACTICE

#### WITCZAK, IZABELA

Provider ID: 206426

Provider Gender: Female

License Number: A71311

NPI: 1184735201

Provider English Spoken: Y

Provider Language(s) Spoken: Polish

Cultural Competency: N

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MEMORIAL HOSPITAL

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Board Certified Specialty: No

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American Sign Language (ASL):

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Accessibility: CONTACT PROVIDER

### GENERAL PRACTICE

#### WITCZAK, IZABELA

Provider ID: 206426

Provider Gender: Female

License Number: A71311

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Provider English Spoken: Y

Provider Language(s) Spoken: Polish

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Board Certified Specialty: No

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Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### GENERAL PRACTICE

#### WITCZAK, IZABELA

Provider ID: 206426

Provider Gender: Female

License Number: A71311

NPI: 1184735201

Provider English Spoken: Y

Provider Language(s) Spoken: Polish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

150 VALPRED A RD

SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### GENERAL PRACTICE

#### WITCZAK, IZABELA

## D2. Primary Care Directory

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Provider Gender: Female

License Number: A71311

NPI: 1184735201

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Provider Language(s)  
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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **PONIACHIK, SAMUEL**

Provider ID: 206426

Provider Gender: Male

License Number: G74757

NPI: 1467485078


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
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Provider ID: 206426

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **MOSTOFIAN, EIMANEH**


Provider ID: 206426

Provider Gender: Female

License Number: A97181

NPI: 1154477628

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **MOSTOFIAN, EIMANEH**


Provider ID: 206426

Provider Gender: Female

License Number: A97181

NPI: 1154477628

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

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Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory



N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*




### **OBSTETRICS / GYNECOLOGY**


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*Provider ID: 206426*  
*Provider Gender: Female*  
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*NPI: 1154477628*


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*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER*

*Board Certified Specialty: No*

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N

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*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*




### **OBSTETRICS / GYNECOLOGY**


#### **POUNTNEY, MARLENE**

*Provider ID: 206426*  
*Provider Gender: Female*  
*License Number: A93248*  
*NPI: 1174703680*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER*

*Board Certified Specialty: No*

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*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**


#### **POUNTNEY, MARLENE**

*Provider ID: 206426*  
*Provider Gender: Female*

## D2. Primary Care Directory

License Number: A93248

NPI: 1174703680

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

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736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

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PROVIDER

### **OBSTETRICS / GYNECOLOGY**

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Spoken: Spanish

Cultural Competency: N

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MEDICAL CENTER

Board Certified Specialty: No

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MEDICAL CENTER

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MEDICAL CENTER

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### **OBSTETRICS / GYNECOLOGY**

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 Provider Language(s)  
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Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767


 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

## D2. Primary Care Directory

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **SCHWEIKERT, SUZANNE**

Provider ID: 206426

Provider Gender: Female

License Number: A60958

NPI: 1477560142

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, SHARP


MARY BIRCH HOSP FOR


WOMEN AND NEWBORNS,

PALOMAR MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **SCHWEIKERT, SUZANNE**

Provider ID: 206426

Provider Gender: Female

License Number: A60958

NPI: 1477560142

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, SHARP


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PALOMAR MEDICAL CENTER



Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767








 After Hours Phone: (760)

## D2. Primary Care Directory

736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
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### **OBSTETRICS / GYNECOLOGY**








#### **SCHWEIKERT, SUZANNE**

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Provider Gender: Female  
License Number: A60958  
NPI: 1477560142  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
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WOMEN AND NEWBORNS,  
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Board Certified Specialty: No  
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### **OBSTETRICS / GYNECOLOGY**







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SA 8:00AM-5:00PM

### **PEDIATRICS**







#### **MALHOTRA, ARATI**

Provider ID: 206426  
Provider Gender: Female  
License Number: A63903  
NPI: 1215135306  
 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Hindi, Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: No  
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SAN MARCOS, CA 92069  
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Min/Max Age: 0\150  
American Sign Language (ASL):  
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PROVIDER

### **PEDIATRICS**

#### **MALHOTRA, ARATI**



Provider ID: 206426  
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NPI: 1215135306  
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 Provider Language(s)  
Spoken: Hindi, Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
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MEDICAL CENTER  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

## D2. Primary Care Directory

American Sign Language (ASL): *Cultural Competency: N*  
*N*  
 *Accessibility: CONTACT PROVIDER*


### **PEDIATRICS**

#### **MALHOTRA, ARATI**

*Provider ID: 206426*  
*Provider Gender: Female*  
*License Number: A63903*  
*NPI: 1215135306*  
 *Provider English Spoken: Y*  
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*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER*



*Board Certified Specialty: No*

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American Sign Language (ASL): *Cultural Competency: N*  
*N*  
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### **PEDIATRICS**


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American Sign Language (ASL): *Cultural Competency: N*  
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*Cultural Competency: N*  
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*Board Certified Specialty: No*



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*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*

American Sign Language (ASL): *Cultural Competency: N*  
*N*

 *Accessibility: CONTACT PROVIDER*


### **PEDIATRICS**

#### **MALHOTRA, ARATI**

*Provider ID: 206426*  
*Provider Gender: Female*  
*License Number: A63903*  
*NPI: 1215135306*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hindi, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER*

*Board Certified Specialty: No*

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760) 736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*

American Sign Language (ASL): *Cultural Competency: N*  
*N*  
 *Accessibility: CONTACT PROVIDER*






### **PEDIATRICS**

#### **MATIAS, JULIE**

*Provider ID: 661065*  
*Provider Gender: Female*  
*NPI: 1083094510*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069











## D2. Primary Care Directory

 Phone: (760) 736-6767  
 Fax: (760) 736-6797  
 After Hours Phone: (760) 736-6767  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**



#### **MONAHAN, CAROLYN**

Provider ID: 50425  
Provider Gender: Female  
NPI: 1619973666  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: Yes

 1582 W SAN MARCOS BLVD  
STE 203  
SAN MARCOS, CA 92078  
 Phone: (760) 744-6710  
 Fax: (760) 744-6156  
 After Hours Phone: (760) 744-6710  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**



#### **POSADAS, EMERITO**

Provider ID: 206426  
Provider Gender: Male  
License Number: A48980  
NPI: 1720093198  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **POSADAS, EMERITO**



Provider ID: 206426  
Provider Gender: Male  
License Number: A48980  
NPI: 1720093198  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: No


 150 VALPRED A RD

SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **POSADAS, EMERITO**

Provider ID: 206426  
Provider Gender: Male  
License Number: A48980  
NPI: 1720093198  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **POSADAS, EMERITO**


Provider ID: 206426


## D2. Primary Care Directory

Provider Gender: Male

License Number: A48980

NPI: 1720093198

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767


 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS


#### **POSADAS, EMERITO**


Provider ID: 206426

Provider Gender: Male

License Number: A48980

NPI: 1720093198

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)

736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


### PEDIATRICS


#### **POSADAS, EMERITO**

Provider ID: 303661

Provider Gender: Male

NPI: 1720093198

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 566-1501

 After Hours Phone: (760)

736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

### PEDIATRICS

#### **POSADAS, EMERITO**


Provider ID: 206426

Provider Gender: Male

License Number: A48980

NPI: 1720093198

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **QUINTERO, CAROLYN**

Provider ID: 614767

Provider Gender: Female

NPI: 1023033156

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

## D2. Primary Care Directory

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-5:00PM

### **PEDIATRICS**


#### **SEBIANE, MARIA**

Provider ID: 206426

Provider Gender: Female

License Number: G71182

NPI: 1740295229

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **SEBIANE, MARIA**

Provider ID: 206426

Provider Gender: Female

License Number: G71182

NPI: 1740295229

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

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736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **SEBIANE, MARIA**

Provider ID: 206426

Provider Gender: Female

License Number: G71182

NPI: 1740295229

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

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736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SEBIANE, MARIA**

Provider ID: 206426

Provider Gender: Female

License Number: G71182

NPI: 1740295229

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SEBIANE, MARIA**


Provider ID: 206426

Provider Gender: Female

License Number: G71182

## D2. Primary Care Directory

NPI: 1740295229

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **SEBIANE, MARIA**

Provider ID: 206426

Provider Gender: Female

License Number: G71182

NPI: 1740295229

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)

736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


### PEDIATRICS

#### **SOCHA, TRACI**

Provider ID: 428861

Provider Gender: Female

NPI: 1669478616

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR


MEDICAL CENTER


Board Certified Specialty: No

 1582 W SAN MARCOS BLVD  
STE 203  
SAN MARCOS, CA 92078

 Phone: (760) 744-6710

Fax: (760) 744-6156

 After Hours Phone: (760)  
744-6710

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:45PM

### PHYSICIANS ASSISTANT


#### **BERNARDO, RACHELLE**

Provider ID: 614511

Provider Gender: Female

License Number: PA17718

NPI: 1821237678

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **BERNARDO, RACHELLE**


Provider ID: 614511

Provider Gender: Female

License Number: PA17718

NPI: 1821237678

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

### PHYSICIANS ASSISTANT

#### **BERNARDO, RACHELLE**

*Provider ID: 614511*

*Provider Gender: Female*

*License Number: PA17718*

*NPI: 1821237678*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: PALOMAR*

*MEDICAL CENTER*

*Board Certified Specialty: No*

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*


 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### PHYSICIANS ASSISTANT

#### **BERNARDO, RACHELLE**

*Provider ID: 614511*

*Provider Gender: Female*

*License Number: PA17718*

*NPI: 1821237678*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: PALOMAR*

*MEDICAL CENTER*

*Board Certified Specialty: No*

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### PHYSICIANS ASSISTANT

#### **BERNARDO, RACHELLE**

*Provider ID: 614511*

*Provider Gender: Female*

*License Number: PA17718*

*NPI: 1821237678*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: PALOMAR*

*MEDICAL CENTER*

*Board Certified Specialty: No*

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### PHYSICIANS ASSISTANT

#### **BERNARDO, RACHELLE**

*Provider ID: 614511*

*Provider Gender: Female*

*License Number: PA17718*

*NPI: 1821237678*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: PALOMAR*

*MEDICAL CENTER*

*Board Certified Specialty: No*

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### PHYSICIANS ASSISTANT

#### **BLAKESPEAR, JEREMY**

*Provider ID: 206426*

*Provider Gender: Male*

*License Number: PA19825*


*NPI: 1750474177*


*Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*


 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

## D2. Primary Care Directory

American Sign Language (ASL): *Medi-Cal Open Panel: Yes*  
N

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **BLAKESPEAR, JEREMY**

*Provider ID: 206426*

*Provider Gender: Male*


*License Number: PA19825*


*NPI: 1750474177*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **BLAKESPEAR, JEREMY**

*Provider ID: 206426*

*Provider Gender: Male*


*License Number: PA19825*


*NPI: 1750474177*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **BLAKESPEAR, JEREMY**

*Provider ID: 206426*

*Provider Gender: Male*


*License Number: PA19825*


*NPI: 1750474177*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **BLAKESPEAR, JEREMY**

*Provider ID: 206426*

*Provider Gender: Male*


*License Number: PA19825*

*NPI: 1750474177*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **BLAKESPEAR, JEREMY**

*Provider ID: 206426*

*Provider Gender: Male*


*License Number: PA19825*


*NPI: 1750474177*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

*Provider ID: 206426*

*Provider Gender: Male*

*License Number: PA22667*

*NPI: 1174964001*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*

## D2. Primary Care Directory

**GROSSMONT HOSPITAL**  
Board Certified Specialty: No  
150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

Provider ID: 206426  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

Provider ID: 206426

Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

Provider ID: 206426  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**





Provider ID: 206426  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

Provider ID: 206426  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
150 VALPRED A RD  
SAN MARCOS, CA 92069

## D2. Primary Care Directory

 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **KOSEL, MATTHEW**

Provider ID: 206426

Provider Gender: Male



License Number: PA17101


NPI: 1316947302

 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **KOSEL, MATTHEW**

Provider ID: 206426

Provider Gender: Male



License Number: PA17101


NPI: 1316947302

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
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Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **KOSEL, MATTHEW**

Provider ID: 206426

Provider Gender: Male



License Number: PA17101


NPI: 1316947302

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **KOSEL, MATTHEW**

Provider ID: 206426

Provider Gender: Male



License Number: PA17101


NPI: 1316947302

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Cultural Competency: N

Board Certified Specialty: No

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Min/Max Age: 0\150

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N

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### **PHYSICIANS ASSISTANT**

#### **KOSEL, MATTHEW**

Provider ID: 206426

Provider Gender: Male



License Number: PA17101


NPI: 1316947302

 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **KOSEL, MATTHEW**

Provider ID: 206426

Provider Gender: Male



## D2. Primary Care Directory


License Number: PA17101


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 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Provider ID: 206426

Provider Gender: Female


License Number: PA53036


NPI: 1922471192

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Provider ID: 206426

Provider Gender: Female


License Number: PA53036


NPI: 1922471192

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Provider ID: 206426

Provider Gender: Female


License Number: PA53036


NPI: 1922471192

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

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### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

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Provider Gender: Female


License Number: PA53036


NPI: 1922471192

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Cultural Competency: N

Board Certified Specialty: No

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Min/Max Age: 0\150

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PROVIDER

Hours: M-F 8:00AM-5:00PM

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### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Provider ID: 206426

Provider Gender: Female

License Number: PA53036

NPI: 1922471192

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD

## D2. Primary Care Directory

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SA 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Provider ID: 206426  
Provider Gender: Female  
License Number: PA53036  
NPI: 1922471192

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

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American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **SPENCE, JAMIE**

Provider ID: 206426

Provider Gender: Female  
License Number: PA21723  
NPI: 1518133032

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

150 VALPREDA RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767

Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **SPENCE, JAMIE**

Provider ID: 206426  
Provider Gender: Female  
License Number: PA21723  
NPI: 1518133032

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

150 VALPREDA RD  
SAN MARCOS, CA 92069  
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Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **SPENCE, JAMIE**

Provider ID: 206426  
Provider Gender: Female  
License Number: PA21723  
NPI: 1518133032

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

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SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767

Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **SPENCE, JAMIE**



Provider ID: 206426  
Provider Gender: Female  
License Number: PA21723  
NPI: 1518133032

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

150 VALPREDA RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
After Hours Phone: (760)



## D2. Primary Care Directory

736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER




### **PHYSICIANS ASSISTANT**



#### **SPENCE, JAMIE**

Provider ID: 206426  
Provider Gender: Female  
License Number: PA21723  
NPI: 1518133032

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No



 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767



 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **SPENCE, JAMIE**

Provider ID: 206426  
Provider Gender: Female  
License Number: PA21723  
NPI: 1518133032



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No  
 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**



#### **TAHRIRI, BAHAREH**

Provider ID: 206426  
Provider Gender: Female  
License Number: PA51867  
NPI: 1295147387

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N

Board Certified Specialty: No



 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM




### **PHYSICIANS ASSISTANT**



#### **TAHRIRI, BAHAREH**

Provider ID: 206426  
Provider Gender: Female  
License Number: PA51867  
NPI: 1295147387

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N

Board Certified Specialty: No



 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
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736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
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Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM




### **PHYSICIANS ASSISTANT**

#### **TAHRIRI, BAHAREH**

Provider ID: 206426  
Provider Gender: Female  
License Number: PA51867  
NPI: 1295147387

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

## D2. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

### PHYSICIANS ASSISTANT

**TAHRIRI, BAHAREH**

Provider ID: 206426

Provider Gender: Female

License Number: PA51867

NPI: 1295147387

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi


Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD

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### PHYSICIANS ASSISTANT

**TAHRIRI, BAHAREH**

Provider ID: 206426

Provider Gender: Female

License Number: PA51867

NPI: 1295147387



Provider English Spoken: Y



Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No



150 VALPRED A RD

SAN MARCOS, CA 92069



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Min/Max Age: 0\150

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### PHYSICIANS ASSISTANT

**TAHRIRI, BAHAREH**

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NPI: 1295147387

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No



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Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

## SAN YSIDRO

### ALLERGY IMMUNOLOGY

**REDDY, SUMANA**


Provider ID: 206292

Provider Gender: Female

License Number: C52581

NPI: 1053300251

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Cambodian, Hindi,  
Spanish, Telugu

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No



4004 BEYER BLVD

SAN YSIDRO, CA 92173



Phone: (619) 662-4100



After Hours Phone: (619)  
662-4100



Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### ALLERGY IMMUNOLOGY

**REDDY, SUMANA**



Provider ID: 206292

Provider Gender: Female

License Number: C52581

NPI: 1053300251

## D2. Primary Care Directory


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Cambodian, Hindi,  
Spanish, Telugu  
Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CARDIOVASCULAR DISEASE


#### **PONCE, SONIA**

Provider ID: 206292

Provider Gender: Female

License Number: A145008

NPI: 1164659033

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL


CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CARDIOVASCULAR DISEASE


#### **PONCE, SONIA**

Provider ID: 206292

Provider Gender: Female

License Number: A145008

NPI: 1164659033

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL


CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
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 After Hours Phone: (619)  
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 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **CELIZ, ADRIANA**

Provider ID: 227469

Provider Gender: Female

License Number: NP95004315

NPI: 1972956514


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **CELIZ, ADRIANA**

Provider ID: 227469

Provider Gender: Female

License Number: NP95004315

NPI: 1972956514


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish




Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


## D2. Primary Care Directory






 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **CHAUSSE CASTRO, EKATERINA**


Provider ID: 227469  
Provider Gender: Female  
License Number: NP95018617  
NPI: 1154040418  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No






 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
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 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **CHAUSSE CASTRO, EKATERINA**



Provider ID: 227469  
Provider Gender: Female  
License Number: NP95018617  
NPI: 1154040418  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No




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Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM


### **CERTIFIED NURSE**

### **PRACTITIONER**

### **GARCIA, TEDAYSHIA**

Provider ID: 206292  
Provider Gender: Female  
License Number: NP95003355  
NPI: 1659730778  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No



 4004 BEYER BLVD  
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 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)






Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **GARCIA, TEDAYSHIA**

Provider ID: 206292  
Provider Gender: Female  
License Number: NP95003355  
NPI: 1659730778  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



### **CERTIFIED NURSE**

### **PRACTITIONER**

### **GUADARRAMA, IGNACIO**

Provider ID: 227469  
Provider Gender: Male  
License Number: NP95003671  
NPI: 1821331174


## D2. Primary Care Directory


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **GUADARRAMA, IGNACIO**

Provider ID: 227469

Provider Gender: Male

License Number: NP95003671

NPI: 1821331174


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **HACINAS, REYNALDO**

Provider ID: 206292


Provider Gender: Male


License Number: NP95003024


NPI: 1215304860


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](https://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **HACINAS, REYNALDO**

Provider ID: 206292

Provider Gender: Male


License Number: NP95003024

NPI: 1215304860

 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](https://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **IBARRA, MARTHA**

Provider ID: 206292

Provider Gender: Female

License Number: NP12112

NPI: 1114957289

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](https://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

## D2. Primary Care Directory

SA 8:30AM-2:00PM

### **CERTIFIED NURSE PRACTITIONER**

**IBARRA, MARTHA**

Provider ID: 206292

Provider Gender: Female

License Number: NP12112

NPI: 1114957289

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **CERTIFIED NURSE PRACTITIONER**

**IBARRA, MARTHA**

Provider ID: 227469

Provider Gender: Female

License Number: NP12112

NPI: 1114957289

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [https://www.syhealth.org/locations](http://www.syhealth.org/locations)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**IBARRA, MARTHA**

Provider ID: 227469

Provider Gender: Female

License Number: NP12112

NPI: 1114957289

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

3364 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [https://www.syhealth.org/locations](http://www.syhealth.org/locations)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**KANTAS, PARIS**

Provider ID: 206292

Provider Gender: Male

License Number: NP18661

NPI: 1114329612

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**



## D2. Primary Care Directory

### **PRACTITIONER**

#### **KANTAS, PARIS**

Provider ID: 206292

Provider Gender: Male

License Number: NP18661


NPI: 1114329612


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ORDINANZA, MYLENE**

Provider ID: 227469

Provider Gender: Female


License Number: NP95019995

NPI: 1265019061

 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ORDINANZA, MYLENE**

Provider ID: 227469

Provider Gender: Female


License Number: NP95019995


NPI: 1265019061


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **PITTMAN, LILIANA**

Provider ID: 227469

Provider Gender: Female


License Number: NP95017732


NPI: 1326599002

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **PITTMAN, LILIANA**

Provider ID: 227469


Provider Gender: Female


License Number: NP95017732


NPI: 1326599002

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **SANCHEZ, MYRNA**

Provider ID: 227469

Provider Gender: Female


License Number: NP95003721


NPI: 1548614506

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **SANCHEZ, MYRNA**

Provider ID: 227469

Provider Gender: Female


License Number: NP95003721


NPI: 1548614506

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **VAZQUEZ-ERLBECK, MARTHA**

Provider ID: 227469

Provider Gender: Female


License Number: NP95001960


NPI: 1669865960


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **VAZQUEZ-ERLBECK, MARTHA**

Provider ID: 227469

Provider Gender: Female


License Number: NP95001960


NPI: 1669865960

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

### **OCHOA, RAUL**


Provider ID: 206292

Provider Gender: Male

License Number: DC33693

NPI: 1518401827


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **CHIROPRACTOR**

### **OCHOA, RAUL**

## D2. Primary Care Directory

Provider ID: 206292  
Provider Gender: Male  
License Number: DC33693  
NPI: 1518401827

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)



Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **ENDOCRINOLOGY** **METABOLISM DIABETES**


**CRUZ, MICHAEL**  
Provider ID: 206292  
Provider Gender: Male  
License Number: A138772  
NPI: 1265851133


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **ENDOCRINOLOGY** **METABOLISM DIABETES**

**CRUZ, MICHAEL**  
Provider ID: 206292  
Provider Gender: Male  
License Number: A138772  
NPI: 1265851133

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE** **ALGHAMDI, ASMA**

Provider ID: 227469  
Provider Gender: Female  
License Number: A167529  
NPI: 1316310840

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>


Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


### **FAMILY PRACTICE** **ALGHAMDI, ASMA**

Provider ID: 227469  
Provider Gender: Female  
License Number: A167529  
NPI: 1316310840

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>


Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT

## D2. Primary Care Directory

<p><i>PROVIDER</i></p> <p><b><u>FAMILY PRACTICE</u></b>  <b>ALVAREZ-ESTRADA, MIGUEL</b>            Provider ID: 227411            Provider Gender: Male            License Number: A157505            NPI: 1588197826</p> <p> Provider English Spoken: Y   Provider Language(s)            Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS            MERCY HOSPITAL CHULA            VISTA, SCRIPPS MERCY            HOSPITAL, PARADISE VALLEY            HOSPITAL            Board Certified Specialty: No</p> <p> 4050 BEYER BLVD            SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619)            662-4100   Website: <a href="http://syhealth.org/clinics/maternal-child-health-center">syhealth.org/clinics/maternal-child-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\150            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER            Hours: M-F 8:30AM-5:00PM</p> <p><b><u>FAMILY PRACTICE</u></b>  <b>ALVAREZ-ESTRADA, MIGUEL</b>            Provider ID: 206292            Provider Gender: Male            License Number: A157505            NPI: 1588197826</p> <p> Provider English Spoken: Y</p>	<p> Provider Language(s)            Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS            MERCY HOSPITAL CHULA            VISTA, SCRIPPS MERCY            HOSPITAL, PARADISE VALLEY            HOSPITAL            Board Certified Specialty: No</p> <p> 4004 BEYER BLVD            SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619)            662-4100   Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\150            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER</p> <p><b><u>FAMILY PRACTICE</u></b>  <b>ALVAREZ-ESTRADA, MIGUEL</b>            Provider ID: 227411            Provider Gender: Male            License Number: A157505            NPI: 1588197826</p> <p> Provider English Spoken: Y   Provider Language(s)            Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS            MERCY HOSPITAL CHULA            VISTA, SCRIPPS MERCY            HOSPITAL, PARADISE VALLEY            HOSPITAL            Board Certified Specialty: No</p> <p> 4050 BEYER BLVD</p>	<p>SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619)            662-4100   Website: <a href="http://syhealth.org/clinics/maternal-child-health-center">syhealth.org/clinics/maternal-child-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\150            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER            Hours: M-F 8:30AM-5:00PM</p> <p><b><u>FAMILY PRACTICE</u></b>  <b>ALVAREZ-ESTRADA, MIGUEL</b>            Provider ID: 206292            Provider Gender: Male            License Number: A157505            NPI: 1588197826</p> <p> Provider English Spoken: Y   Provider Language(s)            Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS            MERCY HOSPITAL CHULA            VISTA, SCRIPPS MERCY            HOSPITAL, PARADISE VALLEY            HOSPITAL            Board Certified Specialty: No</p> <p> 4004 BEYER BLVD            SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619)            662-4100   Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\150            American Sign Language (ASL):</p>
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## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **ARRIETA, NOEMI**


*Provider ID: 206292*

*Provider Gender: Female*

*License Number: 20A11153*

*NPI: 1912223496*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 *4004 BEYER BLVD  
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM*

*SA 8:30AM-2:00PM*

### **FAMILY PRACTICE**


#### **ARRIETA, NOEMI**


*Provider ID: 206292*

*Provider Gender: Female*

*License Number: 20A11153*

*NPI: 1912223496*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 *4004 BEYER BLVD  
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM*

*SA 8:30AM-2:00PM*

### **FAMILY PRACTICE**


#### **BAUM, PETER**


*Provider ID: 227411*

*Provider Gender: Male*

*License Number: 20A14949*

*NPI: 1174919971*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 *4050 BEYER BLVD  
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:00PM*

### **FAMILY PRACTICE**

#### **BAUM, PETER**

*Provider ID: 227411*

*Provider Gender: Male*

*License Number: 20A14949*

*NPI: 1174919971*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 *4050 BEYER BLVD  
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:00PM*

### **FAMILY PRACTICE**

#### **BORSAN, COSMIN**








*Provider ID: 206292*

*Provider Gender: Male*

*License Number: 20A17643*


*NPI: 1679060255*


## D2. Primary Care Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Romanian  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**


#### **BORSAN, COSMIN**






Provider ID: 206292  
Provider Gender: Male  
License Number: 20A17643  
NPI: 1679060255  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Romanian  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **CAMPOS, MELISSA**

Provider ID: 227411  
Provider Gender: Female  
License Number: A138474  
NPI: 1427475318  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**







#### **CAMPOS, MELISSA**

Provider ID: 227411  
Provider Gender: Female  
License Number: A138474  
NPI: 1427475318

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CARRIEDO CENICEROS, MARIA**

Provider ID: 206292  
Provider Gender: Female  
License Number: A78373  
NPI: 1295746618  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6341  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

## D2. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **CARRIEDO CENICEROS, MARIA**

Provider ID: 206292

Provider Gender: Female

License Number: A78373


NPI: 1295746618


Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6341


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **CASTILLO, STEPHANIE**

Provider ID: 206292

Provider Gender: Female


License Number: A159673


NPI: 1902330723


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **CASTILLO, STEPHANIE**

Provider ID: 206292

Provider Gender: Female

License Number: A159673


NPI: 1902330723


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **CEVALLOS, JAMES**

Provider ID: 206292

Provider Gender: Male

License Number: A55469

NPI: 1720181829


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **CEVALLOS, JAMES**

Provider ID: 206292

Provider Gender: Male

License Number: A55469

NPI: 1720181829





Provider English Spoken: Y

Provider Language(s)

## D2. Primary Care Directory

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6341  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CORONADO, MYRNA**

Provider ID: 206292

Provider Gender: Female

License Number: A112627




NPI: 1710147566

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **CORONADO, MYRNA**

Provider ID: 227411

Provider Gender: Female

License Number: A112627





NPI: 1710147566

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **CORONADO, MYRNA**


Provider ID: 206292

Provider Gender: Female

License Number: A112627


NPI: 1710147566

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CORONADO, MYRNA**


Provider ID: 227411

Provider Gender: Female

License Number: A112627





NPI: 1710147566

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



## D2. Primary Care Directory

### **FAMILY PRACTICE**

#### **DALUGDUGAN, ESTHER**

Provider ID: 206292

Provider Gender: Female

License Number: A112511

NPI: 1962662718

Provider English Spoken: Y


Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **DALUGDUGAN, ESTHER**

Provider ID: 206292

Provider Gender: Female

License Number: A112511

NPI: 1962662718

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ESTRADA, JOHANNA**

Provider ID: 206292

Provider Gender: Female

License Number: A127188

NPI: 1255698155

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA


VISTA, SCRIPPS GREEN


HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **ESTRADA, JOHANNA**

Provider ID: 206292

Provider Gender: Female

License Number: A127188

NPI: 1255698155

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA


VISTA, SCRIPPS GREEN


HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

## D2. Primary Care Directory

### **FAMILY PRACTICE**

#### **HEINRICI, ALEKA**

Provider ID: 206292

Provider Gender: Female

License Number: A125329

NPI: 1780979120

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


### **MEMORIAL HOSPITAL**

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **HEINRICI, ALEKA**

Provider ID: 206292

Provider Gender: Female

License Number: A125329

NPI: 1780979120

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


### **MEMORIAL HOSPITAL**

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **HENDRIX, JEFFERSON**

Provider ID: 227469

Provider Gender: Male

License Number: A32571

NPI: 1235142738


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

### **PROVIDER**

### **FAMILY PRACTICE**

#### **HENDRIX, JEFFERSON**

Provider ID: 227469

Provider Gender: Male

License Number: A32571

NPI: 1235142738


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **HERNANDEZ, RALPH**

Provider ID: 227469

Provider Gender: Male

License Number: C42207


NPI: 1285782151


Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N



Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)



## D2. Primary Care Directory



662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **HERNANDEZ, RALPH**


Provider ID: 227469  
Provider Gender: Male  
License Number: C42207  
NPI: 1285782151

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **HERNANDEZ, RALPH**

Provider ID: 206292  
Provider Gender: Male  
License Number: C42207  
NPI: 1285782151  
 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **HERNANDEZ, RALPH**

Provider ID: 206292  
Provider Gender: Male  
License Number: C42207  
NPI: 1285782151



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)





Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**



#### **KAUFHOLD, ANNE**

Provider ID: 206292  
Provider Gender: Female  
License Number: A88893  
NPI: 1164508073  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **KAUFHOLD, ANNE**

Provider ID: 206292  
Provider Gender: Female  
License Number: A88893  
NPI: 1164508073  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N

## D2. Primary Care Directory

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LARA, LESLEY**

Provider ID: 206292

Provider Gender: Female

License Number: A173435

NPI: 1184112682

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-4:00PM

M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

### **FAMILY PRACTICE**

#### **LARA, LESLEY**

Provider ID: 206292

Provider Gender: Female

License Number: A173435

NPI: 1184112682

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-4:00PM

M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

### **FAMILY PRACTICE**

#### **LEE, JOSEPH**

Provider ID: 206292

Provider Gender: Male

License Number: A164201

NPI: 1417480948

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST

ELIZABETH HOSP

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **LEE, JOSEPH**

Provider ID: 206292

Provider Gender: Male

License Number: A164201

NPI: 1417480948

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST

ELIZABETH HOSP

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173


Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100


Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)






## D2. Primary Care Directory

- center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **LEE, JOSEPH**






Provider ID: 227469  
Provider Gender: Male  
License Number: A164201  
NPI: 1417480948  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: ST  
ELIZABETH HOSP


Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **LEE, JOSEPH**



Provider ID: 227469  
Provider Gender: Male  
License Number: A164201

NPI: 1417480948  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: ST  
ELIZABETH HOSP  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **LEPEZ, DAVID**



Provider ID: 206292  
Provider Gender: Male  
License Number: A130348  
NPI: 1205196029  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health](http://www.syhealth.org/clinics/san-ysidro-health)

- center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LEPEZ, DAVID**

Provider ID: 206292  
Provider Gender: Male  
License Number: A130348  
NPI: 1205196029  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health](http://www.syhealth.org/clinics/san-ysidro-health)  
- center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **LEUTE, ERIC**

Provider ID: 206292  
Provider Gender: Male

## D2. Primary Care Directory

License Number: A80832

NPI: 1720171507

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,


SCRIPPS MERCY HOSPITAL


CHULA VISTA


Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**


#### **LEUTE, ERIC**

Provider ID: 206292

Provider Gender: Male

License Number: A80832

NPI: 1720171507

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,


SCRIPPS MERCY HOSPITAL


CHULA VISTA


Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**


#### **MOYA, MARY**

Provider ID: 206292

Provider Gender: Female

License Number: A80185

NPI: 1093844417

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

[/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **MOYA, MARY**

Provider ID: 206292

Provider Gender: Female

License Number: A80185

NPI: 1093844417

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NAVARRO, VANESSA**

Provider ID: 227469

## D2. Primary Care Directory

Provider Gender: Female

License Number: A113624

NPI: 1952563421

Provider English Spoken: Y

Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NAVARRO, VANESSA**

Provider ID: 227469

Provider Gender: Female

License Number: A113624

NPI: 1952563421

Provider English Spoken: Y

Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NGUYEN, CARIE**

Provider ID: 206292

Provider Gender: Female

License Number: A106103

NPI: 1174781132

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **NGUYEN, CARIE**

Provider ID: 206292

Provider Gender: Female

License Number: A106103

NPI: 1174781132

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **NIKZAD, JASON**

Provider ID: 206292

Provider Gender: Male

License Number: 20A12653

NPI: 1508121674


Provider English Spoken: Y  
 Provider Language(s)


Spoken: Farsi, Spanish  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


## D2. Primary Care Directory

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**


#### **NIKZAD, JASON**

Provider ID: 206292

Provider Gender: Male

License Number: 20A12653

NPI: 1508121674

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**


#### **ORTEGA, LUIS**

Provider ID: 206292

Provider Gender: Male

License Number: A180886

NPI: 1558924936

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **ORTEGA, LUIS**

Provider ID: 206292

Provider Gender: Male

License Number: A180886

NPI: 1558924936

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **ORTIZ, KENNETH**

Provider ID: 206292

Provider Gender: Male

License Number: A156607

NPI: 1356761571


 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No



 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)






## D2. Primary Care Directory



662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **ORTIZ, KENNETH**

Provider ID: 206292  
Provider Gender: Male  
License Number: A156607  
NPI: 1356761571  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL  
Board Certified Specialty: No



 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **ORTIZ ILIZALITURRI, ANA**


Provider ID: 227411

Provider Gender: Female  
License Number: A178949  
NPI: 1316407026  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100



 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER






Hours: M-F 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **ORTIZ ILIZALITURRI, ANA**



Provider ID: 206292  
Provider Gender: Female  
License Number: A178949  
NPI: 1316407026  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **ORTIZ ILIZALITURRI, ANA**

Provider ID: 206292  
Provider Gender: Female  
License Number: A178949  
NPI: 1316407026  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

## D2. Primary Care Directory

American Sign Language (ASL): NPI: 1508286709

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **ORTIZ ILIZALITURRI, ANA**

Provider ID: 227411

Provider Gender: Female

License Number: A178949

NPI: 1316407026

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL


CHULA VISTA

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): NPI: 1508286709

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM


### **FAMILY PRACTICE**

#### **RAJAIPOUR, NEGIN**

Provider ID: 206292

Provider Gender: Female

License Number: A145480

 Provider English Spoken: Y

 Provider Language(s) Spoken: Farsi


Cultural Competency: N


Hospital Affiliation: CHULA


VISTA COMM HOSP

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **RAJAIPOUR, NEGIN**


Provider ID: 206292

Provider Gender: Female

License Number: A145480

NPI: 1508286709

 Provider English Spoken: Y


 Provider Language(s) Spoken: Farsi


Cultural Competency: N

Hospital Affiliation: CHULA

VISTA COMM HOSP


Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **RAJAIPOUR, NEGIN**

Provider ID: 227469

Provider Gender: Female

License Number: A145480

NPI: 1508286709

 Provider English Spoken: Y

 Provider Language(s) Spoken: Farsi


Cultural Competency: N


Hospital Affiliation: CHULA

VISTA COMM HOSP

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **RAJAIPOUR, NEGIN**

## D2. Primary Care Directory

Provider ID: 227469

Provider Gender: Female

License Number: A145480

NPI: 1508286709


Provider English Spoken: Y


Provider Language(s)  
Spoken: Farsi


Cultural Competency: N

Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **RITTER, STEVEN**

Provider ID: 206292

Provider Gender: Male

License Number: 20A7435


NPI: 1356556021


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **RITTER, STEVEN**

Provider ID: 206292

Provider Gender: Male

License Number: 20A7435


NPI: 1356556021


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ROJAS, STEVEN**

Provider ID: 206292

Provider Gender: Male

License Number: A132982

NPI: 1801230297


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **ROJAS, STEVEN**

Provider ID: 206292

Provider Gender: Male

License Number: A132982

NPI: 1801230297


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

## D2. Primary Care Directory

### PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### FAMILY PRACTICE

#### ROSENBAUM, HERBERT

Provider ID: 206292

Provider Gender: Male

License Number: A169694

NPI: 1922532712


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### FAMILY PRACTICE

#### ROSENBAUM, HERBERT

Provider ID: 206292

Provider Gender: Male

License Number: A169694


NPI: 1922532712


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### FAMILY PRACTICE

#### SALEM, RAMSEY

Provider ID: 206292

Provider Gender: Male


License Number: A158364


NPI: 1245401298


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### SALEM, RAMSEY

Provider ID: 206292


Provider Gender: Male


License Number: A158364


NPI: 1245401298


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### SHAHTAJI, ALAN

Provider ID: 206292

Provider Gender: Male

License Number: 20A11087


NPI: 1972751089


Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

## D2. Primary Care Directory

/clinics/san-ysidro-health  
- center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SHAHTAJI, ALAN**

Provider ID: 206292

Provider Gender: Male

License Number: 20A11087


NPI: 1972751089


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **SNYDER, CHRISTOPHER**

Provider ID: 206292

Provider Gender: Male

License Number: 20A7502

NPI: 1922041235

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIH


Hospital - Downey, JOHN F  
KENNEDY MEMORIAL HOSP,  
CEDARS SINAI MEDICAL


CENTER, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,


EISENHOWER MEDICAL CTR,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **SNYDER, CHRISTOPHER**

Provider ID: 206292

Provider Gender: Male

License Number: 20A7502

NPI: 1922041235

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: PIH


Hospital - Downey, JOHN F


KENNEDY MEMORIAL HOSP,  
CEDARS SINAI MEDICAL  
CENTER, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
EISENHOWER MEDICAL CTR,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **STALEY, MICHAELA**

Provider ID: 206292

Provider Gender: Female


License Number: A157772


NPI: 1912438250


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **STALEY, MICHAELA**

Provider ID: 206292

Provider Gender: Female


License Number: A157772


NPI: 1912438250


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SWEET, PATRICK**

Provider ID: 206292

Provider Gender: Male

License Number: A101827

NPI: 1457407702


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: HOAG  
HOSPITAL IRVINE, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, GROSSMONT  
HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL,  
DESERT REGIONAL MED CTR,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
PIONEERS MEMORIAL  
HOSPITAL, PIONEERS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **SWEET, PATRICK**

Provider ID: 206292

Provider Gender: Male


License Number: A101827


NPI: 1457407702


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: HOAG  
HOSPITAL IRVINE, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, GROSSMONT  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
DESERT REGIONAL MED CTR,  
SHARP CORONADO HOSP

AND HEALTHCARE CTR,  
PIONEERS MEMORIAL  
HOSPITAL, PIONEERS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **TALAVERA, GREGORY**

Provider ID: 206292

Provider Gender: Male

License Number: A40061

NPI: 1740337161


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

## D2. Primary Care Directory

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **TALAVERA, GREGORY**

Provider ID: 206292

Provider Gender: Male

License Number: A40061

NPI: 1740337161


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **TREJO, RAUL**

Provider ID: 206292

Provider Gender: Male

License Number: A77936

NPI: 1174534184

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **TREJO, RAUL**

Provider ID: 206292

Provider Gender: Male

License Number: A77936

NPI: 1174534184


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

[/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **UTZ, JACK**


Provider ID: 206292

Provider Gender: Male

License Number: A183145

NPI: 1194353094


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **UTZ, JACK**

Provider ID: 206292


Provider Gender: Male

License Number: A183145

NPI: 1194353094

 Provider English Spoken: Y

## D2. Primary Care Directory

 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*  
 *Website: www.syhealth.org  
/clinics/san-ysidro-health  
-center*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*



*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**




#### **VAN HOLLEBEKE, RACHEL**


*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A177337*  
*NPI: 1497217756*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL*


*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org  
/clinics/san-ysidro-health  
-center*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):  
License Number: A71304  
NPI: 1972732584*



 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM*

### **FAMILY PRACTICE**




#### **VAN HOLLEBEKE, RACHEL**


*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A177337*  
*NPI: 1497217756*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org  
/clinics/san-ysidro-health  
-center*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*



 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM*


### **FAMILY PRACTICE**


#### **VELASQUEZ, SHARON**

*Provider ID: 206292*  
*Provider Gender: Female*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org  
/clinics/san-ysidro-health  
-center*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*



*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**



#### **VELASQUEZ, SHARON**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A71304*  
*NPI: 1972732584*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*



*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*




## D2. Primary Care Directory

 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


### **FQHC**


#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,**

Provider ID: 227411

NPI: 1558852947


 Provider English Spoken: Y  
Cultural Competency: N

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1967

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM


### **FQHC**


#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,**

Provider ID: 227411


NPI: 1558852947


 Provider English Spoken: Y  
Cultural Competency: N

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1967

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM


### **FQHC**


#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,**

Provider ID: 206292

NPI: 1952364747


 Provider English Spoken: Y  
Cultural Competency: N

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM


### **FQHC**


#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,**

Provider ID: 206292

NPI: 1952364747


 Provider English Spoken: Y  
Cultural Competency: N

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM


### **FQHC**


#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,**

Provider ID: 227469

NPI: 1801438239

 Provider English Spoken: Y  
Cultural Competency: N

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 600-4870

 After Hours Phone: (619) 662-4100






 Website: <https://www.syhe>


## D2. Primary Care Directory

[alth.org/locations](http://alth.org/locations)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**



#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,**

Provider ID: 227469  
NPI: 1801438239  
 Provider English Spoken: Y  
Cultural Competency: N  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 600-4870  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM


### **GENERAL PRACTICE**

#### **REYNAGA, JOSUE**

Provider ID: 206292  
Provider Gender: Male  
License Number: A181644  
NPI: 1356929111  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish



Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **GENERAL PRACTICE**

#### **REYNAGA, JOSUE**

Provider ID: 206292  
Provider Gender: Male  
License Number: A181644  
NPI: 1356929111  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL


Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **GENERAL PRACTICE**

#### **TEJEDA, FRANCISCO**

Provider ID: 206292  
Provider Gender: Male  
License Number: A66885  
NPI: 1407940075  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **GENERAL PRACTICE**

#### **TEJEDA, FRANCISCO**

Provider ID: 206292  
Provider Gender: Male

## D2. Primary Care Directory


License Number: A66885


NPI: 1407940075


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **GYNECOLOGY**

#### **CALDERON, JORGE**

Provider ID: 206292

Provider Gender: Male

License Number: A40480

NPI: 1407800881

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY


HOSPITAL, LOMPOC VALLEY


MEDICAL CENTER


Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **GYNECOLOGY**


#### **CALDERON, JORGE**

Provider ID: 206292

Provider Gender: Male

License Number: A40480

NPI: 1407800881

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY


HOSPITAL, LOMPOC VALLEY


MEDICAL CENTER


Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **INFECTIOUS DISEASE**

#### **PROMER, KATHERINE**

Provider ID: 206292

Provider Gender: Female

License Number: A131952

NPI: 1306280607

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, SCRIPPS MEMORIAL


HOSPITAL, PALOMAR


MEDICAL CENTER


Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **INFECTIOUS DISEASE**

#### **PROMER, KATHERINE**

Provider ID: 206292


Provider Gender: Female

License Number: A131952

NPI: 1306280607

 Provider English Spoken: Y




## D2. Primary Care Directory


 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, PALOMAR MEDICAL CENTER*  
*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:30PM SA 8:30AM-2:00PM*

### **INTERNAL MEDICINE**



#### **ALDOUS, JEANNETTE**


*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A101017*  
*NPI: 1073650339*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD

SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

#### **ALDOUS, JEANNETTE**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A101017*  
*NPI: 1073650339*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*


### **INTERNAL MEDICINE**

#### **CARPENTER, ROBERT**

*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: 20A10964*  
*NPI: 1356343040*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:30PM SA 8:30AM-2:00PM*

### **INTERNAL MEDICINE**

#### **CARPENTER, ROBERT**

*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: 20A10964*  
*NPI: 1356343040*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

## D2. Primary Care Directory

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### INTERNAL MEDICINE

#### **CHEN, TSUH YIN**







Provider ID: 206292  
Provider Gender: Female  
License Number: C55563  
NPI: 1093803520  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Portuguese,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6341  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **CHEN, TSUH YIN**

Provider ID: 206292  
Provider Gender: Female  
License Number: C55563  
NPI: 1093803520  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Portuguese,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6341  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)








Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **CHOW, MAN HUNG**

Provider ID: 227469  
Provider Gender: Female  
License Number: G66745  
NPI: 1225149115

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N  
Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **CHOW, MAN HUNG**

Provider ID: 227469  
Provider Gender: Female  
License Number: G66745  
NPI: 1225149115  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N  
Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS

## D2. Primary Care Directory

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No


 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

**DE LA ROSA, JOSE**

Provider ID: 206292

Provider Gender: Male




License Number: A49267


NPI: 1689646572

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

**DE LA ROSA, JOSE**

Provider ID: 206292

Provider Gender: Male




License Number: A49267


NPI: 1689646572

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE



**DILLON, BENEDICT**

Provider ID: 227411

Provider Gender: Male

License Number: A111118

NPI: 1710142708



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, CHULA VISTA  
COMM HOSP

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE



**DILLON, BENEDICT**

Provider ID: 227411

Provider Gender: Male

License Number: A111118

NPI: 1710142708

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL


CHULA VISTA, CHULA VISTA  
COMM HOSP

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100






 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)


## D2. Primary Care Directory

enter  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE



#### **HURST, MICHAEL**






Provider ID: 206292  
Provider Gender: Male  
License Number: 20A8081  
NPI: 1205893104  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SUTTER  
TRACY COMMUNITY HOSP,  
SCRIPPS MEMORIAL  
HOSPITAL  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-8:00PM  
SA 8:00AM-2:00PM

### INTERNAL MEDICINE

#### **HURST, MICHAEL**





Provider ID: 206292  
Provider Gender: Male  
License Number: 20A8081  
NPI: 1205893104  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SUTTER  
TRACY COMMUNITY HOSP,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-8:00PM  
SA 8:00AM-2:00PM

### INTERNAL MEDICINE


#### **KAUFER, DAVID**

Provider ID: 206292  
Provider Gender: Male  
License Number: G80107  
NPI: 1710082789  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD

SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### INTERNAL MEDICINE

#### **KAUFER, DAVID**

Provider ID: 227469  
Provider Gender: Male  
License Number: G80107  
NPI: 1710082789  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **KAUFER, DAVID**

Provider ID: 227469

## D2. Primary Care Directory

Provider Gender: Male

License Number: G80107

NPI: 1710082789

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **KAUFER, DAVID**

Provider ID: 206292

Provider Gender: Male

License Number: G80107

NPI: 1710082789

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### INTERNAL MEDICINE

#### **LAMANTIA, MICHELE**

Provider ID: 206292

Provider Gender: Female

License Number: G71855

NPI: 1124176102

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **LAMANTIA, MICHELE**

Provider ID: 206292

Provider Gender: Female

License Number: G71855

NPI: 1124176102

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **MAY, LOUIS**

Provider ID: 206292

Provider Gender: Male

License Number: A138568

NPI: 1720497514

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER



## D2. Primary Care Directory

### **INTERNAL MEDICINE**

#### **MAY, LOUIS**

Provider ID: 206292

Provider Gender: Male

License Number: A138568

NPI: 1720497514

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **PARK, DANIEL**

Provider ID: 206292

Provider Gender: Male

License Number: A99433

NPI: 1538371844

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **INTERNAL MEDICINE**

#### **PARK, DANIEL**

Provider ID: 206292

Provider Gender: Male

License Number: A99433

NPI: 1538371844

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **INTERNAL MEDICINE**

#### **POAST, JENNIFER**

Provider ID: 206292

Provider Gender: Female

License Number: 20A8245

NPI: 1164435681

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **POAST, JENNIFER**

Provider ID: 206292

Provider Gender: Female

License Number: 20A8245

NPI: 1164435681

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No


4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

## D2. Primary Care Directory

/clinics/san-ysidro-health  
-center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



### **INTERNAL MEDICINE**


#### **RAMIREZ SANCHEZ, CLAUDIA**

Provider ID: 206292  
Provider Gender: Female  
License Number: A160493  
NPI: 1659720555  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org  
/clinics/san-ysidro-health  
-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**





**RAMIREZ SANCHEZ, CLAUDIA**  
Provider ID: 206292



Provider Gender: Female  
License Number: A160493  
NPI: 1659720555  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org  
/clinics/san-ysidro-health  
-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**







#### **SALERNO, MARIANA**

Provider ID: 206292  
Provider Gender: Female  
License Number: A131021  
NPI: 1598921645  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Providence  
St. Joseph Hospital Eureka  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

662-4100  
 Website: [www.syhealth.org  
/clinics/san-ysidro-health  
-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **SALERNO, MARIANA**



Provider ID: 206292  
Provider Gender: Female  
License Number: A131021  
NPI: 1598921645  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Providence  
St. Joseph Hospital Eureka  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org  
/clinics/san-ysidro-health  
-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **SCHNEIDER-MUNOZ, MARGARITA**

Provider ID: 206292  
Provider Gender: Female

## D2. Primary Care Directory

License Number: G81461  
NPI: 1821299520  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N


Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**



#### **SCHNEIDER-MUNOZ, MARGARITA**

Provider ID: 206292

Provider Gender: Female




License Number: G81461

NPI: 1821299520

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**



#### **SHEIKH MOHAMED, AMIRA**

Provider ID: 227469

Provider Gender: Female

License Number: A153975

NPI: 1831583079

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, French,  
Hindi, Italian, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **INTERNAL MEDICINE**



#### **SHEIKH MOHAMED, AMIRA**

Provider ID: 227469

Provider Gender: Female

License Number: A153975

NPI: 1831583079

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, French,  
Hindi, Italian, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **INTERNAL MEDICINE**



#### **SY, RAMON**

Provider ID: 227469

Provider Gender: Male

License Number: A51843

NPI: 1982617403

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N


Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS


## D2. Primary Care Directory

MEMORIAL HOSPITAL,  
PARADISE VALLEY HOSPITAL

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **SY, RAMON**


Provider ID: 227469

Provider Gender: Male

License Number: A51843

NPI: 1982617403

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP


CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL


CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,  
PARADISE VALLEY HOSPITAL

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **VELAZQUEZ CAMARENA, MARIA**

Provider ID: 206292

Provider Gender: Female

License Number: A56153

NPI: 1518965714

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **VELAZQUEZ CAMARENA, MARIA**

Provider ID: 206292

Provider Gender: Female

License Number: A56153

NPI: 1518965714

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **WEN, AKI YEN CHANG**

Provider ID: 227411

Provider Gender: Male

License Number: 20A12555


NPI: 1205126505


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinic/s/maternal-child-health-center](http://syhealth.org/clinic/s/maternal-child-health-center)

## D2. Primary Care Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL,

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **WEN, AKI YEN CHANG**

Provider ID: 227411


Provider Gender: Male


License Number: 20A12555


NPI: 1205126505


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### INTERVENTIONAL

#### CARDIOLOGY


#### **MOUSSAVIAN, MEHRAN**


Provider ID: 206292

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SHARP

MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL


CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY


HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

Adventist Health and Rideout


Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### INTERVENTIONAL

#### CARDIOLOGY


#### **MOUSSAVIAN, MEHRAN**


Provider ID: 206292

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SHARP

MEMORIAL HOSPITAL,

ALVARADO HOSPITAL LLC,  
GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY


HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

Adventist Health and Rideout


Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

### OBSTETRICS / GYNECOLOGY

#### **BERGGREN, ERICA**

Provider ID: 227411

Provider Gender: Female

License Number: C158543

NPI: 1912159674

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP





MEMORIAL HOSPITAL, SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

## D2. Primary Care Directory

SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS GREEN  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **BERGGREN, ERICA**

Provider ID: 227411

Provider Gender: Female

License Number: C158543

NPI: 1912159674




 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS GREEN  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 4050 BEYER BLVD

SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **CARR, MIANDA**

Provider ID: 206292

Provider Gender: Female

License Number: A104660


NPI: 1083815823



 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: ST

JOSEPHS MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARR, MIANDA**

Provider ID: 227411

Provider Gender: Female

License Number: A104660

NPI: 1083815823



 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: ST

JOSEPHS MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARR, MIANDA**

Provider ID: 227411

Provider Gender: Female

License Number: A104660

NPI: 1083815823

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST

JOSEPHS MEDICAL CENTER,

## D2. Primary Care Directory

SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARR, MIANDA**

Provider ID: 206292

Provider Gender: Female

License Number: A104660

NPI: 1083815823

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST

JOSEPHS MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARSON, LATISA**

Provider ID: 206292

Provider Gender: Female

License Number: A72235

NPI: 1245229129

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARSON, LATISA**

Provider ID: 206292

Provider Gender: Female

License Number: A72235

NPI: 1245229129

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DANESHMAND, SHAHRAM**

Provider ID: 206292

Provider Gender: Male

License Number: A63844

NPI: 1891867412

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT

HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, SHARP


MARY BIRCH HOSP FOR


## D2. Primary Care Directory


WOMEN AND NEWBORNS,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, SCRIPPS GREEN  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **DANESHMAND, SHAHRAM**

Provider ID: 227411

Provider Gender: Male

License Number: A63844

NPI: 1891867412

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MEMORIAL

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND


NEWBORNS, SCRIPPS GREEN


HOSPITAL, SCRIPPS MERCY


HOSPITAL, SCRIPPS MERCY


HOSPITAL CHULA VISTA


Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 Fax: (619) 205-1948


 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **DANESHMAND, SHAHRAM**

Provider ID: 206292

Provider Gender: Male

License Number: A63844

NPI: 1891867412

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND

NEWBORNS, SCRIPPS GREEN


HOSPITAL, SCRIPPS MERCY


HOSPITAL, SCRIPPS MERCY


HOSPITAL CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **DANESHMAND, SHAHRAM**


Provider ID: 227411

Provider Gender: Male

License Number: A63844

NPI: 1891867412

 Provider English Spoken: Y


 Provider Language(s)




## D2. Primary Care Directory

*Spoken: Farsi, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*


*Board Certified Specialty: No*

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1948


 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:00PM*

### **OBSTETRICS / GYNECOLOGY** **DINH, MY**

*Provider ID: 206292*

*Provider Gender: Female*


*License Number: 20A9907*


*NPI: 1316146996*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY** **DINH, MY**

*Provider ID: 227411*


*Provider Gender: Female*


*License Number: 20A9907*


*NPI: 1316146996*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*PROVIDER*

### **OBSTETRICS / GYNECOLOGY** **DINH, MY**

*Provider ID: 206292*

*Provider Gender: Female*


*License Number: 20A9907*


*NPI: 1316146996*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY** **DINH, MY**

*Provider ID: 227411*

*Provider Gender: Female*


*License Number: 20A9907*


*NPI: 1316146996*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

## D2. Primary Care Directory

enter  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


### **OBSTETRICS / GYNECOLOGY** **GOLDSTEIN, EDWARD**

Provider ID: 227411

Provider Gender: Male

License Number: G20087

NPI: 1982617494

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL


CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL


Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1948

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


### **OBSTETRICS / GYNECOLOGY** **GOLDSTEIN, EDWARD**

Provider ID: 227411

Provider Gender: Male

License Number: G20087

NPI: 1982617494

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL


CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL


Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1948

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY** **GOMEZ, DANIELA**

Provider ID: 227411

Provider Gender: Female


License Number: A175006


NPI: 1255878997


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY** **GOMEZ, DANIELA**

Provider ID: 227411

Provider Gender: Female


License Number: A175006


NPI: 1255878997


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

## D2. Primary Care Directory

Hours: M-F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**

Provider ID: 206292

Provider Gender: Female


License Number: A175006


NPI: 1255878997


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**

Provider ID: 206292

Provider Gender: Female


License Number: A175006

NPI: 1255878997

 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **JENKINS, ENCHANTA**

Provider ID: 227411

Provider Gender: Female

License Number: C143625

NPI: 1285604702


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **JENKINS, ENCHANTA**

Provider ID: 227411

Provider Gender: Female

License Number: C143625

NPI: 1285604702


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **MAJERSKI GONZALEZ,**

#### **MANDY**

Provider ID: 227411

Provider Gender: Female

License Number: A113914

NPI: 1982812392

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA


MED CTR


## D2. Primary Care Directory

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

**MAJERSKI GONZALEZ,**

**MANDY**

Provider ID: 227411

Provider Gender: Female

License Number: A113914


NPI: 1982812392


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  Accessibility: CONTACT  
PROVIDER

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


**MENDEZ, DIEGO**

Provider ID: 227411

Provider Gender: Male

License Number: A47906

NPI: 1437181922


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: MERCY  
GENERAL HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, BAKERSFIELD  
MEMORIAL HOSP, SHARP  
MEMORIAL HOSPITAL,  
Adventist Health Bakersfield,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, KERN  
MEDICAL CENTER

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

### **OBSTETRICS / GYNECOLOGY**

**MENDEZ, DIEGO**

Provider ID: 227411

Provider Gender: Male

License Number: A47906

NPI: 1437181922

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: MERCY  
GENERAL HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, BAKERSFIELD  
MEMORIAL HOSP, SHARP  
MEMORIAL HOSPITAL,  
Adventist Health Bakersfield,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, KERN  
MEDICAL CENTER

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### **OBSTETRICS / GYNECOLOGY**

#### **SEFA-BOAKYE, KOFI**

Provider ID: 206292

Provider Gender: Male

License Number: G59670

NPI: 1902993660

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SEFA-BOAKYE, KOFI**

Provider ID: 206292

Provider Gender: Male

License Number: G59670

NPI: 1902993660

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SHORT, ABIADÉ**

Provider ID: 206292

Provider Gender: Male

License Number: A114893

NPI: 1750559589

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SHORT, ABIADÉ**

Provider ID: 206292

Provider Gender: Male

License Number: A114893

NPI: 1750559589

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

### **OPHTHALMOLOGY**



#### **MANI, NASRIN**

*Provider ID: 227469*

*Provider Gender: Female*

*License Number: A40473*

*NPI: 1023061314*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic, Faroese, Farsi, Persian, Spanish*


*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 *3364 BEYER BLVD  
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*


 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **OPHTHALMOLOGY**



#### **MANI, NASRIN**

*Provider ID: 227469*

*Provider Gender: Female*

*License Number: A40473*

*NPI: 1023061314*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic, Faroese, Farsi, Persian, Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 *3364 BEYER BLVD  
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **OPHTHALMOLOGY**



#### **SKAF, AYHAM**

*Provider ID: 227469*

*Provider Gender: Male*

*License Number: A120584*

*NPI: 1285888628*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic, Spanish*


*Cultural Competency: N*


*Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL*

*HOSPITAL*

*Board Certified Specialty: No*

 *3364 BEYER BLVD  
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **OPHTHALMOLOGY**



#### **SKAF, AYHAM**

*Provider ID: 227469*

*Provider Gender: Male*

*License Number: A120584*

*NPI: 1285888628*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic, Spanish*


*Cultural Competency: N*

*Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 *3364 BEYER BLVD  
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: <https://www.syhealth.org/locations>*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **ACEVEDO, SUSANA**

*Provider ID: 227411*


*Provider Gender: Female*


*License Number: A74960*


*NPI: 1801971569*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: syhealth.org/clinic/s/maternal-child-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **ACEVEDO, SUSANA**

*Provider ID: 227411*

*Provider Gender: Female*


*License Number: A74960*


*NPI: 1801971569*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*



*Website: syhealth.org/clinic/s/maternal-child-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**


#### **BARBADILLO, FERDINAND**


*Provider ID: 227411*

*Provider Gender: Male*

*License Number: A49307*

*NPI: 1982662193*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish, Tagalog*


*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR*


*Board Certified Specialty: No*

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

*Fax: (619) 205-1948*

 *After Hours Phone: (619) 662-4100*

 *Website: syhealth.org/clinic/s/maternal-child-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **BARBADILLO, FERDINAND**


*Provider ID: 206292*

*Provider Gender: Male*

*License Number: A49307*

*NPI: 1982662193*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish, Tagalog*


*Cultural Competency: N*


*Hospital Affiliation: SHARP*


*CHULA VISTA MED CTR*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org/clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:30AM-5:30PM*

### **PEDIATRICS**

#### **BARBADILLO, FERDINAND**


*Provider ID: 227411*

*Provider Gender: Male*

*License Number: A49307*

*NPI: 1982662193*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish, Tagalog*


*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR*

*Board Certified Specialty: No*


 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

## D2. Primary Care Directory

Fax: (619) 205-1948

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS


#### **BARBADILLO, FERDINAND**


Provider ID: 206292

Provider Gender: Male

License Number: A49307

NPI: 1982662193

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish, Tagalog


Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-TU 8:30AM-5:30PM

### PEDIATRICS


#### **CABARLO, JEHRIB**

Provider ID: 227411

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS


#### **CABARLO, JEHRIB**


Provider ID: 227411

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN


DIEGO

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **CHAIT LLAMAS, LWBBA**

Provider ID: 227411

Provider Gender: Female

License Number: A138938

NPI: 1134567530


 Provider English Spoken: Y


Cultural Competency: N  
Hospital Affiliation: PIONEERS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER



## D2. Primary Care Directory

### **PEDIATRICS**


#### **CHAIT LLAMAS, LWBBA**

Provider ID: 227411

Provider Gender: Female

License Number: A138938

NPI: 1134567530

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: PIONEERS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **FUJII, CINDY**

Provider ID: 227411

Provider Gender: Female

License Number: G52183

NPI: 1871664821


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **FUJII, CINDY**

Provider ID: 227411

Provider Gender: Female

License Number: G52183


NPI: 1871664821


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **GHAHREMANI, SIMIN**


Provider ID: 206292

Provider Gender: Female

License Number: C51110

NPI: 1508904657

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA


MED CTR, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **PEDIATRICS**

#### **GHAHREMANI, SIMIN**

Provider ID: 206292

Provider Gender: Female

License Number: C51110

NPI: 1508904657

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

## D2. Primary Care Directory

MED CTR, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### PEDIATRICS

**HERMAN, ANDREA**

Provider ID: 227411

Provider Gender: Female

License Number: A72721

NPI: 1518970037

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR, SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1948

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

**HERMAN, ANDREA**

Provider ID: 227411

Provider Gender: Female

License Number: A72721

NPI: 1518970037

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR, SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1948

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

**NISSAN, BETI**

Provider ID: 206292

Provider Gender: Female

License Number: A64487

NPI: 1396705299

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Persian

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, HOLLYWOOD

PRESBYTERIAN MED CTR,

SHARP MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### PEDIATRICS

**NISSAN, BETI**

Provider ID: 206292

Provider Gender: Female

License Number: A64487



NPI: 1396705299


Provider English Spoken: Y

Provider Language(s)

## D2. Primary Care Directory




*Spoken: Farsi, Persian*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO, HOLLYWOOD*  
*PRESBYTERIAN MED CTR,*  
*SHARP MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
*662-4100*  
 *Website: www.syhealth.org*  
*/clinics/san- ysidro- health*  
*- center*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
*Hours: M-F 8:00AM-5:30PM*  
*SA 8:30AM-2:00PM*

### **PEDIATRICS**

#### **PIANSAY, MARIA CORAZON**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A93785*  
*NPI: 1669680351*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish, Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CHULA VISTA MED CTR,*  
*SCRIPPS MERCY HOSPITAL*  
*CHULA VISTA*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD

SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
*662-4100*  
 *Website: www.syhealth.org*  
*/clinics/san- ysidro- health*  
*- center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

### **PEDIATRICS**







#### **PIANSAY, MARIA CORAZON**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A93785*  
*NPI: 1669680351*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish, Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CHULA VISTA MED CTR,*  
*SCRIPPS MERCY HOSPITAL*  
*CHULA VISTA*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
*662-4100*  
 *Website: www.syhealth.org*  
*/clinics/san- ysidro- health*  
*- center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*

*PROVIDER*



### **PEDIATRICS**

#### **RODRIGUEZ, ALDO**

*Provider ID: 227411*  
*Provider Gender: Male*  
*License Number: A134995*  
*NPI: 1508209651*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Portuguese,*  
*Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
*662-4100*  
 *Website: syhealth.org/clinic*  
*s/maternal- child- health- c*  
*enter*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

### **PEDIATRICS**





#### **RODRIGUEZ, ALDO**

*Provider ID: 227411*  
*Provider Gender: Male*  
*License Number: A134995*  
*NPI: 1508209651*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Portuguese,*  
*Spanish*  
*Cultural Competency: N*

## D2. Primary Care Directory

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **RUELAS, ROBERTO**

Provider ID: 227411





Provider Gender: Male

License Number: A170141

NPI: 1194257386

 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **RUELAS, ROBERTO**

Provider ID: 227411





Provider Gender: Male

License Number: A170141

NPI: 1194257386

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**



#### **SAHMS, TIMOTHY**

Provider ID: 227411

Provider Gender: Male

License Number: G51462



NPI: 1780697276




 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-1948

 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**



#### **SAHMS, TIMOTHY**

Provider ID: 227411

Provider Gender: Male

License Number: G51462

NPI: 1780697276

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-1948  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

### **PEDIATRICS**

#### **SAHMS, TIMOTHY**

Provider ID: 206292

Provider Gender: Male

License Number: G51462

NPI: 1780697276

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-7:30PM

SA 8:30AM-2:00PM

### **PEDIATRICS**

#### **SAHMS, TIMOTHY**

Provider ID: 206292

Provider Gender: Male

License Number: G51462

NPI: 1780697276

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-7:30PM

SA 8:30AM-2:00PM

### **PEDIATRICS**

#### **SHAHIDYAZDANI, TINA**

Provider ID: 227411

Provider Gender: Female

License Number: A94813

NPI: 1891924858

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SHAHIDYAZDANI, TINA**

Provider ID: 227411

Provider Gender: Female

License Number: A94813

NPI: 1891924858

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SULLIVAN, ELISSA**

Provider ID: 227411

Provider Gender: Female

License Number: A169577

NPI: 1790216422

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No


4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)





## D2. Primary Care Directory

*s/maternal- child- health- center*  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:00PM

### **PEDIATRICS**

#### **SULLIVAN, ELISSA**








Provider ID: 227411  
Provider Gender: Female  
License Number: A169577  
NPI: 1790216422  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:00PM

### **PEDIATRICS**






#### **TAYLOR, TASHA**



Provider ID: 227411  
Provider Gender: Female  
License Number: A82187  
NPI: 1528144433

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-1948  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**





#### **TAYLOR, TASHA**



Provider ID: 227411  
Provider Gender: Female  
License Number: A82187  
NPI: 1528144433  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-1948  
 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**


#### **BUCKNER, JOSEPH**

Provider ID: 206292  
Provider Gender: Male  
License Number: PA18363  
NPI: 1215909205  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


### **PHYSICIANS ASSISTANT**


#### **BUCKNER, JOSEPH**

Provider ID: 206292  
Provider Gender: Male  
License Number: PA18363  
NPI: 1215909205  
 Provider English Spoken: Y  
Cultural Competency: N

## D2. Primary Care Directory

Board Certified Specialty: No


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

**GI, HUNG**

Provider ID: 206292

Provider Gender: Male



License Number: PA16994


NPI: 1023207404

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, French,  
Spanish

Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

**GI, HUNG**

Provider ID: 206292

Provider Gender: Male




License Number: PA16994


NPI: 1023207404

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, French,  
Spanish

Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

**HARMIS, NATASHA**

Provider ID: 227469




Provider Gender: Female

License Number: PA58672

NPI: 1013516996

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100


 Website: <https://www.syhe>

[alth.org/locations](http://alth.org/locations)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PHYSICIANS ASSISTANT

**HARMIS, NATASHA**

Provider ID: 227469




Provider Gender: Female

License Number: PA58672

NPI: 1013516996

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No


 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PHYSICIANS ASSISTANT

**KAMOTO, LYNN**

Provider ID: 206292

Provider Gender: Female

License Number: PA17162

NPI: 1447326459

Provider English Spoken: Y  
 Provider Language(s)

## D2. Primary Care Directory

Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**


#### **KAMOTO, LYNN**

Provider ID: 206292

Provider Gender: Female

License Number: PA17162



NPI: 1447326459

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

### **PROVIDER**

### **PHYSICIANS ASSISTANT**

#### **PORTO MADURSKI, KRISTINE**

Provider ID: 227411





Provider Gender: Female

License Number: PA16269

NPI: 1053403782

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **PORTO MADURSKI, KRISTINE**

Provider ID: 227411





Provider Gender: Female

License Number: PA16269

NPI: 1053403782

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

### **enter**

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **ROSS, COLLIN**

Provider ID: 206292

Provider Gender: Male

License Number: PA16058

NPI: 1629182050

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **ROSS, COLLIN**

Provider ID: 206292

Provider Gender: Male

License Number: PA16058

NPI: 1629182050





 Provider English Spoken: Y

 Provider Language(s)



## D2. Primary Care Directory


*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

*Provider ID: 206292*

*Provider Gender: Female*


*License Number: PA20490*

*NPI: 1619100237*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

*Provider ID: 206292*



*Provider Gender: Female*


*License Number: PA20490*


*NPI: 1619100237*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **SMITH, DOUGLAS**

*Provider ID: 206292*



*Provider Gender: Male*


*License Number: PA12304*


*NPI: 1902016611*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **SMITH, DOUGLAS**

*Provider ID: 206292*

*Provider Gender: Male*


*License Number: PA12304*

*NPI: 1902016611*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **SUNA SITTO, MOHEEN**

*Provider ID: 227469*

*Provider Gender: Female*

*License Number: PA22855*





*NPI: 1497196729*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173


## D2. Primary Care Directory

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**


#### **SUNA SITTO, MOHEEN**

Provider ID: 227469  
Provider Gender: Female  
License Number: PA22855  
NPI: 1497196729

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **TRUJILLO, MIGUEL**

Provider ID: 206292  
Provider Gender: Male  
License Number: PA15656  
NPI: 1285806794  
 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**







#### **TRUJILLO, MIGUEL**

Provider ID: 206292  
Provider Gender: Male  
License Number: PA15656  
NPI: 1285806794  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



### **PODIATRIST**

#### **MANCHEL, BRUCE**

Provider ID: 227469  
Provider Gender: Male  
License Number: DPM2930  
NPI: 1790890788  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PODIATRIST**

#### **MANCHEL, BRUCE**

Provider ID: 227469  
Provider Gender: Male  
License Number: DPM2930  
NPI: 1790890788  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP

## D2. Primary Care Directory

### CORONADO HOSP AND HEALTHCARE CTR

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PODIATRIST

#### MANCHEL, BRUCE

Provider ID: 206292

Provider Gender: Male

License Number: DPM2930

NPI: 1790890788

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND  
HEALTHCARE CTR

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): NPI: 1457089187

N

Accessibility: CONTACT  
PROVIDER

### PODIATRIST

#### MANCHEL, BRUCE

Provider ID: 206292

Provider Gender: Male

License Number: DPM2930

NPI: 1790890788

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND  
HEALTHCARE CTR

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### REGISTERED PHYSICAL

#### THERAPIST

#### CLARK, SKYLAR

Provider ID: 227469

Provider Gender: Female

License Number: PT302385

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### REGISTERED PHYSICAL THERAPIST

#### CLARK, SKYLAR

Provider ID: 227469

Provider Gender: Female

License Number: PT302385

NPI: 1457089187

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

Hours: M-F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**


#### **TORRES, JOANN**

Provider ID: 206292

Provider Gender: Female

License Number: PT296607


NPI: 1134732522


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **TORRES, JOANN**

Provider ID: 206292

Provider Gender: Female

License Number: PT296607


NPI: 1134732522

 Provider English Spoken: Y

Cultural Competency: N


Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **SPEECH PATHOLOGIST**


#### **HILL, CARLA**

Provider ID: 206292

Provider Gender: Female

License Number: SP9075


NPI: 1043950751


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **SPEECH PATHOLOGIST**

#### **HILL, CARLA**

Provider ID: 206292

Provider Gender: Female

License Number: SP9075


NPI: 1043950751


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
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 Phone: (619) 662-4100

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 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **SURGERY GENERAL**

#### **OKWUOSA, CHRIS**

Provider ID: 206292

Provider Gender: Male

License Number: A170738

NPI: 1114336260


 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: Providence  
St Mary Medical Center

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

## D2. Primary Care Directory

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### SURGERY GENERAL

#### **OKWUOSA, CHRIS**

Provider ID: 206292

Provider Gender: Male


License Number: A170738


NPI: 1114336260


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Providence  
St Mary Medical Center

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **SANTEE**



### PEDIATRICS

#### **ARLATA, TAMANTHA**

Provider ID: 615945

Provider Gender: Female

NPI: 1568721934

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Board Certified Specialty: No

 9600 CUYAMACA ST STE  
101

SANTEE, CA 92071

 Phone: (619) 749-2150

Fax: (619) 456-9744

 After Hours Phone: (619)  
749-2150

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **MANGINE, REGINA**

Provider ID: 366456

Provider Gender: Female

NPI: 1417177577

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT


HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

 9600 CUYAMACA ST STE  
101

SANTEE, CA 92071

 Phone: (619) 749-2150

Fax: (619) 456-9744


 After Hours Phone: (619)  
749-2150

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **SPRING VALLEY**

### CERTIFIED NURSE

### PRACTITIONER

#### **LEONARD, BEVERLY**

Provider ID: 206361

Provider Gender: Female

License Number: NP10943

NPI: 1285772392


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555


 After Hours Phone: (619)  
515-2555

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

#### **LEONARD, BEVERLY**

## D2. Primary Care Directory

Provider ID: 206361

Provider Gender: Female

License Number: NP10943

NPI: 1285772392

Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 8788 JAMACHA RD  
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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **WILLIAMS, TAKISHA**

Provider ID: 206361

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **WILLIAMS, TAKISHA**

Provider ID: 206361

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **BACHARACH, REBECCA**

Provider ID: 206361

Provider Gender: Female

License Number: 20A15459


NPI: 1225442643


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)  
515-2555

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **BACHARACH, REBECCA**

Provider ID: 206361

Provider Gender: Female

License Number: 20A15459


NPI: 1225442643


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

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515-2555

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CARDONES, ARTHUR**

Provider ID: 206361

Provider Gender: Male

## D2. Primary Care Directory

License Number: A55932  
NPI: 1962436451  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Board Certified Specialty: No  
 8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
515-2555  
 Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CARDONES, ARTHUR**

Provider ID: 206361  
Provider Gender: Male  
License Number: A55932  
NPI: 1962436451  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Board Certified Specialty: No  
 8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
515-2555  
 Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER


### **FAMILY PRACTICE**


#### **CONSTANTINO, STEPHANIE**

Provider ID: 206361  
Provider Gender: Female  
License Number: A149063  
NPI: 1366824971  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
515-2555  
 Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-7:00PM  
W-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **CONSTANTINO, STEPHANIE**

Provider ID: 206361  
Provider Gender: Female  
License Number: A149063  
NPI: 1366824971  
 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
515-2555  
 Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-7:00PM  
W-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **ROSE, PATRICIA**

Provider ID: 206361  
Provider Gender: Female  
License Number: A76059  
NPI: 1588677314  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
515-2555  
 Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:30AM-5:30PM*

*TU 8:30AM-7:00PM*

*W-F 8:30AM-5:30PM*

### **FAMILY PRACTICE**

#### **ROSE, PATRICIA**

*Provider ID: 206361*

*Provider Gender: Female*


*License Number: A76059*

*NPI: 1588677314*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 *Phone: (619) 515-2555*

 *After Hours Phone: (619) 515-2555*

 *Website: www.fhcsd.org*

*Email: angelad@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:30AM-5:30PM*

*TU 8:30AM-7:00PM*

*W-F 8:30AM-5:30PM*

### **FQHC**

#### **GROSSMONT SPRING VALLEY**

#### **FAMILY HLTH CTRS INC,**


*Provider ID: 206361*

*NPI: 1508801069*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 8788 JAMACHA RD

SPRING VALLEY, CA 91977

 *Phone: (619) 515-2555*

*Fax: (619) 462-5584*

 *After Hours Phone: (619) 515-2555*

 *Website: www.fhcsd.org*

*Email: angelad@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FQHC**

#### **GROSSMONT SPRING VALLEY**


#### **FAMILY HLTH CTRS INC,**

*Provider ID: 206361*

*NPI: 1508801069*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 *Phone: (619) 515-2555*

*Fax: (619) 462-5584*

 *After Hours Phone: (619) 515-2555*

 *Website: www.fhcsd.org*

*Email: angelad@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

*Provider ID: 206361*

*Provider Gender: Female*

*License Number: 20A14919*

*NPI: 1619397031*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation:*

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

*Board Certified Specialty: No*

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 *Phone: (619) 515-2555*

 *After Hours Phone: (619) 515-2555*

 *Website: www.fhcsd.org*

*Email: angelad@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:30AM-5:30PM*

*TU 8:30AM-7:00PM*

*W-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**


*Provider ID: 206361*

*Provider Gender: Female*

*License Number: 20A14919*

*NPI: 1619397031*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation:*

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

*Board Certified Specialty: No*

 8788 JAMACHA RD



## D2. Primary Care Directory

SPRING VALLEY, CA 91977  
Phone: (619) 515-2555  
After Hours Phone: (619) 515-2555  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-7:00PM  
W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

Provider ID: 206361  
Provider Gender: Female  
License Number: A68463  
NPI: 1376663831  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS  
Board Certified Specialty: No  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
Phone: (619) 515-2555  
After Hours Phone: (619) 515-2555  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

Provider ID: 206361  
Provider Gender: Female  
License Number: A68463  
NPI: 1376663831  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Board Certified Specialty: No  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
Phone: (619) 515-2555  
After Hours Phone: (619) 515-2555  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**

Provider ID: 206361  
Provider Gender: Male  
License Number: A113001  
NPI: 1225231582  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR  
Board Certified Specialty: No  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
Phone: (619) 515-2555  
After Hours Phone: (619) 515-2555  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-7:00PM  
W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**

Provider ID: 206361  
Provider Gender: Male  
License Number: A113001  
NPI: 1225231582  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS

## D2. Primary Care Directory

MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

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515-2555

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 206361

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)

515-2555

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 206361

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

Provider ID: 206361

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

Provider ID: 206361

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)

## D2. Primary Care Directory

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
Phone: (619) 515-2555  
After Hours Phone: (619)  
515-2555  
Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 206361  
Provider Gender: Male  
License Number: A108228  
NPI: 1629277322  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
Phone: (619) 515-2555  
After Hours Phone: (619)  
515-2555  
Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 206361  
Provider Gender: Male  
License Number: A108228  
NPI: 1629277322  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
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515-2555  
Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 206361  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
Phone: (619) 515-2555

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515-2555  
Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 206361  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
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Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR,**

## D2. Primary Care Directory

### BEATRIZ

Provider ID: 206361

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY

#### FOLCH TORRES-AGUIAR,

#### BEATRIZ

Provider ID: 206361

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY

#### HANLEY, LAUREN

Provider ID: 206361

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY

#### HANLEY, LAUREN

Provider ID: 206361

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY

#### LIPSCHITZ, LISA

## D2. Primary Care Directory

Provider ID: 206361

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 206361

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 206361

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 206361

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
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Board Certified Specialty: No

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. Primary Care Directory

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:30AM-5:30PM*

*TU 8:30AM-7:00PM*

*W-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA**


**DEL**

*Provider ID: 206361*

*Provider Gender: Female*

*License Number: A114181*

*NPI: 1740514249*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL,*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 *8788 JAMACHA RD  
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 *Phone: (619) 515-2555*

 *After Hours Phone: (619)  
515-2555*

 *Website: www.fhcsd.org*


*Email: angelad@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:30AM-5:30PM*

*TU 8:30AM-7:00PM*

*W-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA**


**DEL**

*Provider ID: 206361*

*Provider Gender: Female*

*License Number: A114181*

*NPI: 1740514249*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL,*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 *8788 JAMACHA RD  
SPRING VALLEY, CA 91977*

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 *Website: www.fhcsd.org*

*Email: angelad@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:30AM-5:30PM*

*TU 8:30AM-7:00PM*

*W-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**


#### **RODRIGUEZ JEREZ, ROBERTO**

*Provider ID: 206361*

*Provider Gender: Male*

*License Number: A154298*

*NPI: 1710316450*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SHARP*


*CORONADO HOSP AND*


*HEALTHCARE CTR,*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 *8788 JAMACHA RD  
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 *Phone: (619) 515-2555*

 *After Hours Phone: (619)  
515-2555*

 *Website: www.fhcsd.org*

*Email: angelad@fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

*Provider ID: 206361*

*Provider Gender: Male*

*License Number: A154298*

*NPI: 1710316450*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SHARP*


*CORONADO HOSP AND*


*HEALTHCARE CTR,*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

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SPRING VALLEY, CA 91977*

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## D2. Primary Care Directory

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 206361

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s) Spoken: Hindi


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619) 515-2555

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 206361

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s) Spoken: Hindi


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 206361

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

 8788 JAMACHA RD  
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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 206361

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 206361

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

## D2. Primary Care Directory

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

8788 JAMACHA RD  
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Phone: (619) 515-2555  
After Hours Phone: (619)  
515-2555  
Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-7:00PM  
W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY** **WINESBURG, JENNIFER**

Provider ID: 206361  
Provider Gender: Female  
License Number: 20A11535  
NPI: 1811162456  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-7:00PM  
W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY** **ZIEG, ALAN**

Provider ID: 206361  
Provider Gender: Male  
License Number: G78814  
NPI: 1699790634

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

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Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY** **ZIEG, ALAN**

Provider ID: 206361  
Provider Gender: Male  
License Number: G78814  
NPI: 1699790634  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

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Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS** **JI, AMANDA**

Provider ID: 206361




## D2. Primary Care Directory

Provider Gender: Female

License Number: A169342

NPI: 1750745493

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 8788 JAMACHA RD  
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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **JI, AMANDA**

Provider ID: 206361

Provider Gender: Female

License Number: A169342

NPI: 1750745493

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**


#### **TRAN, TU-UYEN**

Provider ID: 206361

Provider Gender: Female

License Number: PA54588

NPI: 1598293748


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)  
515-2555


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **TRAN, TU-UYEN**

Provider ID: 206361

Provider Gender: Female

License Number: PA54588

NPI: 1598293748


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)  
515-2555

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

## **VALLEY CENTER**

### **CLINIC OUTPATIENT**

#### **NEIGHBORHOOD**


#### **HEALTHCARE,**

Provider ID: 519918

NPI: 1437335148

 Provider English Spoken: Y  
Cultural Competency: N

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

Fax: (360) 462-2750

 After Hours Phone: (760)  
742-9919


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

## D2. Primary Care Directory



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM


### **CLINIC OUTPATIENT NEIGHBORHOOD HEALTHCARE,**

Provider ID: 519918  
NPI: 1437335148

 Provider English Spoken: Y  
Cultural Competency: N  
 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
 Phone: (760) 742-9919  
Fax: (360) 462-2750

 After Hours Phone: (760)  
742-9919  
 Website: N/A

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM


### **FAMILY PRACTICE**


#### **AYON MARTINEZ, CARLOS**

Provider ID: 519918  
Provider Gender: Male  
License Number: A114419  
NPI: 1154583128

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919  
 After Hours Phone: (760)  
742-9919



 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


### **FAMILY PRACTICE**

#### **AYON MARTINEZ, CARLOS**

Provider ID: 519918  
Provider Gender: Male  
License Number: A114419  
NPI: 1154583128

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No  
 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
 Phone: (760) 742-9919  
 After Hours Phone: (760)  
742-9919


 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N





 Accessibility: CONTACT  
PROVIDER


### **FAMILY PRACTICE**

#### **CASTANER, ZALYA**

Provider ID: 519918  
Provider Gender: Female  
License Number: A139490  
NPI: 1487072179

 Provider English Spoken: Y


Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: No  
 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
 Phone: (760) 742-9912  
 After Hours Phone: (760)  
742-9912  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM



### **FAMILY PRACTICE**

#### **CASTANER, ZALYA**

Provider ID: 519918  
Provider Gender: Female  
License Number: A139490  
NPI: 1487072179

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No  
 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
 Phone: (760) 742-9912  
 After Hours Phone: (760)  
742-9912

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

## D2. Primary Care Directory

### **FAMILY PRACTICE**

#### **SCHULTZ, JAMES**

Provider ID: 519918

Provider Gender: Male

License Number: G61829

NPI: 1356376164

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Greek,  
Spanish

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
PALOMAR MEDICAL CENTER

Board Certified Specialty: No

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9919

After Hours Phone: (760)  
742-9919

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SCHULTZ, JAMES**

Provider ID: 519918

Provider Gender: Male

License Number: G61829

NPI: 1356376164

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Greek,

Spanish

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
PALOMAR MEDICAL CENTER

Board Certified Specialty: No

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9919

After Hours Phone: (760)  
742-9919

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FQHC**

#### **NEIGHBORHOOD**

#### **HEALTHCARE,**

Provider ID: 519918

NPI: 1437335148

Provider English Spoken: Y  
Cultural Competency: N

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9919

Fax: (360) 462-2750

After Hours Phone: (760)  
742-9919

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **NEIGHBORHOOD**

#### **HEALTHCARE,**

Provider ID: 519918

NPI: 1437335148

Provider English Spoken: Y  
Cultural Competency: N

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9919

Fax: (360) 462-2750

After Hours Phone: (760)  
742-9919

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **CRAYCHEE, LEO**

Provider ID: 71887

Provider Gender: Male

NPI: 1265432710

Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

28714 VALLEY CENTER RD  
STE L

VALLEY CENTER, CA 92082

Phone: (760) 749-7770

## D2. Primary Care Directory

Fax: (760) 751-9988

☎ After Hours Phone: (760) 749-7770

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Board Certified Specialty: No

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM

### PHYSICIANS ASSISTANT

#### **AGUEY, OMAR**

Provider ID: 519918

Provider Gender: Male

License Number: PA18708

NPI: 1851479372

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

📍 28477 LIZARD ROCKS RD VALLEY CENTER, CA 92082

☎ Phone: (760) 742-9919

☎ After Hours Phone: (760) 742-9919

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### PHYSICIANS ASSISTANT

#### **AGUEY, OMAR**

Provider ID: 519918

Provider Gender: Male

License Number: PA18708

NPI: 1851479372

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

📍 28477 LIZARD ROCKS RD VALLEY CENTER, CA 92082

☎ Phone: (760) 742-9919

☎ After Hours Phone: (760) 742-9919

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

## VISTA

### CERTIFIED NURSE

#### **PRACTITIONER**

#### **HALGEDAHL, YI**

Provider ID: 400339

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

📍 134 GRAPEVINE RD VISTA, CA 92083

☎ Phone: (760) 631-5000

☎ After Hours Phone: (760) 631-5000

🌐 Website: www.vistacommunityclinic.org

Email: credentialing@vcc.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM

TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

### CERTIFIED NURSE

#### **PRACTITIONER**

#### **HALGEDAHL, YI**

Provider ID: 400339

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

📍 134 GRAPEVINE RD VISTA, CA 92083

☎ Phone: (760) 631-5000

☎ After Hours Phone: (760) 631-5000

🌐 Website: www.vistacommunityclinic.org

Email: credentialing@vcc.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM

TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

## D2. Primary Care Directory

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **SCHAEPE, RHODORA**

Provider ID: 400339

Provider Gender: Female

License Number: RN410247

NPI: 1700974789


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **SCHAEPE, RHODORA**

Provider ID: 400339

Provider Gender: Female

License Number: NP7791

NPI: 1700974789


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **SCHAEPE, RHODORA**

Provider ID: 400339

Provider Gender: Female

License Number: RN410247

NPI: 1700974789


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **SCHAEPE, RHODORA**

Provider ID: 400339

Provider Gender: Female

License Number: NP7791

NPI: 1700974789


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

### **CERTIFIED NURSE**


### **PRACTITIONER**

#### **WILLIAMS, JINA**



Provider ID: 400339

## D2. Primary Care Directory

Provider Gender: Female  
License Number: NP95020624  
NPI: 1225500259

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **WILLIAMS, JINA**

Provider ID: 400339



Provider Gender: Female

License Number: NP95020624  
NPI: 1225500259

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER



### **CHIROPRACTOR**

#### **JU, NATHANIEL**

Provider ID: 400339

Provider Gender: Male



License Number: DC32054  
NPI: 1972883882

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER



### **CHIROPRACTOR**

#### **JU, NATHANIEL**

Provider ID: 400339

Provider Gender: Male

License Number: DC32054  
NPI: 1972883882



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese


Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD

VISTA, CA 92083

 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NGUYEN, DANIELA**

Provider ID: 664798


Provider Gender: Female

NPI: 1891069662

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **VCC DURIAN,**


Provider ID: 411518


NPI: 1851300123

 Provider English Spoken: Y


## D2. Primary Care Directory

*Cultural Competency: N*

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (844) 308-5003

Fax: (760) 414-3892

 After Hours Phone: (844)  
308-5003

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM


### **FQHC**


#### **VCC DURIAN,**

Provider ID: 411518

NPI: 1851300123


 Provider English Spoken: Y  
Cultural Competency: N

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (844) 308-5003

Fax: (760) 414-3892

 After Hours Phone: (844)  
308-5003

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

### **FQHC**


#### **VISTA COMMUNITY CLINIC GRAPEVINE,**

Provider ID: 400339

NPI: 1851300123

 Provider English Spoken: Y  
Cultural Competency: N

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

### **FQHC**


#### **VISTA COMMUNITY CLINIC GRAPEVINE,**

Provider ID: 400339

NPI: 1851300123

 Provider English Spoken: Y  
Cultural Competency: N

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

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 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

### **GENERAL PRACTICE**

#### **RONAN, KEVIN**


Provider ID: 400339

Provider Gender: Male

License Number: G77176

NPI: 1225017353

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **GENERAL PRACTICE**

#### **RONAN, KEVIN**


Provider ID: 400339


Provider Gender: Male

## D2. Primary Care Directory

License Number: G77176

NPI: 1225017353

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

 134 GRAPEVINE RD

VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)

631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


### **PEDIATRICS**


#### **AMANI, RAMIN**

Provider ID: 79901

Provider Gender: Male

NPI: 1659366292

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Farsi, Persian, Spanish


Cultural Competency: N

Board Certified Specialty: No

 950 CIVIC CENTER DR STE


A

VISTA, CA 92083

 Phone: (760) 439-4839

Fax: (760) 439-4841

 After Hours Phone: (760) 439-4839

 Website: N/A

Email:

[RAMINAMANIMD@GMAIL.COM](mailto:RAMINAMANIMD@GMAIL.COM)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-TU 9:00AM-4:00PM

W 9:00AM-0:00PM

TH-F 9:00AM-4:00PM


### **PEDIATRICS**

#### **AMBO, STANLEY**

Provider ID: 52269

Provider Gender: Male

NPI: 1891735676

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL


ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

 2067 W VISTA WAY STE 180

VISTA, CA 92083

 Phone: (760) 945-3434

Fax: (760) 945-6761

 After Hours Phone: (760)

945-3434

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **ASSELIN, LYNETTE**

Provider ID: 65507

Provider Gender: Female

NPI: 1053484568

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY

MEDICAL CTR

Board Certified Specialty: No

 2067 W VISTA WAY STE 280

VISTA, CA 92083

 Phone: (760) 941-3630

Fax: (760) 941-1214

 After Hours Phone: (760) 941-3630


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-6:00PM

SA 9:00AM-1:00PM

### **PEDIATRICS**


#### **BEDROSIAN, DIANE**

Provider ID: 80272

Provider Gender: Female

NPI: 1447323951

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR



## D2. Primary Care Directory

Board Certified Specialty: No  
2067 W VISTA WAY STE 280  
VISTA, CA 92083  
Phone: (760) 941-3630  
Fax: (760) 941-1214  
After Hours Phone: (760) 941-3630  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-6:00PM  
SA 9:00AM-1:00PM

### **PEDIATRICS**

#### **CASTRO, JORGE**

Provider ID: 100779  
Provider Gender: Male  
NPI: 1326082868  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Board Certified Specialty: No  
2067 W VISTA WAY STE 180  
VISTA, CA 92083  
Phone: (760) 945-3434  
Fax: (760) 945-6761  
After Hours Phone: (760) 945-3434  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **HARTFORD, NICOLE**

Provider ID: 411518  
Provider Gender: Female  
License Number: 20A14390  
NPI: 1346530466  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
105 DURIAN ST STE A  
VISTA, CA 92083  
Phone: (760) 631-5000  
After Hours Phone: (760) 631-5000  
Website: www.vistacommunityclinic.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **HARTFORD, NICOLE**

Provider ID: 411518  
Provider Gender: Female  
License Number: 20A14390  
NPI: 1346530466  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
105 DURIAN ST STE A  
VISTA, CA 92083  
Phone: (760) 631-5000  
After Hours Phone: (760) 631-5000  
Website: www.vistacommunityclinic.org

nityclinic.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **KARP, MICHAEL**

Provider ID: 95672  
Provider Gender: Male  
NPI: 1295808632  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Board Certified Specialty: No  
2067 W VISTA WAY STE 280  
VISTA, CA 92083  
Phone: (760) 941-3630  
Fax: (760) 941-1214  
After Hours Phone: (760) 941-3630  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-6:00PM  
SA 9:00AM-1:00PM

### **PEDIATRICS**

#### **KRAK, MICHAEL**







Provider ID: 23455  
Provider Gender: Male  
NPI: 1003989419  
Provider English Spoken: Y  
Provider Language(s)

## D2. Primary Care Directory

*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR*  
*Board Certified Specialty: Yes*  
 2067 W VISTA WAY STE 280 VISTA, CA 92083  
 Phone: (760) 941-3630  
*Fax: (760) 941-1214*  
 After Hours Phone: (760) 941-3630  
 Website: N/A  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER  
*Hours: M-F 8:30AM-6:00PM SA 9:00AM-1:00PM*

### **PEDIATRICS**






#### **LUSCHWITZ, BRIAN**


*Provider ID: 400339*  
*Provider Gender: Male*  
*License Number: A60517*  
*NPI: 1205868510*  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR*  
*Board Certified Specialty: No*  
 134 GRAPEVINE RD VISTA, CA 92083  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: www.vistacommunityclinic.org

*nityclinic.org*  
*Email: credentialing@vcc.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER  
*Hours: M 8:00AM-5:00PM TU 10:30AM-7:30PM W-F 8:00AM-5:00PM*

### **PEDIATRICS**

#### **LUSCHWITZ, BRIAN**






*Provider ID: 400339*  
*Provider Gender: Male*  
*License Number: A60517*  
*NPI: 1205868510*  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR*  
*Board Certified Specialty: No*  
 134 GRAPEVINE RD VISTA, CA 92083  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: www.vistacommunityclinic.org


*Email: credentialing@vcc.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER  
*Hours: M 8:00AM-5:00PM TU 10:30AM-7:30PM*

*W-F 8:00AM-5:00PM*

### **PEDIATRICS**


#### **NAUDIN, VERONICA**

*Provider ID: 84118*  
*Provider Gender: Female*  
*NPI: 1093755878*  
 Provider English Spoken: Y  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No*  
 2067 W VISTA WAY STE 180 VISTA, CA 92083  
 Phone: (760) 945-3434  
*Fax: (760) 945-6761*  
 After Hours Phone: (760) 945-3434  
 Website: N/A  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*

 Accessibility: CONTACT PROVIDER  
*Hours: M-F 8:00AM-5:00PM SA 8:00AM-0:00PM*

### **PEDIATRICS**

#### **PERTL, URSULA**

*Provider ID: 593894*  
*Provider Gender: Female*  
*NPI: 1609947464*  
 Provider English Spoken: Y  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS*

## D2. Primary Care Directory

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MEMORIAL HOSPITAL  
ENCINITAS, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
CHILDRENS HOSP OF LOS  
ANGELES

Board Certified Specialty: No

📍 2067 W VISTA WAY STE 180  
VISTA, CA 92083

☎ Phone: (760) 945-3434

Fax: (760) 945-6761

📞 After Hours Phone: (760)  
945-3434

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-2:00PM

M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### **PHYSICIANS ASSISTANT**

#### **WEAVER, APRIL**

Provider ID: 400339

Provider Gender: Female

License Number: PA20775

NPI: 1063552800

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

📞 After Hours Phone: (760)  
631-5000

🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-TH 9:00AM-2:00PM

F 8:00AM-5:00PM

SA 8:00AM-4:00PM

### **PHYSICIANS ASSISTANT**

#### **WEAVER, APRIL**

Provider ID: 400339

Provider Gender: Female

License Number: PA20775

NPI: 1063552800

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

📞 After Hours Phone: (760)  
631-5000

🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-TH 9:00AM-2:00PM

F 8:00AM-5:00PM

SA 8:00AM-4:00PM

## D3. Specialist Provider Directory

### ALPINE

#### OPTOMETRIST

##### **AOTO, KIM**

Provider ID: 268720

Board Certified Specialty: No

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)  
898-2020

Provider Gender: Female

NPI: 1780935650

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

### CARLSBAD

#### CERTIFIED NURSE

#### PRACTITIONER

##### **HOOPER, BONNIE**

Provider ID: 275252

Board Certified Specialty: No

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Phone: (760) 884-5990

Fax: (760) 448-4404

After Hours Phone: (760)  
884-5990

Provider Gender: Female

NPI: 1821062878

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

##### **RICE, ELIZABETH**

Provider ID: 304664

Board Certified Specialty: No

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Phone: (760) 631-3000

Fax: (760) 631-3016

After Hours Phone: (760)  
631-3000

Provider Gender: Female

NPI: 1902470537

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### HEARING AID DEALER / SUPPLIER

##### **DAVIS, KELLE**

Provider ID: 268654

Board Certified Specialty: No

1820 MARRON RD STE 102  
CARLSBAD, CA 92008

Phone: (760) 434-0125

Fax: (760) 434-4531

After Hours Phone: (760)  
434-0125

Provider Gender: Female

NPI: 1902853344

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

#### NEUROLOGY

##### **YOSHII-CONTRERAS, JUNE**

Provider ID: 296589

Board Certified Specialty: No

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Phone: (760) 631-3000

Fax: (760) 631-3016

After Hours Phone: (760)  
631-3000

Provider Gender: Female

NPI: 1437441763

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL


ENCINITAS, SCRIPPS


### D3. Specialist Provider Directory


MEMORIAL HOSPITAL,  
PALOMAR MEDICAL CENTER,  
TRI CITY MEDICAL CTR,  
SCRIPPS MERCY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### OTOLARYNGOLOGY

##### **DONALDSON, CHADWICK**

Provider ID: 268146

Board Certified Specialty: No

 2390 FARADAY AVE  
CARLSBAD, CA 92008

 Phone: (858) 909-0770

Fax: (858) 909-0880

 After Hours Phone: (858)  
909-0770

Provider Gender: Male

NPI: 1891743910

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
TEMECULA VALLEY HOSPITAL  
INC, SCRIPPS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SHARP CHULA VISTA MED

CTR, SHARP CHULA VISTA  
MED CTR, Sharp Grossmont  
Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PHYSICIANS ASSISTANT


##### **HERMANSON, KATHLEEN**

Provider ID: 269004

Board Certified Specialty: No

 6010 HIDDEN VALLEY RD  
STE 200

CARLSBAD, CA 92011


 Phone: (760) 631-3000

Fax: (760) 631-3016

 After Hours Phone: (760)  
631-3000

Provider Gender: Female

NPI: 1598160343

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-4:00PM


 Website: N/A


#### PHYSICIANS ASSISTANT

##### **INOCELDA, ANDREW**

Provider ID: 269089

Board Certified Specialty: No

 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

 Phone: (760) 631-3000

Fax: (760) 631-3016

 After Hours Phone: (760)  
631-3000

Provider Gender: Male

NPI: 1497950208


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### PHYSICIANS ASSISTANT

##### **SHIMIZU, KELSIE MIDORI**

Provider ID: 296819

Board Certified Specialty: No

 2390 FARADAY AVE  
CARLSBAD, CA 92008

 Phone: (858) 909-0770

Fax: (858) 909-0880

 After Hours Phone: (858)  
909-0770

Provider Gender: Female

NPI: 1972107811

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: KECK

HOSPITAL OF USC, USC

KENNETH NORRIS JR CANCER

HOSPITAL, USC VERDUGO

HILLS HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

### D3. Specialist Provider Directory

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **WILAND, WINONA**

Provider ID: 296809

Board Certified Specialty: No

 2390 FARADAY AVE  
CARLSBAD, CA 92008

 Phone: (858) 909-0770

Fax: (858) 909-0880

 After Hours Phone: (858)  
909-0770

Provider Gender: Female

NPI: 1043967383

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **REGISTERED PHYSICAL**


##### **THERAPIST**

##### **AMBROSE, CHRISTOPHER**

Provider ID: 248010

Board Certified Specialty: No

 3070 MADISON ST  
CARLSBAD, CA 92008

 Phone: (760) 434-6100

Fax: (760) 471-5139

 After Hours Phone: (760)

591-7750

Provider Gender: Male

NPI: 1114977535

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 8\125

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 7:00AM-7:00PM  
TU 7:00AM-5:00PM

W 7:00AM-7:00PM

TH 7:00AM-5:00PM

F 7:00AM-7:00PM

 Website: N/A


#### **REGISTERED PHYSICAL**


##### **THERAPIST**

##### **BOUTELLE, DAVID**

Provider ID: 248307

Board Certified Specialty: No

 3070 MADISON ST  
CARLSBAD, CA 92008

 Phone: (760) 434-6100

Fax: (760) 471-5139

 After Hours Phone: (760)  
434-6100

Provider Gender: Male

NPI: 1063461101

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 7:00AM-7:00PM  
TU 7:00AM-5:00PM

W 7:00AM-7:00PM

TH 7:00AM-5:00PM

F 7:00AM-7:00PM


 Website: N/A


#### **REGISTERED PHYSICAL** **THERAPIST**

##### **MCGEE, JACQUELINE**

Provider ID: 252472

Board Certified Specialty: No

 3070 MADISON ST  
CARLSBAD, CA 92008

 Phone: (760) 434-6100

Fax: (760) 434-4583

 After Hours Phone: (760)  
434-6100

Provider Gender: Female

NPI: 1194217133


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 8\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
7:00AM-6:00PM

 Website: N/A

#### **SURGERY NEUROLOGICAL**


##### **BEN-HAIM, SHARONA**


Provider ID: 244069

Board Certified Specialty: No

 6010 HIDDEN VALLEY RD  
STE 200

CARLSBAD, CA 92011

 Phone: (800) 926-8273


 After Hours Phone: (800)  
926-8273

Provider Gender: Female






NPI: 1942469663



 Provider English Spoken: Y

### D3. Specialist Provider Directory




 *Provider Language(s)*  
*Spoken: Hebrew, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **SURGERY NEUROLOGICAL** **BLASKIEWICZ, DONALD**

*Provider ID: 270283*  
*Board Certified Specialty: No*  
 6010 HIDDEN VALLEY RD STE 200  
CARLSBAD, CA 92011  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1215176839*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*





*PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*




#### **SURGERY NEUROLOGICAL** **MURTHY, NIKHIL**

*Provider ID: 299996*  
*Board Certified Specialty: No*  
 6010 HIDDEN VALLEY RD STE 200  
CARLSBAD, CA 92011  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1710371273*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*






#### **SURGERY NEUROLOGICAL** **PHAM, MARTIN**

*Provider ID: 203510*  
*Board Certified Specialty: No*  
 6010 HIDDEN VALLEY RD STE 200  
CARLSBAD, CA 92011  
 *Phone: (619) 543-5540*  
 *After Hours Phone: (619) 543-5540*  
*Provider Gender: Male*  
*NPI: 1609130921*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

### CHULA VISTA

#### **ANESTHESIOLOGY PAIN** **MANAGEMENT**

**DAIRO, BRANDON**  
*Provider ID: 300088*  
*Board Certified Specialty: No*  
 340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
 *Phone: (619) 761-5308*  
*Fax: (619) 591-1910*  
 *After Hours Phone: (619) 761-5308*  
*Provider Gender: Male*  
*NPI: 1689092470*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **ANESTHESIOLOGY PAIN MANAGEMENT**

##### **DAIRO, BRANDON**

Provider ID: 299879  
Board Certified Specialty: No  
340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
Phone: (619) 761-5308  
Fax: (619) 591-1910  
After Hours Phone: (619)  
761-5308  
Provider Gender: Male  
NPI: 1689092470  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\100  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **CARDIOVASCULAR DISEASE**

##### **LERNER, JONATHAN**

Provider ID: 303445  
Board Certified Specialty: No  
765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Phone: (619) 616-2100  
Fax: (619) 616-2104  
After Hours Phone: (619)  
616-2100  
Provider Gender: Male  
NPI: 1962899823

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **CERTIFIED ACUPUNCTURIST**

##### **LAM, KHANH**

Provider ID: 295381  
Board Certified Specialty: No  
340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
Phone: (619) 761-5308  
Fax: (619) 591-1910  
After Hours Phone: (619)  
761-5308  
Provider Gender: Male  
NPI: 1649594979

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Chinese, French,  
Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **CERTIFIED ACUPUNCTURIST**

##### **WILCOX, WENONAH**

Provider ID: 290591  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
Fax: (619) 425-1184  
After Hours Phone: (619)  
662-4100  
Provider Gender: Female  
NPI: 1598037178  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **BRAYTENBAH, MELANIE**

Provider ID: 262342  
Board Certified Specialty: No  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Phone: (619) 421-3361  
Fax: (619) 869-4378  
After Hours Phone: (619)



### D3. Specialist Provider Directory

421-3361  
Provider Gender: Female  
NPI: 1508370875  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
9:00AM-5:00PM  
🌐 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

#### **BRAYTENBAH, MELANIE**

Provider ID: 295830  
Board Certified Specialty: No  
📍 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
☎ Phone: (619) 421-3361  
Fax: (619) 869-4378  
🕒 After Hours Phone: (619)  
421-3361  
Provider Gender: Female  
NPI: 1508370875  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
9:00AM-5:00PM  
🌐 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

#### **BRAYTENBAH, MELANIE**

Provider ID: 268746  
Board Certified Specialty: No  
📍 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
☎ Phone: (619) 421-3361  
Fax: (619) 869-4378  
🕒 After Hours Phone: (619)  
421-3361  
Provider Gender: Female  
NPI: 1508370875  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
9:00AM-5:00PM  
🌐 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

#### **CARAPIA, FABIOLA**

Provider ID: 54496  
Board Certified Specialty: No  
📍 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
☎ Phone: (619) 427-1144  
Fax: (619) 427-1185  
🕒 After Hours Phone: (619)  
427-1144  
Provider Gender: Female  
NPI: 1184905994  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\150

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
9:00AM-5:00PM  
🌐 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

#### **CARAPIA, FABIOLA**

Provider ID: 295918  
Board Certified Specialty: No  
📍 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
☎ Phone: (619) 427-1144  
Fax: (619) 427-1185  
🕒 After Hours Phone: (619)  
427-1144  
Provider Gender: Female  
NPI: 1184905994  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
9:00AM-5:00PM  
🌐 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

#### **CARRION GELABERT, ANA**

Provider ID: 302402  
Board Certified Specialty: No  
📍 450 FOURTH AVE STE 215  
CHULA VISTA, CA 91910  
☎ Phone: (619) 425-3840  
Fax: (619) 425-3842

### D3. Specialist Provider Directory

☎ After Hours Phone: (619)  
425-3840

Provider Gender: Female

NPI: 1023178233

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

8:00AM-6:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**DE DIOS, SARAH**

Provider ID: 302418

Board Certified Specialty: No

📍 450 4TH AVE STE 215  
CHULA VISTA, CA 91910

☎ Phone: (619) 425-3840

Fax: (619) 425-3842

☎ After Hours Phone: (619)  
425-3840

Provider Gender: Female

NPI: 1528632742

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**GUADARRAMA, IGNACIO**

Provider ID: 300304

Board Certified Specialty: No

📍 880 THIRD AVESTE A  
CHULA VISTA, CA 91911

☎ Phone: (619) 662-4100

Fax: (619) 618-2035

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1821331174

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 10:00AM-4:00PM

M-F 8:30AM-7:30PM

SA 8:00AM-2:30PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**GUADARRAMA, IGNACIO**

Provider ID: 262418

Board Certified Specialty: No

📍 1323 3RD AVE  
CHULA VISTA, CA 91911

☎ Phone: (619) 409-6900

Fax: (619) 409-6901

☎ After Hours Phone: (619)  
409-6900

Provider Gender: Male

NPI: 1821331174

☑ Provider English Spoken: Y

☑ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**KANTAS, PARIS**

Provider ID: 293297

Board Certified Specialty: No

📍 678 3RD AVE  
CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

Fax: (619) 425-1184

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1114329612

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 2\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM

### D3. Specialist Provider Directory

 SA 8:00AM-2:30PM  
 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**


##### **LANE, KIMBERLY**

Provider ID: 301598


Board Certified Specialty: No

 752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

 Phone: (619) 397-4500

Fax: (858) 429-7931

 After Hours Phone: (619)  
397-4500

Provider Gender: Female

NPI: 1457670119


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **EMERGENCY MEDICINE**

##### **DILLMAN, ARIANA**

Provider ID: 290495

Board Certified Specialty: Yes

 333 H ST STE 2080  
CHULA VISTA, CA 91910


 Phone: (619) 662-4100

Fax: (661) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1497067862

 Provider English Spoken: Y


Cultural Competency: N  
Hospital Affiliation: BEVERLY  
HOSPITAL, TRI CITY MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

 Website: N/A


#### **EMERGENCY MEDICINE**

##### **EINSTEIN, ERIC**


Provider ID: 290482

Board Certified Specialty: No

 333 H ST STE 2080  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1154683787


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: CORONA  
REGIONAL MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM


 Website: N/A


#### **EMERGENCY MEDICINE**

##### **FRENCH, TONIANNE**

Provider ID: 290538

Board Certified Specialty: No

 333 H ST STE 2080  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1770578411

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

 Website: N/A


#### **EMERGENCY MEDICINE**

##### **GALASSO, MADISON**

Provider ID: 290477

Board Certified Specialty: No

 333 H ST STE 2080  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female


NPI: 1053766766

### D3. Specialist Provider Directory





 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM  
 Website: N/A

#### **EMERGENCY MEDICINE**

##### **GRIESINGER, MICHAEL**

Provider ID: 290537  
Board Certified Specialty: No  
 333 H ST STE 2080  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100


Provider Gender: Male  
NPI: 1336556604

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Adventist  
Health Bakersfield  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM  
 Website: N/A

#### **EMERGENCY MEDICINE**

##### **HARRELL-BURDER, BEVERLY**




Provider ID: 295890  
Board Certified Specialty: No  
 333 H ST STE 2080  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
Provider Gender: Female  
NPI: 1619907581

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL



Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A




#### **EMERGENCY MEDICINE**

##### **PHAM, LILY**

Provider ID: 304935  
Board Certified Specialty: No  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 Phone: (858) 966-1720  
Fax: (858) 966-1725  
 After Hours Phone: (858)  
966-1720




Provider Gender: Female  
NPI: 1811423072

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A


#### **EMERGENCY MEDICINE**

##### **QUENZER, FAITH**

Provider ID: 290637  
Board Certified Specialty: No  
 333 H ST STE 2080  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100

Provider Gender: Female  
NPI: 1295112670

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UNIVERSITY  
HSP OF SAN DIEGO CO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-2:30PM  
 Website: N/A

#### **EMERGENCY MEDICINE**

##### **REARDON, JACQUELINE**

### D3. Specialist Provider Directory

Provider ID: 290673

Board Certified Specialty: No

333 H ST STE 2080

CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1417928557

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

Website: N/A

#### **EMERGENCY MEDICINE**

##### **ROXAS, ROGER**

Provider ID: 290600

Board Certified Specialty: No

333 H ST STE 2080

CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1578910840

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

Website: N/A

#### **ENDOCRINOLOGY**

##### **METABOLISM DIABETES**

##### **CARRILLO, MARITZA**

Provider ID: 290970

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 425-1184

After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1649628587

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-4:00PM

Website: N/A

#### **FAMILY PRACTICE**

##### **DEIS, CRISTINA**

Provider ID: 302757

Board Certified Specialty: No

1637 THIRD AVESTE H  
CHULA VISTA, CA 91911

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1639478811

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

##### **HERNANDEZ, RALPH**

Provider ID: 300230

Board Certified Specialty: No

880 3RD AVE STE A  
CHULA VISTA, CA 91911

Phone: (619) 662-4100

Fax: (619) 618-2035

After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1285782151

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

 Website: N/A


#### **FAMILY PRACTICE**

##### **LOZANO, JUAN**

Provider ID: 303517

Board Certified Specialty: No

 1637 THIRD AVESTE B  
CHULA VISTA, CA 91911

 Phone: (619) 662-4100

Fax: (619) 205-1376

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1396373619


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **FAMILY PRACTICE**


##### **LOZANO, JUAN**


Provider ID: 305471

Board Certified Specialty: No

 1637 THIRD AVE STE  
B-F-H-I

CHULA VISTA, CA 91911

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1396373619

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **FAMILY PRACTICE**

##### **VELASQUEZ, SHARON**


Provider ID: 299164

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1972732584

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

 Website: N/A


#### **GASTROENTEROLOGY**

##### **NOVO, MEGAN**

Provider ID: 296068

Board Certified Specialty: No

 296 H ST STE 301  
CHULA VISTA, CA 91910

 Phone: (619) 266-3332

Fax: (619) 266-6000

 After Hours Phone: (619)  
266-3332

Provider Gender: Female

NPI: 1770961971

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, UCSD LA JOLLA

JOHN SALLY THORNTON,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, UNIVERSITY OF

CALIFORNIA IRVINE MED CTR,

UCSD MEDICAL CTR, UCSD


MEDICAL CTR, SCRIPPS


MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### D3. Specialist Provider Directory

 Website: N/A


#### **GASTROENTEROLOGY**


##### **SHAFFER, KATHERINE**

Provider ID: 305510

Board Certified Specialty: No

 296 H ST STE 301  
CHULA VISTA, CA 91910

 Phone: (619) 266-3332

 After Hours Phone: (619)  
266-3332

Provider Gender: Female

NPI: 1336405695

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PARADISE  
VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **GASTROENTEROLOGY**

##### **WIENER, GREGORY**

Provider ID: 257480

Board Certified Specialty: Yes

 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910


 Phone: (619) 585-8883

Fax: (619) 585-8892

 After Hours Phone: (619)  
585-8883

Provider Gender: Male

NPI: 1811099534

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL


HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SHARP CHULA  
VISTA MED CTR, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:30AM-4:30PM  
F 8:30AM-3:00PM

 Website: N/A


#### **GENERAL PRACTICE**

##### **SAMI, REMAN**

Provider ID: 295214

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910


 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1295362242

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **HEARING AID DEALER / SUPPLIER**

##### **ANDERSON, ELAINE**


Provider ID: 268688

Board Certified Specialty: No

 310 3RD AVE STE C11  
CHULA VISTA, CA 91910

 Phone: (619) 426-0841

Fax: (619) 426-9197

 After Hours Phone: (619)  
426-0841

Provider Gender: Female

NPI: 1063558856


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **HEARING AID DEALER / SUPPLIER**

##### **DAVIS, KELLE**

Provider ID: 268651

Board Certified Specialty: No

 310 3RD AVE STE C11  
CHULA VISTA, CA 91910

 Phone: (619) 426-0841

Fax: (619) 426-9197

 After Hours Phone: (619)

### D3. Specialist Provider Directory

426-0841  
Provider Gender: Female  
NPI: 1902853344  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:30AM-5:00PM  
🌐 Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

**ITURBE-ALESSIO, IGNACIO**  
Provider ID: 295662  
Board Certified Specialty: No  
📍 855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
📞 Phone: (619) 745-1031  
Fax: (619) 745-1032  
🕒 After Hours Phone: (619)  
745-1031  
Provider Gender: Male  
NPI: 1972513695  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT

PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

**ITURBE-ALESSIO, IGNACIO**  
Provider ID: 297145  
Board Certified Specialty: No  
📍 855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
📞 Phone: (619) 745-1031  
Fax: (619) 745-1032  
🕒 After Hours Phone: (619)  
745-1031  
Provider Gender: Male  
NPI: 1972513695  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY

HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

**JOHNSON, KENNETH**  
Provider ID: 262288  
Board Certified Specialty: No  
📍 769 MEDICAL CENTER CT  
STE 202

CHULA VISTA, CA 91911  
📞 Phone: (619) 482-8430  
Fax: (619) 482-8005  
🕒 After Hours Phone: (619)  
482-8430  
Provider Gender: Male  
NPI: 1063527711  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
PARADISE VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
9:00AM-5:00PM  
🌐 Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

**MOOLANI, RAMESH**  
Provider ID: 295976  
Board Certified Specialty: No  
📍 855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
📞 Phone: (619) 745-1031  
Fax: (619) 745-1032  
🕒 After Hours Phone: (619)  
745-1031  
Provider Gender: Male  
NPI: 1437272010  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA



### D3. Specialist Provider Directory


VISTA, LOMA LINDA  
UNIVERSITY MED CTR  
MURRIETA, SHARP CHULA  
VISTA MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### HEMATOLOGY / ONCOLOGY

##### **MOOLANI, RAMESH**

Provider ID: 297928

Board Certified Specialty: No

 855 3RD AVE STE 3330  
CHULA VISTA, CA 91911

 Phone: (619) 745-1031

Fax: (619) 745-1032

 After Hours Phone: (619)  
745-1031

Provider Gender: Male

NPI: 1437272010

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, LOMA LINDA

UNIVERSITY MED CTR

MURRIETA, SHARP CHULA


VISTA MED CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### INTERNAL MEDICINE


##### **NAIDZIONAK, ULADZISLAU**

Provider ID: 290568

Board Certified Specialty: No

 750 MEDICAL CENTER CT  
STE 9

CHULA VISTA, CA 91911


 Phone: (619) 421-6922


Fax: (619) 421-5569

 After Hours Phone: (619)  
421-6922

Provider Gender: Male

NPI: 1023246212

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Russian

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS MERCY

HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 9:00AM-4:00PM  
TU 9:00AM-5:00PM

W 9:00AM-4:00PM

TH-F 9:00AM-5:00PM

 Website: N/A

#### INTERVENTIONAL

##### CARDIOLOGY


##### **MOHAMEDALI, BURHAN**

Provider ID: 245576

Board Certified Specialty: No

 765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

 Phone: (619) 616-2100


Fax: (619) 616-2104

 After Hours Phone: (619)  
616-2100

Provider Gender: Male

NPI: 1831393289

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

#### INTERVENTIONAL

##### CARDIOLOGY


##### **NAGHI, JESSE**

Provider ID: 247625

Board Certified Specialty: No

 752 MEDICAL CENTER CT  
STE 207

CHULA VISTA, CA 91911

 Phone: (619) 867-0557



Fax: (619) 867-0558

 After Hours Phone: (619)  
867-0557




Provider Gender: Male

NPI: 1386896736

### D3. Specialist Provider Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Bulgarian,  
Russian, Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, ALVARADO  
HOSPITAL LLC, SHARP CHULA  
VISTA MED CTR, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **INTERVENTIONAL CARDIOLOGY**


##### **ROUGH, STEVEN**

Provider ID: 302985

Board Certified Specialty: No

 754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911



 Phone: (619) 434-4288

Fax: (619) 434-4315

 After Hours Phone: (619)  
434-4288




Provider Gender: Male

NPI: 1386821460

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
ALVARADO HOSP MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **INTERVENTIONAL CARDIOLOGY**


##### **ROUGH, STEVEN**

Provider ID: 298442

Board Certified Specialty: No

 754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911



 Phone: (619) 434-4288

Fax: (619) 434-4315

 After Hours Phone: (619)  
434-4288




Provider Gender: Male

NPI: 1386821460

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
ALVARADO HOSP MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **INTERVENTIONAL CARDIOLOGY**


##### **SHEREV, DIMITRI**

Provider ID: 268950

Board Certified Specialty: No

 752 MEDICAL CENTER CT  
STE 207

CHULA VISTA, CA 91911



 Phone: (619) 867-0557

Fax: (619) 867-0558

 After Hours Phone: (619)  
867-0557

Provider Gender: Male

NPI: 1154323996

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bulgarian, Russian,  
Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL,  
ALVARADO COMMUNITY  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, TRI CITY MEDICAL  
CTR, SCRIPPS MERCY  
HOSPITAL CHULA VISTA, Sharp  
Grossmont Hospital

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

### D3. Specialist Provider Directory

American Sign Language (ASL):  765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
 Phone: (619) 616-2100  
 Fax: (619) 616-2104  
 After Hours Phone: (619)  
616-2100

 Provider Gender: Female  
NPI: 1811307051  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 15\99  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### INTERVENTIONAL

#### CARDIOLOGY


#### **SUDHAKAR, DEEPTHI**

Provider ID: 295846

Board Certified Specialty: No

 765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

 Phone: (619) 616-2100

Fax: (619) 616-2104

 After Hours Phone: (619)  
616-2100

Provider Gender: Female

NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SHARP

CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### INTERVENTIONAL

#### CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 296051

Board Certified Specialty: No

Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### MATERNAL AND FETAL

#### MEDICINE


#### **MELBER, DORA**

Provider ID: 296993

Board Certified Specialty: No

 386 E H ST STE 202

CHULA VISTA, CA 91910

 Phone: (858) 966-6710


Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hungarian, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

#### MATERNAL AND FETAL

#### MEDICINE


#### **MCCULLOUGH, DEIRDRE**

Provider ID: 277263

Board Certified Specialty: No

 386 E H ST STE 202

CHULA VISTA, CA 91910

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1639153018


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR








WOMEN AND NEWBORNS,

### D3. Specialist Provider Directory

 *PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*



#### **MATERNAL AND FETAL MEDICINE**






##### **REIMERS, REBECCA**

*Provider ID: 294653*  
*Board Certified Specialty: No*  
 *386 E H ST STE 202*  
*CHULA VISTA, CA 91910*  
 *Phone: (858) 966-6710*  
*Fax: (858) 966-6711*  
 *After Hours Phone: (858)*  
*966-6710*  
*Provider Gender: Female*  
*NPI: 1801207634*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **MATERNAL AND FETAL MEDICINE**

##### **RICHARDSON, ALVIE**




*Provider ID: 264687*  
*Board Certified Specialty: No*  
 *386 E H ST STE 202*  
*CHULA VISTA, CA 91910*  
 *Phone: (858) 966-6710*  
*Fax: (858) 966-6711*

 *After Hours Phone: (858)*  
*966-6710*  
*Provider Gender: Male*  
*NPI: 1154305977*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL, RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO, Sharp Grossmont*  
*Hospital*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **MATERNAL AND FETAL MEDICINE**






##### **WESTERMANN, MELISSA**

*Provider ID: 242523*  
*Board Certified Specialty: No*  
 *386 E H ST STE 202*  
*CHULA VISTA, CA 91910*  
 *Phone: (858) 966-6710*  
*Fax: (858) 966-6711*  
 *After Hours Phone: (858)*  
*966-6710*  
*Provider Gender: Female*  
*NPI: 1760730758*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MARY BIRCH HOSP FOR*  
*WOMEN AND NEWBORNS,*  
*EARL AND LORRAINE MILLER*  
*CHILDRENS HSP, LONG*



*BEACH MEMORIAL MED CTR,*  
*UNIVERSITY OF CALIFORNIA*  
*IRVINE MED CTR, SHARP*  
*MEMORIAL HOSPITAL,*  
*GROSSMONT HOSPITAL,*  
*Sharp Grossmont Hospital,*  
*Sharp Grossmont Hospital*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **NEONATAL / PERINATAL MEDICINE**

##### **FLEMING, SARAH**

*Provider ID: 205646*  
*Board Certified Specialty: No*  
 *435 H ST*  
*CHULA VISTA, CA 91910*  
 *Phone: (619) 691-7000*  
 *After Hours Phone: (619)*  
*691-7000*  
*Provider Gender: Female*  
*NPI: 1679809826*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL, SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

### D3. Specialist Provider Directory


 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **MATOBA, NANA**

Provider ID: 297976  
Board Certified Specialty: No


 435 H ST  
CHULA VISTA, CA 91910

 Phone: (619) 691-7000  
Fax: (619) 260-7055

 After Hours Phone: (619)  
691-7000

Provider Gender: Female

NPI: 1801952197

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **NIEMI, ANNA-KAISA**


Provider ID: 262159

Board Certified Specialty: No

 435 H ST  
CHULA VISTA, CA 91910


 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1497941397

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**


##### **NYMAN, KATHERINE**

Provider ID: 301823

Board Certified Specialty: No


 435 H ST  
CHULA VISTA, CA 91910

 Phone: (619) 691-7000  
Fax: (619) 260-7055

 After Hours Phone: (619)  
691-7000

Provider Gender: Female

NPI: 1003260951

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **SPEZIALE, MARK**

Provider ID: 304829

Board Certified Specialty: No

 435 H ST  
CHULA VISTA, CA 91910

 Phone: (619) 691-7000  
Fax: (619) 260-7055

 After Hours Phone: (619)  
691-7000

Provider Gender: Male

NPI: 1801978143

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SOUTHWEST

HEALTHCARE INLAND VALLEY

HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL, SCRIPPS

MERCY HOSPITAL, UCSD

MEDICAL CTR, UCSD MEDICAL

CTR, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **NEPHROLOGY**

##### **HOREISH, ADAM**

Provider ID: 99947  
Board Certified Specialty: No

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)  
427-1144

Provider Gender: Male

NPI: 1760461206

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **NEPHROLOGY**

##### **HOREISH, ADAM**

Provider ID: 99947

Board Certified Specialty: No

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)  
427-1144

Provider Gender: Male

NPI: 1760461206

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **NEPHROLOGY**

##### **HOREISH, ADAM**

Provider ID: 290100

Board Certified Specialty: No

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)  
427-1144

Provider Gender: Male

NPI: 1760461206

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL,

PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **NEPHROLOGY**

##### **MOOLANI, UJJALA**

Provider ID: 296069

Board Certified Specialty: No

752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

Phone: (619) 421-3361

Fax: (619) 869-4378

After Hours Phone: (619)  
421-3361

Provider Gender: Female

NPI: 1528221421

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Sindhi,  
Spanish, Urdu

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

### D3. Specialist Provider Directory

#### **NEPHROLOGY**

##### **MOOLANI, UJJALA**

Provider ID: 295915

Board Certified Specialty: No

752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

Phone: (619) 421-3361

Fax: (619) 869-4378

After Hours Phone: (619)  
421-3361

Provider Gender: Female

NPI: 1528221421

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Sindhi,  
Spanish, Urdu

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **NEPHROLOGY**

##### **PATEL, AMAR**

Provider ID: 245639

Board Certified Specialty: No

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)

427-1144

Provider Gender: Male

NPI: 1821359605

Provider English Spoken: Y

Provider Language(s)  
Spoken: Gujarati, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **NEPHROLOGY**

##### **PHAM, JENNIFER**

Provider ID: 302863

Board Certified Specialty: No

340 FOURTH AVE STE 4  
CHULA VISTA, CA 91910

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)  
427-1144

Provider Gender: Female

NPI: 1235629932

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **NEPHROLOGY**

##### **VIDEEN, JOHN**

Provider ID: 65646

Board Certified Specialty: No

752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

Phone: (619) 421-3361

Fax: (619) 869-4378

After Hours Phone: (619)  
421-3361

Provider Gender: Male

NPI: 1043318199

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP CORONADO HOSP

AND HEALTHCARE CTR,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **NEPHROLOGY**

##### **VIDEEN, JOHN**

### D3. Specialist Provider Directory

Provider ID: 290110

Board Certified Specialty: No

752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

Phone: (619) 421-3361

Fax: (619) 869-4378

After Hours Phone: (619)  
421-3361

Provider Gender: Male

NPI: 1043318199

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **NEPHROLOGY**

##### **VIDEEN, JOHN**

Provider ID: 262286

Board Certified Specialty: No

752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

Phone: (619) 421-3361

Fax: (619) 869-4378

After Hours Phone: (619)  
421-3361

Provider Gender: Male

NPI: 1043318199

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **NEPHROLOGY**

##### **YUAN, HENRY**

Provider ID: 268551

Board Certified Specialty: No

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)  
427-1144

Provider Gender: Male

NPI: 1043442379

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, PARADISE  
VALLEY HOSPITAL, Providence  
St Joseph Hospital, Providence  
St Jude Medical Center, SOUTH

COAST GLOBAL MEDICAL  
CENTER INC, ENCOMPASS  
HEALTH REHABILITATION  
HOSPITAL OF TUSTIN, Foothill  
Regional Medical Center,  
Foothill Regional Medical  
Center, KINDRED HOSPITAL  
BREA, KINDRED HOSPITAL LA  
MIRADA, KINDRED HOSPITAL  
SANTA ANA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **NEUROLOGY**

##### **HOSSEIN ZADEH MALEKI, ANA**

Provider ID: 304999

Board Certified Specialty: No

450 FOURTH AVESTE 215  
CHULA VISTA, CA 91910

Phone: (619) 425-3840

Fax: (619) 485-5440

After Hours Phone: (619)  
425-3840

Provider Gender: Female

NPI: 1316471485

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Persian

Cultural Competency: N

Hospital Affiliation: TEMECULA  
VALLEY HOSPITAL INC

Medi-Cal Open Panel: Yes


Min/Max Age: 0\999


American Sign Language (ASL):



### D3. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*


 *Website: N/A*


#### **NEUROLOGY**

##### **MOHAMMAD, AHMAD SHAH**

*Provider ID: 127244*

*Board Certified Specialty: No*

 750 MEDICAL CENTER CT  
STE 6  
CHULA VISTA, CA 91911



 *Phone: (619) 337-7900*

*Fax: (619) 337-7902*

 *After Hours Phone: (619)  
337-7900*

*Provider Gender: Male*

*NPI: 1902973472*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Arabic, Farsi,  
French, German, Pushto,  
Spanish*

*Cultural Competency: N*

*Hospital Affiliation:*


*GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL, SHARP CHULA  
VISTA MED CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **NEUROLOGY**

##### **SORIA LOPEZ, JOSE**


*Provider ID: 295744*

*Board Certified Specialty: No*

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910



 *Phone: (619) 425-3840*

*Fax: (619) 485-5440*

 *After Hours Phone: (619)  
425-3840*

*Provider Gender: Male*

*NPI: 1225474034*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, TEMECULA  
VALLEY HOSPITAL INC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-6:00PM*

 *Website: N/A*

#### **OBSTETRICS / GYNECOLOGY**

##### **ATIGA, SCHUBERT**


*Provider ID: 268953*

*Board Certified Specialty: Yes*

 752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911

 *Phone: (619) 482-8406*


*Fax: (619) 482-6656*


 *After Hours Phone: (619)  
482-8406*

482-8406

*Provider Gender: Male*

*NPI: 1033138714*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH  
8:00AM-5:00PM*

*F 8:00AM-0:00PM*

 *Website: N/A*

#### **OBSTETRICS / GYNECOLOGY**

##### **ATIGA, SCHUBERT**


*Provider ID: 290331*

*Board Certified Specialty: Yes*

 752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911


 *Phone: (619) 482-8406*


*Fax: (619) 482-6656*

 *After Hours Phone: (619)  
482-8406*

*Provider Gender: Male*

*NPI: 1033138714*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL*

*Medi-Cal Open Panel: Yes*


### D3. Specialist Provider Directory

Min/Max Age: 13\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-5:00PM  
F 8:00AM-0:00PM


 Website: N/A


#### **OCCUPATIONAL THERAPIST**

##### **MORRIS, SHEILA**


Provider ID: 268926

Board Certified Specialty: No

 1020 TIERRA DEL REY STE  
A-1  
CHULA VISTA, CA 91910

 Phone: (619) 585-7104

Fax: (619) 585-7106

 After Hours Phone: (619)  
585-7104

Provider Gender: Female

NPI: 1689039877

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
7:00AM-6:00PM  
SA 7:00AM-2:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **BRYANT, DUANE**

Provider ID: 244753

Board Certified Specialty: No

 342 F ST  
CHULA VISTA, CA 91910

 Phone: (619) 422-1471

Fax: (619) 422-0450

 After Hours Phone: (619)  
422-1471

Provider Gender: Male

NPI: 1023117124

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 13\130

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:00AM-5:00PM  
TU 7:00AM-5:00PM  
W 8:00AM-5:00PM  
TH-F 7:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **BRYANT, DUANE**

Provider ID: 297630

Board Certified Specialty: No

 342 F ST  
CHULA VISTA, CA 91910


 Phone: (619) 422-1471


Fax: (619) 422-0450

 After Hours Phone: (619)  
422-1471

Provider Gender: Male

NPI: 1023117124

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:00AM-5:00PM  
TU 7:00AM-5:00PM  
W 8:00AM-5:00PM  
TH-F 7:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **HO, AMIEE**


Provider ID: 297633

Board Certified Specialty: No

 342 F ST  
CHULA VISTA, CA 91910

 Phone: (619) 422-1471


Fax: (619) 422-0450

 After Hours Phone: (619)  
422-1471

Provider Gender: Female

NPI: 1396009478

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### D3. Specialist Provider Directory


 Website: N/A

#### **OPTOMETRIST**


##### **CHAIN, PEI CHI**

Provider ID: 297621

Board Certified Specialty: No

 342 F ST

CHULA VISTA, CA 91910


 Phone: (619) 422-1471

Fax: (619) 422-2025

 After Hours Phone: (619)  
422-1471

Provider Gender: Female

NPI: 1730676727

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM


 Website: N/A

#### **OPTOMETRIST**


##### **KOO, ANITA**


Provider ID: 304830

Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1669825667

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OPTOMETRIST**


##### **KOO, ANITA**

Provider ID: 304537

Board Certified Specialty: No

 835 THIRD AVE STE A

CHULA VISTA, CA 91911

 Phone: (619) 425-7755

Fax: (619) 425-2138

 After Hours Phone: (619)  
425-7755

Provider Gender: Female

NPI: 1669825667


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **MASCARENO, EFRAIN**

Provider ID: 262229

Board Certified Specialty: No

 440 4TH AVE STE 9

CHULA VISTA, CA 91910

 Phone: (619) 427-2020

Fax: (866) 254-5707

 After Hours Phone: (619)  
427-2020

Provider Gender: Male

NPI: 1457507279


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-6:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **MASCARENO, EFRAIN**

Provider ID: 262228

Board Certified Specialty: No

 2260 OTAY LAKES RD STE  
111

CHULA VISTA, CA 91915

 Phone: (619) 421-5550

Fax: (866) 254-5707

 After Hours Phone: (619)  
421-5550

Provider Gender: Male

NPI: 1457507279


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-6:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **MASCARENO, EFRAIN**

Provider ID: 268679

Board Certified Specialty: No

### D3. Specialist Provider Directory

 2260 OTAY LAKES RD STE 111  
CHULA VISTA, CA 91915


 Phone: (619) 421-5550

Fax: (866) 254-5707

 After Hours Phone: (619) 421-5550

Provider Gender: Male

NPI: 1457507279

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

9:00AM-6:00PM

 Website: N/A


#### **OPTOMETRIST**

#### **MASCARENO, EFRAIN**


Provider ID: 268680

Board Certified Specialty: No

 440 4TH AVE STE 9  
CHULA VISTA, CA 91910


 Phone: (619) 427-2020

Fax: (866) 254-5707

 After Hours Phone: (619) 427-2020

Provider Gender: Male

NPI: 1457507279

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

9:00AM-6:00PM

 Website: N/A


#### **OPTOMETRIST**

#### **NGUYEN, THU**

Provider ID: 298022

Board Certified Specialty: No

 342 F ST  
CHULA VISTA, CA 91910


 Phone: (619) 422-1471


Fax: (619) 422-0450

 After Hours Phone: (619) 422-1471

Provider Gender: Female

NPI: 1326323627

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish, Tagalog, Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **OPTOMETRIST**

#### **NGUYEN, THU**

Provider ID: 265518

Board Certified Specialty: No

 342 F ST  
CHULA VISTA, CA 91910

 Phone: (619) 422-1471


Fax: (619) 422-0450

 After Hours Phone: (619) 422-1471

Provider Gender: Female

NPI: 1326323627

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog, Vietnamese


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **OPTOMETRIST**

#### **NGUYEN, THU**

Provider ID: 125032

Board Certified Specialty: No

 342 F ST  
CHULA VISTA, CA 91910

 Phone: (619) 422-1471


Fax: (619) 422-0450

 After Hours Phone: (619) 422-1471

Provider Gender: Female

NPI: 1326323627

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog, Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 13\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **OPTOMETRIST**

##### **RICHARDSON, JULIA**

Provider ID: 297645

Board Certified Specialty: No

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 422-2025

After Hours Phone: (619) 422-1471

Provider Gender: Female

NPI: 1770154528

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **OPTOMETRIST**

##### **SCOVILL, ALEXANDRA**

Provider ID: 297625

Board Certified Specialty: No

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 422-0114

After Hours Phone: (619) 422-1471

Provider Gender: Female

NPI: 1184146094

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **OPTOMETRIST**

##### **TRAN, JESSICA**

Provider ID: 304888

Board Certified Specialty: No

340 FOURTH AVE STE 19

CHULA VISTA, CA 91910

Phone: (619) 761-5308

Fax: (619) 591-1910

After Hours Phone: (619) 761-5308

Provider Gender: Female

NPI: 1457922957

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

##### **MCCALLION, PATRICK**

Provider ID: 290541

Board Certified Specialty: No

765 MEDICAL CENTER CT

STE 210

CHULA VISTA, CA 91911

Phone: (619) 482-0565

Fax: (619) 482-2775

After Hours Phone: (619) 482-0565

Provider Gender: Male

NPI: 1134144454

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

ALVARADO HOSPITAL LLC

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **OTOLARYNGOLOGY**

##### **SAEZ, NEIL**

Provider ID: 302432

Board Certified Specialty: No

765 MEDICAL CENTER CT

STE 210

CHULA VISTA, CA 91911

Phone: (619) 482-0565

Fax: (619) 482-2775

After Hours Phone: (619) 482-0565

Provider Gender: Male

NPI: 1518456508

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

### D3. Specialist Provider Directory

9:00AM-5:00PM  
Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **AGHILI, ROXANA**

Provider ID: 303782

Board Certified Specialty: No

386 E H ST STE 202  
CHULA VISTA, CA 91910

Phone: (858) 966-1720

Fax: (858) 966-1725

After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1851927883

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN  
DIEGO, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **BETTY, MARYANN**

Provider ID: 245751

Board Certified Specialty: No

386 E H ST STE 202  
CHULA VISTA, CA 91910

Phone: (858) 966-1720

Fax: (858) 966-1725

After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1285014498

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **DEVERA, GEMMIE**

Provider ID: N/A

Board Certified Specialty: No

386 E H ST STE 202  
CHULA VISTA, CA 91910

Phone: (858) 966-1720

After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1366622078

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **GORHAM, LAURA**

Provider ID: 275787

Board Certified Specialty: No

386 E H ST STE 202  
CHULA VISTA, CA 91910

Phone: (858) 966-1720

Fax: (858) 966-1725

After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1316162324

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **GROSS, MATTHEW**

Provider ID: 297176

Board Certified Specialty: No

### D3. Specialist Provider Directory

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 Phone: (858) 966-1720  
Fax: (858) 966-1725

 After Hours Phone: (858)  
966-1720

Provider Gender: Male

NPI: 1942223664

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**

##### **MENDES, CHANTAL**

Provider ID: 295669

Board Certified Specialty: No

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 Phone: (858) 966-1720  
Fax: (858) 966-1725

 After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1134681265

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**

##### **MINKA, GENEVIEVE**

Provider ID: 289468

Board Certified Specialty: No



 386 E H ST STE 202  
CHULA VISTA, CA 91910

 Phone: (858) 966-1720  
Fax: (858) 966-1725

 After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1689646689

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN


DIEGO, SCRIPPS MERCY  
HOSPITAL CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**

##### **OZAKI, YOSHIHIRO**

Provider ID: 241923

Board Certified Specialty: No

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 Phone: (858) 966-1720  
Fax: (858) 966-1725

 After Hours Phone: (858)  
966-1720

Provider Gender: Male

NPI: 1467898239

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Japanese

Cultural Competency: N


Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**

##### **VAIDYA, KAMALA**

Provider ID: 289411

Board Certified Specialty: No

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 Phone: (858) 966-1720  
Fax: (858) 966-1725

### D3. Specialist Provider Directory

📞 After Hours Phone: (858) 966-1720

Provider Gender: Female

NPI: 1083840920

🗣️ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

🌐 Website: N/A

#### **PEDIATRICS**

##### **ROWHANI, NAGHMEH**

Provider ID: 306065

Board Certified Specialty: No

📍 280 E ST  
CHULA VISTA, CA 91910

📞 Phone: (619) 662-4100

Fax: (619) 426-2170

📞 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1992876759

🗣️ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\17

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICAL MEDICINE / REHABILITATION**

##### **RICHARDSON, HENRY**

Provider ID: 295275

Board Certified Specialty: No

📍 340 4TH AVE STE 19  
CHULA VISTA, CA 91910

📞 Phone: (760) 607-5350

Fax: (760) 607-5365

📞 After Hours Phone: (760) 607-5350

Provider Gender: Male

NPI: 1407052459

🗣️ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **BEITTER, KEERSTIN**

Provider ID: 300093

Board Certified Specialty: No

📍 340 4TH AVE STE 19  
CHULA VISTA, CA 91910

📞 Phone: (619) 761-5308

Fax: (619) 591-1910

📞 After Hours Phone: (619)

761-5308

Provider Gender: Female

NPI: 1477129302

🗣️ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **DOUGHERTY, CLARA**

Provider ID: 301592

Board Certified Specialty: No

📍 752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

📞 Phone: (619) 397-4500

Fax: (858) 429-7931

📞 After Hours Phone: (619) 397-4500

Provider Gender: Female

NPI: 1609987619

🗣️ Provider English Spoken: Y  
🗣️ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes




### D3. Specialist Provider Directory

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM


 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **GI, HUNG**

Provider ID: 302126

Board Certified Specialty: No

 280 E ST

CHULA VISTA, CA 91910


 Phone: (619) 662-4100


Fax: (619) 662-4196

 After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1023207404

 Provider English Spoken: Y

 Provider Language(s) Spoken: Chinese, French, Spanish

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **GUTH, CARA**

Provider ID: 299110

Board Certified Specialty: No

 480 4TH AVE STE 501

CHULA VISTA, CA 91910


 Phone: (619) 425-9510

Fax: (619) 425-0539

 After Hours Phone: (619) 425-9510

Provider Gender: Female

NPI: 1992177182

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 21\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

9:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **INDA, PRISCILLA**

Provider ID: 265072

Board Certified Specialty: No

 450 4TH AVE STE 215

CHULA VISTA, CA 91910


 Phone: (619) 434-0204


Fax: (619) 337-0191

 After Hours Phone: (619) 434-0204

Provider Gender: Female

NPI: 1679008379

 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic, Russian, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\110

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:30AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **VARGAS, CHRISTOPHER**

Provider ID: 268744

Board Certified Specialty: No

 2452 FENTON ST STE C203  
CHULA VISTA, CA 91914

 Phone: (619) 600-5309

Fax: (619) 655-4700

 After Hours Phone: (619) 600-5309

Provider Gender: Male

NPI: 1922505775

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **VARGAS, CHRISTOPHER**

Provider ID: 295828

Board Certified Specialty: No

 2452 FENTON ST STE C203  
CHULA VISTA, CA 91914

 Phone: (619) 600-5309

### D3. Specialist Provider Directory

Fax: (619) 655-4700

☎ After Hours Phone: (619)  
600-5309

Provider Gender: Male

NPI: 1922505775

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **VARGAS, CHRISTOPHER**

Provider ID: 295945

Board Certified Specialty: No

📍 2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

☎ Phone: (619) 600-5309

Fax: (619) 655-4700

☎ After Hours Phone: (619)  
600-5309

Provider Gender: Male

NPI: 1922505775

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **WRIGHT, DEREK**

Provider ID: 302389

Board Certified Specialty: No

📍 340 FOURTH AVE STE 19  
CHULA VISTA, CA 91910

☎ Phone: (619) 761-5308

Fax: (619) 591-1910

☎ After Hours Phone: (619)  
761-5308

Provider Gender: Male

NPI: 1629674858

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PODIATRIST**

##### **DAVIDSON, JOHN**

Provider ID: 129545

Board Certified Specialty: No

📍 345 F ST STE 100  
CHULA VISTA, CA 91910

☎ Phone: (619) 427-3481

Fax: (619) 420-7807

☎ After Hours Phone: (619)

427-3481

Provider Gender: Male

NPI: 1689069874

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
9:00AM-4:30PM

🌐 Website: N/A

#### **PODIATRIST**

##### **READ, TRENTON**

Provider ID: 296655

Board Certified Specialty: No

📍 855 3RD AVE STE 1100  
CHULA VISTA, CA 91911

☎ Phone: (619) 631-4033

Fax: (619) 880-5057

☎ After Hours Phone: (619)  
631-4033

Provider Gender: Male

NPI: 1952963431

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
9:00AM-5:00PM  
Website: N/A

#### **PSYCHOLOGIST**

##### **BAYLON, ALDO**

Provider ID: 290243  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
Fax: (619) 425-6941  
After Hours Phone: (619)  
662-4100

Provider Gender: Male  
NPI: 1649429150

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-4:00PM

Website: N/A

#### **PSYCHOLOGIST**

##### **CELAYA, PATRICIA**

Provider ID: 294875  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
Fax: (619) 425-1184  
After Hours Phone: (619)  
662-4100

Provider Gender: Female  
NPI: 1952656902

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-4:00PM

Website: N/A

#### **PSYCHOLOGIST**

##### **GALLO, LINDA**

Provider ID: 296782  
Board Certified Specialty: No  
780 BAY BLVD STE 200  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
Fax: (619) 240-7852

After Hours Phone: (619)  
662-4100

Provider Gender: Female  
NPI: 1427773621

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PSYCHOLOGIST**

##### **GOULD, HILARY**

Provider ID: 290467

Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
Fax: (619) 271-0260

After Hours Phone: (619)  
662-4100

Provider Gender: Female  
NPI: 1104297696

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

Website: N/A

#### **PSYCHOLOGIST**

##### **WIJAYARATNE, IMANIE**

Provider ID: 290092  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
Fax: (619) 271-0260

After Hours Phone: (619)  
662-4100



Provider Gender: Male  
NPI: 1932358355

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### D3. Specialist Provider Directory

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **RADIATION ONCOLOGY**

##### **CARMONA, RUBEN**

Provider ID: 303101

Board Certified Specialty: No

 769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

 Phone: (858) 939-5010

Fax: (619) 740-8499

 After Hours Phone: (858)  
939-5010

Provider Gender: Male

NPI: 1275929242

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIATION ONCOLOGY**

##### **COLEMAN, LORI**

Provider ID: 206393

Board Certified Specialty: No

 769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911


 Phone: (619) 502-5851

Fax: (619) 502-5865

 After Hours Phone: (619)  
502-5851

Provider Gender: Female

NPI: 1053348920

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER,  
Sharp Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIATION ONCOLOGY**

##### **VOLPP, PAUL**


Provider ID: 221102

Board Certified Specialty: No

 769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911


 Phone: (619) 502-5851

Fax: (619) 502-5865

 After Hours Phone: (619)  
502-5851

Provider Gender: Male

NPI: 1225186232

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,

GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIATION ONCOLOGY**

##### **WEINSTEIN, GEOFFREY**

Provider ID: 200538

Board Certified Specialty: No

 769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

 Phone: (619) 502-5851


Fax: (619) 502-5865

 After Hours Phone: (619)  
502-5851

Provider Gender: Male

NPI: 1841233947

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SHARP CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 19\100

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **REGISTERED PHYSICAL THERAPIST**

##### **CHENG, BRANDON**

Provider ID: 304529

Board Certified Specialty: No

1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1336894724

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TH  
7:00AM-7:00PM

F 7:00AM-5:00PM

SA 8:00AM-1:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **DAGOSTINO, JACQUELINE**

Provider ID: 301377

Board Certified Specialty: No

1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1710457379

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **DAGOSTINO, JACQUELINE**

Provider ID: 243632

Board Certified Specialty: No

1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1710457379

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **DORSEY, KYLE**

Provider ID: 301422

Board Certified Specialty: No

1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1790334316

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 7:00AM-7:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **DORSEY, KYLE**

Provider ID: 286987

Board Certified Specialty: No

1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1790334316

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes



Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT

### D3. Specialist Provider Directory

#### PROVIDER

 Hours: M-F 7:00AM-7:00PM  
 Website: N/A


#### REGISTERED PHYSICAL

#### THERAPIST

#### HERMAN, RACHEL


Provider ID: 286656  
Board Certified Specialty: No  
 1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
Fax: (619) 482-3001  
 After Hours Phone: (619) 482-3000

Provider Gender: Female  
NPI: 1477121762

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### REGISTERED PHYSICAL


#### THERAPIST

#### HERMAN, RACHEL

Provider ID: 301376  
Board Certified Specialty: No  
 1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
Fax: (619) 482-3001  
 After Hours Phone: (619) 482-3000


Provider Gender: Female

NPI: 1477121762

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



#### REGISTERED PHYSICAL

#### THERAPIST

#### JAIN, ALEXANDRA

Provider ID: 305150  
Board Certified Specialty: No  
 880 THIRD AVE STE A  
CHULA VISTA, CA 91911  
 Phone: (619) 205-4585  
Fax: (619) 271-3183  
 After Hours Phone: (619) 205-4585


Provider Gender: Female  
NPI: 1063170603

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 55\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



#### REGISTERED PHYSICAL

#### THERAPIST

#### JIMENEZ, ANDREA



Provider ID: 299889  
Board Certified Specialty: No  
 1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
Fax: (619) 482-3001  
 After Hours Phone: (619) 482-3000

Provider Gender: Female  
NPI: 1407440670

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

#### REGISTERED PHYSICAL

#### THERAPIST

#### KARANDE, PRACHI

Provider ID: 287100  
Board Certified Specialty: No  
 1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
Fax: (619) 482-3001  
 After Hours Phone: (619) 482-3000

Provider Gender: Female  
NPI: 1699357525

 Provider English Spoken: Y  
Cultural Competency: N

### D3. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**


**KARANDE, PRACHI**

Provider ID: 301380

Board Certified Specialty: No

 1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1699357525

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

**NGUYEN, TIA**


Provider ID: 305014

Board Certified Specialty: No

 1392 E PALOMAR ST STE

503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1457136269

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH

7:00AM-7:00PM

F 7:00AM-4:00PM

 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**


**NGUYEN, TIA**

Provider ID: 305013

Board Certified Specialty: No

 1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1457136269

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-TH

7:00AM-7:00PM

F 7:00AM-4:00PM

 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**


**NOVENCIDO, ANDREW**

Provider ID: 286782

Board Certified Specialty: No

 1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1447723937


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**


**NOVENCIDO, ANDREW**

Provider ID: 301994

Board Certified Specialty: No

 1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

### D3. Specialist Provider Directory

☎ After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1447723937

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **SPARKS, TODD**

Provider ID: 301108

Board Certified Specialty: No

📍 1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

☎ Phone: (619) 482-3000

Fax: (619) 482-3001

☎ After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1265481139

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 7:00AM-7:00PM  
TU 7:00AM-0:00PM

W-TH 7:00AM-7:00PM

F 7:00AM-0:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **SPARKS, TODD**

Provider ID: 129142

Board Certified Specialty: No

📍 1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

☎ Phone: (619) 482-3000

Fax: (619) 482-3001

☎ After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1265481139

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 7:00AM-7:00PM  
TU 7:00AM-0:00PM

W-TH 7:00AM-7:00PM

F 7:00AM-0:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **STAHL, KEVIN**

Provider ID: 305424

Board Certified Specialty: No

📍 1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

☎ Phone: (619) 482-3000

Fax: (619) 482-3001

☎ After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1760194302

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **STAHL, KEVIN**

Provider ID: 301418

Board Certified Specialty: No

📍 1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

☎ Phone: (619) 482-3000

Fax: (619) 482-3001

☎ After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1760194302

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM



### D3. Specialist Provider Directory

 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**


##### **VILLANUEVA, GIOVANNI**

Provider ID: 301532

Board Certified Specialty: No

 1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913


 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1063046878

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7:00AM-7:00PM

 Website: N/A

#### **RHEUMATOLOGY**


##### **CHITKARA, PUJA**

Provider ID: 262358


Board Certified Specialty: No

 765 MEDICAL CENTER CT STE 216

CHULA VISTA, CA 91911

 Phone: (619) 623-3000


Fax: (619) 623-3001

 After Hours Phone: (619) 623-3000

Provider Gender: Female

NPI: 1871718189

 Provider English Spoken: Y N

 Provider Language(s) Spoken: Hindi, Russian, Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS MERCY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:00AM-4:30PM

 Website: N/A

#### **RHEUMATOLOGY**


##### **CHWA, JEFFREY**

Provider ID: 268780

Board Certified Specialty: No

 765 MEDICAL CENTER CT STE 216

CHULA VISTA, CA 91911

 Phone: (619) 623-3000

Fax: (619) 623-3001

 After Hours Phone: (619) 623-3000

Provider Gender: Male

NPI: 1285989236

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SHARP


CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:00AM-5:00PM

 Website: N/A


#### **SPEECH PATHOLOGIST**

##### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296928

Board Certified Specialty: No

 333 H ST STE 5000 CHULA VISTA, CA 91910

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877) 757-8353

Provider Gender: Female

NPI: 1063660165

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **SPEECH PATHOLOGIST**

##### **CALDERON MORALES, ASTRID**


Provider ID: 305582

Board Certified Specialty: No

 333 H ST STE 5000 CHULA VISTA, CA 91910

 Phone: (877) 757-8353

Fax: (818) 357-2505


 After Hours Phone: (877) 757-8353

Provider Gender: Female

NPI: 1619501186

 Provider English Spoken: Y

### D3. Specialist Provider Directory



 *Provider Language(s) Spoken: Armenian, Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 7:00AM-7:00PM*  
 *Website: N/A*

#### **SPEECH PATHOLOGIST**




##### **CLARK, MELISSA**

*Provider ID: 296923*  
*Board Certified Specialty: No*  
 333 H ST STE 5000  
CHULA VISTA, CA 91910  
 *Phone: (877) 757-8353*  
*Fax: (818) 357-2505*  
 *After Hours Phone: (877) 757-8353*

*Provider Gender: Female*  
*NPI: 1760546428*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic, Armenian, Farsi, Spanish*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU 7:00AM-7:00PM*  
*M-F 7:00AM-7:00PM*  
 *Website: N/A*



#### **SPEECH PATHOLOGIST**

##### **MADERA RIVERA, PAULA**




*Provider ID: 296579*

*Board Certified Specialty: No*  
 333 H ST STE 5000  
CHULA VISTA, CA 91910  
 *Phone: (877) 757-8353*  
*Fax: (818) 357-2505*  
 *After Hours Phone: (877) 757-8353*

*Provider Gender: Female*  
*NPI: 1205443769*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic, Armenian, Farsi, Spanish*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 7:00AM-7:00PM*  
 *Website: N/A*

#### **SPEECH PATHOLOGIST**




##### **O'DORAN, KAYLA**

*Provider ID: 296587*  
*Board Certified Specialty: No*  
 333 H ST STE 5000  
CHULA VISTA, CA 91910  
 *Phone: (877) 757-8353*  
*Fax: (818) 357-2505*  
 *After Hours Phone: (877) 757-8353*

*Provider Gender: Female*  
*NPI: 1275021438*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic, Armenian, Farsi, Spanish*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*



*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 7:00AM-7:00PM*  
 *Website: N/A*

#### **SURGERY GENERAL**

##### **CASILLAS BERUMEN, SERGIO**

*Provider ID: 304607*  
*Board Certified Specialty: No*  
 1111 BROADWAY STE 305  
CHULA VISTA, CA 91911  
 *Phone: (619) 576-7007*  
*Fax: (619) 567-7775*  
 *After Hours Phone: (619) 576-7007*

*Provider Gender: Male*  
*NPI: 1437470762*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PALOMAR MEDICAL CENTER*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **SURGERY GENERAL**


##### **MORAL, JOHN**

*Provider ID: 297841*


### D3. Specialist Provider Directory

*Board Certified Specialty: No*

 480 4TH AVE STE 404  
CHULA VISTA, CA 91910


 Phone: (619) 425-7470


Fax: (619) 425-7472

 After Hours Phone: (619)  
425-7470

Provider Gender: Male

NPI: 1720426190

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-5:00PM  
F 8:00AM-4:00PM

 Website: N/A


#### **SURGERY GENERAL**

##### **MORAL, JOHN**

Provider ID: 299238

*Board Certified Specialty: No*

 480 4TH AVE STE 404  
CHULA VISTA, CA 91910


 Phone: (619) 425-7470


Fax: (619) 425-7472

 After Hours Phone: (619)  
425-7470

Provider Gender: Male

NPI: 1720426190

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL


CHULA VISTA


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-5:00PM  
F 8:00AM-4:00PM

 Website: N/A

#### **SURGERY ORTHOPEDIC**


##### **ANDRY, JAMES**

Provider ID: 302084


*Board Certified Specialty: No*

 750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911


 Phone: (858) 824-1703


Fax: (858) 455-6473

 After Hours Phone: (858)  
824-1703

Provider Gender: Male

NPI: 1679726103

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS MERCY

HOSPITAL, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp  
Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **SURGERY ORTHOPEDIC**


##### **KUSNEZOV, NICHOLAS**

Provider ID: 303195

*Board Certified Specialty: No*

 750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911

 Phone: (858) 824-1703

Fax: (858) 455-6473

 After Hours Phone: (858)  
824-1703

Provider Gender: Male

NPI: 1396185161

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, PARADISE VALLEY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL): Board Certified Specialty: No

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### UROLOGY


##### **SALMASI, AMIRALI**


Provider ID: 302913

Board Certified Specialty: No

 752 MEDICAL CENTER CT  
STE 101


CHULA VISTA, CA 91911

 Phone: (619) 397-4500

 After Hours Phone: (619)  
397-4500

Provider Gender: Male

NPI: 1609187962

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CMP PENDLETON**

#### CERTIFIED NURSE


#### PRACTITIONER


#### **FREEMAN, WANDA**

Provider ID: 298117

Board Certified Specialty: No

 619 CROUCH ST  
CMP PENDLETON, CA  
92054

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1659504264

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### CERTIFIED NURSE


#### PRACTITIONER

#### **HARRIS, PAMELA**

Provider ID: 302288

Board Certified Specialty: No

 818 PIER VIEW WAY  
CMP PENDLETON, CA  
92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1407545221

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CORONADO**

#### CERTIFIED NURSE


#### PRACTITIONER

#### **LANE, KIMBERLY**

Provider ID: 301599

Board Certified Specialty: No

 230 PROSPECT PL STE 210  
CORONADO, CA 92118

 Phone: (619) 299-0670

Fax: (858) 429-7929

 After Hours Phone: (619)  
299-0670

Provider Gender: Female

NPI: 1457670119

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### HEARING AID DEALER /


#### SUPPLIER

#### **DAVIS, KELLE**

Provider ID: 268655

Board Certified Specialty: No

 801 ORANGE AVE  
CORONADO, CA 92118

 Phone: (619) 437-8154

Fax: (310) 989-3092

 After Hours Phone: (619)  
437-8154

### D3. Specialist Provider Directory

Provider Gender: Female

NPI: 1902853344


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:00PM


 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **DOUGHERTY, CLARA**

Provider ID: 301587

Board Certified Specialty: No

 230 PROSPECT PL STE 210  
CORONADO, CA 92118

 Phone: (619) 299-0670

Fax: (858) 429-7929

 After Hours Phone: (619)  
299-0670

Provider Gender: Female

NPI: 1609987619

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


ENCINITAS, SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY ORTHOPEDIC**

##### **ANDRY, JAMES**

Provider ID: 302087

Board Certified Specialty: No

 230 PROSPECT PL STE 230  
CORONADO, CA 92118


 Phone: (619) 435-7282

Fax: (619) 435-3723

 After Hours Phone: (619)  
435-7282

Provider Gender: Male

NPI: 1679726103

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS MERCY

HOSPITAL, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY ORTHOPEDIC**

##### **PALLIA, CHRISTOPHER**


Provider ID: 302102

Board Certified Specialty: No

 230 PROSPECT PL STE 230  
CORONADO, CA 92118

 Phone: (619) 435-7282

Fax: (619) 435-3723

 After Hours Phone: (619)  
435-7282

Provider Gender: Male

NPI: 1497751457

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


Email: INFO@PALLIAMD.COM


#### **UROLOGY**


##### **SALMASI, AMIRALI**

Provider ID: 302911

Board Certified Specialty: No

 230 PROSPECT PL STE 210  
CORONADO, CA 92118

 Phone: (619) 299-0670

 After Hours Phone: (619)  
299-0670

Provider Gender: Male

NPI: 1609187962







### D3. Specialist Provider Directory



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### EL CAJON

#### CARDIOVASCULAR DISEASE



##### LERNER, JONATHAN






Provider ID: 303446  
Board Certified Specialty: No  
 1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
 Phone: (619) 486-6512  
Fax: (619) 616-2104  
 After Hours Phone: (619)  
486-6512  
Provider Gender: Male  
NPI: 1962899823  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### CERTIFIED ACUPUNCTURIST

##### CRAFT, KEVIN

Provider ID: 290945  
Board Certified Specialty: No  
 855 E MADISON AVE  
EL CAJON, CA 92020  
 Phone: (619) 440-2751  
Fax: (360) 462-2746  
 After Hours Phone: (619)  
440-2751  
Provider Gender: Male  
NPI: 1659745610

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: TU-F  
8:00AM-5:00PM  
 Website: N/A

#### CERTIFIED ACUPUNCTURIST

##### SLOAN, ERICA

Provider ID: 303149  
Board Certified Specialty: No  
 855 E MADISON AVE  
EL CAJON, CA 92020  
 Phone: (619) 440-2751  
Fax: (360) 462-2746  
 After Hours Phone: (619)  
440-2751  
Provider Gender: Female  
NPI: 1740962752

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

##### BRANNEN, MANDY

Provider ID: 241600  
Board Certified Specialty: No  
 215 W MADISON AVE  
EL CAJON, CA 92020  
 Phone: (619) 667-6125  
Fax: (619) 590-9036  
 After Hours Phone: (619)  
667-6125  
Provider Gender: Female  
NPI: 1891205159  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M 4:00PM-7:00PM  
W 4:00PM-7:00PM  
F 4:00PM-7:00PM  
 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

##### CHUDACEK, JANET

Provider ID: 241626

### D3. Specialist Provider Directory

Board Certified Specialty: No

215 W MADISON AVE  
EL CAJON, CA 92020

Phone: (760) 737-6960

Fax: (760) 741-2782

After Hours Phone: (760)  
737-6960

Provider Gender: Female

NPI: 1932606118

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 4:00PM-7:00PM

W 4:00PM-7:00PM

F 4:00PM-7:00PM

Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

#### **HAMID, WAHIDA**

Provider ID: 302295

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1164812293

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

#### **PIRTLE, KEYSHONE**

Provider ID: 284244

Board Certified Specialty: No

5442 SYCUAN RD  
EL CAJON, CA 92019

Phone: (619) 445-0707

Fax: (619) 445-9764

After Hours Phone: (619)  
445-0707

Provider Gender: Male

NPI: 1417567827

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-4:00PM

Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

#### **WILLIAMS, SHANTRICE**

Provider ID: 296007

Board Certified Specialty: No

855 E MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 440-2751

Fax: (360) 462-2746

After Hours Phone: (619)

440-2751

Provider Gender: Female

NPI: 1578865549

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-2:00PM  
TU-F 8:00AM-5:00PM

Website: N/A

#### CHIROPRACTOR

#### **FULKS, ZACKARY**

Provider ID: 301146

Board Certified Specialty: No

855 E MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 270-3600

Fax: (360) 462-2746

After Hours Phone: (619)  
270-3600

Provider Gender: Male

NPI: 1407562531

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### CHIROPRACTOR

### D3. Specialist Provider Directory

#### **FULKS, ZACKARY**

Provider ID: 303814

Board Certified Specialty: No

855 E MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 270-3600

Fax: (360) 462-2746

After Hours Phone: (619)  
270-3600

Provider Gender: Male

NPI: 1407562531

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CHIROPRACTOR**

#### **MCCOWN, BARRY**

Provider ID: 301343

Board Certified Specialty: No

855 E MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 440-2751

Fax: (360) 462-2746

After Hours Phone: (619)  
440-2751

Provider Gender: Male

NPI: 1487781035

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CHIROPRACTOR**

#### **MCCOWN, BARRY**

Provider ID: 303815

Board Certified Specialty: No

855 E MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 440-2751

Fax: (360) 462-2746

After Hours Phone: (619)  
440-2751

Provider Gender: Male

NPI: 1487781035

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CHIROPRACTOR**

#### **MCCOWN, BARRY**

Provider ID: 303849

Board Certified Specialty: No

470 N MOLLISON AVE  
EL CAJON, CA 92021

Phone: (833) 867-4642

Fax: (360) 462-5840

After Hours Phone: (833)  
867-4642

Provider Gender: Male

NPI: 1487781035

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

#### **ALGHAMDI, ASMA**

Provider ID: 300231

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1316310840

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

Website: N/A

#### **FAMILY PRACTICE**

#### **RONQUILLO, KAREN AN**

Provider ID: 304781

Board Certified Specialty: No

855 E MADISON AVE  
EL CAJON, CA 92020






### D3. Specialist Provider Directory

 Phone: (619) 440-2751  
Fax: (858) 633-4692  
 After Hours Phone: (619) 440-2751  
Provider Gender: Female  
NPI: 1275160012  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **GASTROENTEROLOGY**




##### **NOVO, MEGAN**

Provider ID: 296067  
Board Certified Specialty: No  
 2732 NAVAJO RD STE 200  
EL CAJON, CA 92020  
 Phone: (619) 266-3332  
Fax: (619) 266-6000  
 After Hours Phone: (619) 266-3332  
Provider Gender: Female  
NPI: 1770961971  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PARADISE VALLEY HOSPITAL, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MERCY HOSPITAL CHULA VISTA, UNIVERSITY OF CALIFORNIA IRVINE MED CTR,

UCSD MEDICAL CTR, UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A






#### **HEARING AID DEALER / SUPPLIER**

##### **ANDERSON, ELAINE**

Provider ID: 268692  
Board Certified Specialty: No  
 1767 E MAIN ST  
EL CAJON, CA 92021  
 Phone: (619) 440-6516  
Fax: (619) 440-6547  
 After Hours Phone: (619) 440-6516  
Provider Gender: Female  
NPI: 1063558856  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A





#### **HEARING AID DEALER / SUPPLIER**

##### **DAVIS, KELLE**




Provider ID: 268650  
Board Certified Specialty: No  
 1767 E MAIN ST  
EL CAJON, CA 92021  
 Phone: (619) 440-6516  
Fax: (619) 440-6547  
 After Hours Phone: (619) 440-6516  
Provider Gender: Female  
NPI: 1902853344  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:30AM-5:00PM  
 Website: N/A

#### **INTERNAL MEDICINE**

##### **AWDISHO, ALAN**


Provider ID: 291282  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
Provider Gender: Male  
NPI: 1164795498  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

### D3. Specialist Provider Directory




 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### INTERNAL MEDICINE

##### **MANSOUR, DAVID**



Provider ID: 291543  
Board Certified Specialty: No  
 855 E MADISON AVE  
EL CAJON, CA 92020  
 Phone: (619) 440-2751  
Fax: (360) 462-2746  
 After Hours Phone: (619)  
440-2751  
Provider Gender: Male  
NPI: 1689164949



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 14\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### INTERNAL MEDICINE

##### **MAY, LOUIS**

Provider ID: 294916  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100

Provider Gender: Male  
NPI: 1720497514  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
EISENHOWER MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999


American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



#### INTERNAL MEDICINE

##### **MICHAEL, RAMI**

Provider ID: 294908  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 785-3356  
 After Hours Phone: (619)  
662-4100  
Provider Gender: Male  
NPI: 1467871673

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER



 Hours: M-F  
8:30AM-5:00PM  
 Website: N/A

#### INTERVENTIONAL CARDIOLOGY


##### **SHEREV, DIMITRI**

Provider ID: 302988  
Board Certified Specialty: No  
 1380 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 867-0557  
 After Hours Phone: (619)  
867-0557

Provider Gender: Male  
NPI: 1154323996

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bulgarian, Russian,  
Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL,  
ALVARADO COMMUNITY  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, TRI CITY MEDICAL  
CTR, SCRIPPS MERCY  
HOSPITAL CHULA VISTA, Sharp  
Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### D3. Specialist Provider Directory

 Website: N/A


#### **INTERVENTIONAL CARDIOLOGY**

##### **SUDHAKAR, DEEPTHI**

Provider ID: 295843

Board Certified Specialty: No

 1625 E MAIN ST STE 201  
EL CAJON, CA 92021


 Phone: (619) 486-6512

Fax: (619) 616-2104

 After Hours Phone: (619)  
486-6512

Provider Gender: Female

NPI: 1811307051

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp


Grossmont Hospital, SHARP  
CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **SEAVEY, MICHELLE**

Provider ID: 302873

Board Certified Specialty: No

 855 E MADISON AVE  
EL CAJON, CA 92020


 Phone: (619) 440-2751

Fax: (360) 462-2746

 After Hours Phone: (619)  
440-2751

Provider Gender: Female

NPI: 1114081833

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital


Medi-Cal Open Panel: Yes


Min/Max Age: 12\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **AOTO, KIM**

Provider ID: 268721

Board Certified Specialty: No

 450 FLETCHER PKWY STE  
112

EL CAJON, CA 92020


 Phone: (800) 898-2020

Fax: (844) 897-3788

 After Hours Phone: (800)  
898-2020

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **INDA, PRISCILLA**

Provider ID: 265073

Board Certified Specialty: No

 328 HIGHLAND AVE STE  
200

EL CAJON, CA 92020

 Phone: (619) 930-9404


Fax: (619) 930-9426

 After Hours Phone: (619)  
930-9404

Provider Gender: Female

NPI: 1679008379

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Russian,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 18\110

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **LE, TAYLOR**

Provider ID: 304574

Board Certified Specialty: No

 855 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 440-2751






Fax: (360) 462-2746

 After Hours Phone: (619)  
440-2751

Provider Gender: Female



NPI: 1396478400

### D3. Specialist Provider Directory






 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **RAMOS, JACQUELYN**


Provider ID: 301106  
Board Certified Specialty: No  
 855 E MADISON AVE  
EL CAJON, CA 92020  
 Phone: (619) 270-3600  
Fax: (360) 462-2746  
 After Hours Phone: (619)  
270-3600


Provider Gender: Female  
NPI: 1003515131

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **ROSENBLATT, SHERI**

Provider ID: 305449  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 785-3356


 After Hours Phone: (619)  
662-4100

Provider Gender: Female  
NPI: 1114041621

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **ARAIZA, ERNESTINA**



Provider ID: 290286  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 785-3356

 After Hours Phone: (619)  
662-4100

Provider Gender: Female  
NPI: 1568608636

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PSYCHOLOGIST**

##### **CASEY, SHANNON**


Provider ID: 290309  
Board Certified Specialty: No

 215 W MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 667-6125  
Fax: (619) 590-9036

 After Hours Phone: (619)  
667-6125

Provider Gender: Female  
NPI: 1548873755

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

#### **PSYCHOLOGIST**

##### **GUARDADO-SOTO, RAQUEL**


Provider ID: 290342  
Board Certified Specialty: No

 855 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 440-2751  
Fax: (858) 633-4692

 After Hours Phone: (619)  
440-2751

Provider Gender: Female  
NPI: 1194999276

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

### D3. Specialist Provider Directory

American Sign Language (ASL): NPI: 1528079357

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **WHEELER, KIM**


Provider ID: 302144

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

Fax: (619) 785-3356

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1700577434


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 11\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **REGISTERED PHYSICAL**


##### **THERAPIST**

##### **CAMPA, PATRICIA**

Provider ID: 302398

Board Certified Specialty: No


 860 JAMACHA RD STE 203  
EL CAJON, CA 92019

 Phone: (619) 573-6373

Fax: (619) 378-6578

 After Hours Phone: (619)  
573-6373

Provider Gender: Female

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **REGISTERED PHYSICAL**


##### **THERAPIST**

##### **MORRIS, CHAD**

Provider ID: 302403

Board Certified Specialty: No

 860 JAMACHA RD STE 203  
EL CAJON, CA 92019

 Phone: (619) 573-6373

Fax: (619) 378-6578

 After Hours Phone: (619)  
573-6373

Provider Gender: Male

NPI: 1841307063

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED ACUPUNCTURIST**

##### **ARELLANO, JACQUELINE**

Provider ID: 304139

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **CERTIFIED ACUPUNCTURIST**

##### **GONZALEZ, ANDRES**

Provider ID: 298659

Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1841857729

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes




Min/Max Age: 18\999

American Sign Language (ASL):

N

### ENCINITAS

### D3. Specialist Provider Directory

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **CERTIFIED ACUPUNCTURIST**



##### **JULIAN, FIDES**

Provider ID: 304133  
Board Certified Specialty: No  
 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **CERTIFIED NURSE**


##### **PRACTITIONER**

##### **CARDINELL, ANNA**

Provider ID: 291412

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1306978614


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **CHAMBERS, KATRINA**

Provider ID: 303521


Board Certified Specialty: No

 781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

 Phone: (760) 183-0441

Fax: (760) 635-5972

 After Hours Phone: (760)  
183-0441

Provider Gender: Female

NPI: 1710695143


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


##### **PRACTITIONER**

##### **DWYER, ERIN**

Provider ID: 301447

Board Certified Specialty: No

 320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

 Phone: (760) 436-4558

Fax: (858) 429-7926

 After Hours Phone: (760)  
436-4558

Provider Gender: Female

NPI: 1003260894

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**


##### **HEAD, KRISTIN**

Provider ID: 268657

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1699078923

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

### D3. Specialist Provider Directory

CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**


**HOOPER, BONNIE**

Provider ID: 275253

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D308

ENCINITAS, CA 92024

 Phone: (760) 436-2300

Fax: (760) 436-5482

 After Hours Phone: (760)  
436-2300

Provider Gender: Female

NPI: 1821062878


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**


**KORMANIK, PATRICIA**

Provider ID: 282071

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
STE 200

ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093895047

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

**LANE, KIMBERLY**

Provider ID: 301602

Board Certified Specialty: No

 320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

 Phone: (760) 436-4558

Fax: (858) 429-7926

 After Hours Phone: (760)  
436-4558

Provider Gender: Female

NPI: 1457670119


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

**PAKENHAM, KATE**

Provider ID: 296268

Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1578299343


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 8:00AM-8:00PM  
M-F 8:00AM-8:00PM

SA 8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**SRILASAK, MICHELE**



Provider ID: 281856

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
STE 200

ENCINITAS, CA 92024

### D3. Specialist Provider Directory

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1265487326


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**


##### **YEO, ALEXANDRIA**

Provider ID: 299940

Board Certified Specialty: No

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1902368319

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER  
 Website: N/A

#### **GASTROENTEROLOGY**


##### **PATEL, JANKI**


Provider ID: 305301

Board Certified Specialty: No

 781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024


 Phone: (760) 354-9697


 Fax: (760) 635-5972

 After Hours Phone: (760) 354-9697

Provider Gender: Female

NPI: 1548606668

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL


ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **HOSPICE AND PALLIATIVE MEDICINE**

##### **RUBENZIK, TAMARA**


Provider ID: 282127

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
STE 200

ENCINITAS, CA 92024


 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1811200652

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **HOSPICE AND PALLIATIVE MEDICINE**

##### **RUBENZIK, TAMARA**


Provider ID: 245575

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
STE 100

ENCINITAS, CA 92024

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1811200652

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR



### D3. Specialist Provider Directory


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  781 GARDEN VIEW CT STE 200

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**


##### **BALLAS, JERASIMOS**


Provider ID: 209562

Board Certified Specialty: No

 781 GARDEN VIEW CT STE 200

ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858) 657-7200

Provider Gender: Male

NPI: 1871767384

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON,  
EISENHOWER MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**


##### **HULL, ANDREW**


Provider ID: 209483

Board Certified Specialty: No

 781 GARDEN VIEW CT STE 200

ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858) 657-7200

Provider Gender: Male

NPI: 1902862121

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

PALOMAR MEDICAL CENTER,

SCRIPPS MEMORIAL

HOSPITAL, UCSD LA JOLLA

JOHN SALLY THORNTON,

UCSD LA JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**


##### **LAURENT, LOUISE**


Provider ID: 208641

Board Certified Specialty: No

 781 GARDEN VIEW CT STE 200

ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858) 657-7200

Provider Gender: Female

NPI: 1770532707

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

PALOMAR MEDICAL CENTER,


SCRIPPS MEMORIAL


HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**


##### **MOORE, THOMAS**


Provider ID: 208645

Board Certified Specialty: No

 781 GARDEN VIEW CT STE 200

ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858) 657-7200

Provider Gender: Male

NPI: 1184682379

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

### D3. Specialist Provider Directory


MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### MATERNAL AND FETAL MEDICINE

##### **RICHARDSON, ALVIE**

Provider ID: 277315

Board Certified Specialty: No

 477 N EL CAMINO REAL  
BLDG D STE 302  
ENCINITAS, CA 92024

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1154305977


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Sharp Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### MATERNAL AND FETAL MEDICINE


##### **WOELKERS, DOUGLAS**

Provider ID: 209384

Board Certified Specialty: No


 781 GARDEN VIEW CT STE  
200  
ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858)  
657-7200

Provider Gender: Male

NPI: 1013965748

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, PALOMAR  
MEDICAL CENTER, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### MATERNAL AND FETAL


#### MEDICINE


##### **WOLF, RICHARD**

Provider ID: 209254

Board Certified Specialty: No

 781 GARDEN VIEW CT STE  
200  
ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858)  
657-7200

Provider Gender: Male

NPI: 1497713846

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, PALOMAR

MEDICAL CENTER, UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

UCSD LA JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **BAI-TONG, SHIYU**


Provider ID: 283286

Board Certified Specialty: No

### D3. Specialist Provider Directory


 354 SANTA FE DR  
ENCINITAS, CA 92024  
 Phone: (760) 633-6120  
 After Hours Phone: (760)  
633-6120


Provider Gender: Female  
NPI: 1528454188

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **NYMAN, KATHERINE**

Provider ID: 301821  
Board Certified Specialty: No

 354 SANTA FE DR  
ENCINITAS, CA 92024  
 Phone: (760) 633-6120  
Fax: (760) 633-7385  
 After Hours Phone: (760)  
633-6120


Provider Gender: Female  
NPI: 1003260951


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N  
N

 Accessibility: CONTACT  
PROVIDER



 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**


##### **SAUER, CHARLES**

Provider ID: 303905  
Board Certified Specialty: No

 354 SANTA FE DR  
ENCINITAS, CA 92024  
 Phone: (760) 633-6120  
Fax: (760) 633-7385

 After Hours Phone: (760)  
633-6120


Provider Gender: Male  
NPI: 1538388988

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER



 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **NEUROLOGY**


##### **BUI, JONATHAN**

Provider ID: 269966  
Board Certified Specialty: No


 477 N EL CAMINO REAL  
STE 302  
ENCINITAS, CA 92024  
 Phone: (760) 944-6377  
Fax: (760) 944-3927


 After Hours Phone: (760)  
944-6377

Provider Gender: Male  
NPI: 1730247974

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM

 Website: N/A







#### **NEUROLOGY**

##### **JINDAL, ANUJA**

Provider ID: 206264  
Board Certified Specialty: No





 477 N EL CAMINO REAL  
STE 302  
ENCINITAS, CA 92024

### D3. Specialist Provider Directory

 Phone: (760) 944-5545  
Fax: (760) 944-3927  
 After Hours Phone: (760) 944-5545  
Provider Gender: Female  
NPI: 1194046581  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A





#### **NEUROLOGY**




##### **SCHORR, EMILY**

Provider ID: 305022  
Board Certified Specialty: No  
 1200 GARDEN VIEW RD ENCINITAS, CA 92024  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1255862041  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **NEUROLOGY CHILD**


##### **KIM MCMANUS, OLIVIA**





Provider ID: 206258  
Board Certified Specialty: No  
 477 N EL CAMINO REAL BLDG D STE 302 ENCINITAS, CA 92024  
 Phone: (760) 944-5545  
Fax: (760) 944-3927  
 After Hours Phone: (760) 944-5545  
Provider Gender: Female  
NPI: 1174870067  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **NEUROLOGY CHILD**






##### **SAHAGIAN, MICHELLE**

Provider ID: 206073  
Board Certified Specialty: No  
 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024  
 Phone: (760) 944-5545  
Fax: (760) 944-3927  
 After Hours Phone: (760) 944-5545



Provider Gender: Female  
NPI: 1275604035  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **BINDER, PRATIBHA**

Provider ID: 282167  
Board Certified Specialty: No  
 1200 GARDEN VIEW RD STE 200 ENCINITAS, CA 92024  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1174758031  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### D3. Specialist Provider Directory


 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DELCORE, LAURA**

Provider ID: 291325  
Board Certified Specialty: No

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**


##### **DRIEBE, AMY**

Provider ID: 291336

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**


##### **DRIEBE, AMY**

Provider ID: 293447

Board Certified Specialty: No


 781 GARDEN VIEW CT STE  
200

 Phone: (800) 926-8372  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **DRIEBE, AMY**

Provider ID: 293448

Board Certified Specialty: No

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024

 Phone: (800) 926-8372  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**


##### **LAMALE-SMITH, LEAH**

Provider ID: 208682

Board Certified Specialty: No

 781 GARDEN VIEW CT STE  
200

 Phone: (858) 657-7200

 After Hours Phone: (858)  
657-7200

Provider Gender: Female

NPI: 1396904876

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, EISENHOWER MEDICAL

CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 16\999

### D3. Specialist Provider Directory

American Sign Language (ASL): Fax: (888) 539-8781

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **MACKAY, GILLIAN**

Provider ID: 303061

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770702177

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **SHAH, NEMI**

Provider ID: 272578

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
STE 100


ENCINITAS, CA 92024


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1558715268

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL,

TEMECULA VALLEY HOSPITAL

INC, LOMA LINDA UNIVERSITY

MED CTR MURRIETA


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **OPHTHALMOLOGY**


##### **BANSAL, PREETI**

Provider ID: 205617


Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 Phone: (858) 309-7702

Fax: (760) 944-3927

 After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1871664631

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL, TRI CITY MEDICAL


CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OPHTHALMOLOGY**


##### **BHATIA, SHAGUN**

Provider ID: 267315

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1104237353

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

### D3. Specialist Provider Directory


#### HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### OPHTHALMOLOGY


##### HENNEIN, LAUREN

Provider ID: 297012

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1699216010


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### OPHTHALMOLOGY


##### MOLL, ANGELA

Provider ID: 205507

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1861648602

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MEMORIAL

HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL

OAKLAND, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY


HOSPITAL CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### OPHTHALMOLOGY


##### MOVAGHAR, MANSOOR


Provider ID: 216413

Board Certified Specialty: No

 477 N EL CAMINO REAL  
BLD D STE 302


ENCINITAS, CA 92024

 Phone: (760) 944-5545

 After Hours Phone: (760)  
944-5545

Provider Gender: Male

NPI: 1497792220

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### OPHTHALMOLOGY


##### OHALLORAN, HENRY

Provider ID: 205886


Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Male

NPI: 1235287947

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **OPTOMETRIST**

##### **AOTO, KIM**

Provider ID: 296797  
Board Certified Specialty: No  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Phone: (760) 943-7141  
Fax: (760) 943-0371  
After Hours Phone: (760)  
943-7141  
Provider Gender: Female  
NPI: 1780935650  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M 9:00AM-5:00PM  
TU 8:30AM-4:30PM  
W 7:30AM-4:30PM  
TH 9:30AM-5:00PM  
F 8:30AM-4:00PM  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **BLISS, MORGAN**

Provider ID: 206085  
Board Certified Specialty: No  
477 N EL CAMINO REAL  
STE 302  
ENCINITAS, CA 92024  
Phone: (760) 944-5545  
Fax: (760) 944-3927

After Hours Phone: (760)  
944-5545  
Provider Gender: Female  
NPI: 1760707657  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **FRIESEN, TZYYNONG**

Provider ID: 244900  
Board Certified Specialty: No  
477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024  
Phone: (760) 944-5545  
After Hours Phone: (760)  
944-5545  
Provider Gender: Female  
NPI: 1952740177

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **LEUIN, SHELBY**

Provider ID: 206112  
Board Certified Specialty: No  
477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545  
Provider Gender: Female  
NPI: 1124230909  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **PATEL, VIJAY**


Provider ID: 297035  
Board Certified Specialty: No  
477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545



### D3. Specialist Provider Directory

Provider Gender: Male

NPI: 1508250747

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, VALLEY CHILDRENS


HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM


 Website: N/A

#### **PEDIATRIC ALLERGY / IMMUNOLOGY**


##### **GREINER, ALEXANDER**

Provider ID: 205696

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 Phone: (858) 966-4900


Fax: (760) 944-3927

 After Hours Phone: (858)  
966-4900

Provider Gender: Male

NPI: 1609801299

 Provider English Spoken: Y

 Provider Language(s)

Spoken: French, German,  
Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC CARDIOLOGY**


##### **HALEY, JESSICA**

Provider ID: 205688

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1023329885

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC CARDIOLOGY**

##### **NARAYAN, HARI**


Provider ID: 239115

Board Certified Specialty: No

 477 N EL CAMINO REAL

BLDG D STE 302

ENCINITAS, CA 92024


 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Male

NPI: 1376705707

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC CARDIOLOGY**


##### **SILVA SEPULVEDA, JOSE**

Provider ID: 206299

Board Certified Specialty: No

 477 N EL CAMINO REAL  
BLDG D STE 302

ENCINITAS, CA 92024


 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Male

NPI: 1417222472

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC


#### GASTROENTEROLOGY

#### **CHU, CHRISTOPHER**

Provider ID: 301641

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024


 Phone: (760) 944-5545


Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Male

NPI: 1912369273

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC


#### GASTROENTEROLOGY

#### **YOUNG, JOCELYN**

Provider ID: 294676

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1306227491

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UC DAVIS  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### PEDIATRIC PULMONOLOGY

#### **CERNELC KOHAN, MATEJKA**

Provider ID: 243043

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE 302 BLDG D  
ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1871752451

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC PULMONOLOGY

#### **LENHART-PENDERGRASS, PATRICIA**


Provider ID: 294642

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1144615659

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PEDIATRIC RHEUMATOLOGY**

##### **CHANG, JOHANNA**

Provider ID: 246395  
Board Certified Specialty: No  
477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024  
Phone: (760) 944-5545  
After Hours Phone: (760)  
944-5545

Provider Gender: Female  
NPI: 1821242199

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICAL MEDICINE / REHABILITATION**

##### **LEE, HAEWON**

Provider ID: 256227  
Board Certified Specialty: No  
477 N EL CAMINO REAL  
STE C100  
ENCINITAS, CA 92024  
Phone: (800) 926-8273  
After Hours Phone: (800)

926-8273  
Provider Gender: Female  
NPI: 1447661657  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Korean  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **DOUGHERTY, CLARA**

Provider ID: 269171  
Board Certified Specialty: No  
320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Phone: (760) 436-4558  
Fax: (858) 429-7926

After Hours Phone: (760)  
436-4558

Provider Gender: Female  
NPI: 1609987619

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **DOUGHERTY, CLARA**

Provider ID: 295926  
Board Certified Specialty: No  
320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Phone: (760) 436-4558  
Fax: (858) 429-7926

After Hours Phone: (760)  
436-4558

Provider Gender: Female  
NPI: 1609987619

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HIGGINS, JOSHUA**

Provider ID: 287134  
Board Certified Specialty: No





### D3. Specialist Provider Directory



 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1861624181  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **KIVIAT, ANNETTE**

Provider ID: 302454  
Board Certified Specialty: No  
 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024  
 Phone: (760) 944-5545  
Fax: (760) 944-5545  
 After Hours Phone: (760)  
944-5545  
Provider Gender: Female  
NPI: 1205381845  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL


HOSPITAL  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **PELIO, DARREN**

Provider ID: 293443  
Board Certified Specialty: No

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1386791028  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PHYSICIANS ASSISTANT**







##### **SUTTON, BRIAN**

Provider ID: 272241  
Board Certified Specialty: No  
 1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024  
 Phone: (760) 598-1776  
Fax: (760) 598-5744

 After Hours Phone: (760)  
598-1776  
Provider Gender: Male  
NPI: 1629174727  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **VANETSKY, GARY**

Provider ID: 269152  
Board Certified Specialty: No  
 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
 Phone: (760) 436-2300  
Fax: (760) 436-5482  
 After Hours Phone: (760)  
436-2300  
Provider Gender: Male  
NPI: 1417034489  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### D3. Specialist Provider Directory


 Website: N/A


#### **PODIATRIST**

##### **DUSTIN, ADAM**

Provider ID: 275800

Board Certified Specialty: No

 326 ENCINITAS BLVD STE 100  
ENCINITAS, CA 92024


 Phone: (760) 436-5533

Fax: (760) 436-0611

 After Hours Phone: (760)  
436-5533

Provider Gender: Male

NPI: 1043389026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **GOMEZ, JUANITA**

Provider ID: 291423

Board Certified Specialty: No

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790915759

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PULMONARY DISEASES**

##### **BAUTISTA, JENNIFER**

Provider ID: 297958

Board Certified Specialty: No

 354 SANTA FE DR  
ENCINITAS, CA 92024


 Phone: (760) 943-8806


Fax: (760) 944-1309

 After Hours Phone: (760)  
943-8806

Provider Gender: Female

NPI: 1770727034

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, COMMUNITY  
HOSPITAL OF THE MONTEREY  
PENINSULA, NATIVIDAD  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 21\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **PULMONARY DISEASES**

##### **BAUTISTA, JENNIFER**

Provider ID: 300863

Board Certified Specialty: No

 326 SANTA FE DR STE 100  
ENCINITAS, CA 92024


 Phone: (760) 230-8994


Fax: (760) 944-1309

 After Hours Phone: (760)  
230-8994

Provider Gender: Female

NPI: 1770727034

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, COMMUNITY  
HOSPITAL OF THE MONTEREY  
PENINSULA, NATIVIDAD  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 21\199

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PULMONARY DISEASES**

##### **BAUTISTA, JENNIFER**

Provider ID: 297957

Board Certified Specialty: No

 326 SANTA FE DR STE 100  
ENCINITAS, CA 92024

 Phone: (760) 230-8994

### D3. Specialist Provider Directory

Fax: (760) 944-1309

☎ After Hours Phone: (760) 230-8994

Provider Gender: Female

NPI: 1770727034

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, COMMUNITY

HOSPITAL OF THE MONTEREY

PENINSULA, NATIVIDAD

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 21\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY COLON SURGERY**

##### **PARRY, LISA**

Provider ID: 278552

Board Certified Specialty: No

📍 1200 GARDEN VIEW RD STE 200

ENCINITAS, CA 92024

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1235369067

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY GENERAL**

##### **ARMANI, AVA**

Provider ID: 282143

Board Certified Specialty: No

📍 1200 GARDEN VIEW RD STE 200

ENCINITAS, CA 92024

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1861759383

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: MEDICAL

CTR AT UCSF, UCSF Medical

Center At Mission Bay, UCSF

MEDICAL CENTER AT MOUNT

ZION, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY GENERAL**

##### **JACOBSEN, GARTH**

Provider ID: 201730

Board Certified Specialty: No

📍 1200 GARDEN VIEW RD ENCINITAS, CA 92024

☎ Phone: (858) 657-8860

☎ After Hours Phone: (858) 657-8860

Provider Gender: Male

NPI: 1265649966

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY NEUROLOGICAL**

##### **RHOTEN, REX LLOYD**

Provider ID: 301724

Board Certified Specialty: No

📍 477 N EL CAMINO REAL STE C204

ENCINITAS, CA 92024

☎ Phone: (760) 230-2256

Fax: (833) 986-0104


☎ After Hours Phone: (760) 230-2256

Provider Gender: Male




NPI: 1083792220

☑ Provider English Spoken: Y

### D3. Specialist Provider Directory




 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: CEDARS*  
*SINAI MEDICAL CENTER,*  
*ALVARADO COMMUNITY*  
*HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*9:00AM-4:00PM*  
 *Website: N/A*

#### **SURGERY PEDIATRIC**




##### **FAIRBANKS, TIMOTHY**

*Provider ID: 205497*  
*Board Certified Specialty: No*  
 *477 N EL CAMINO REAL*  
*STE D302*  
*ENCINITAS, CA 92024*  
 *Phone: (760) 944-5545*  
*Fax: (760) 944-3927*  
 *After Hours Phone: (760)*  
*944-5545*

*Provider Gender: Male*  
*NPI: 1407010556*




 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO, UCSD MEDICAL CTR,*  
*SHARP MEMORIAL HOSPITAL,*  
*SCRIPPS MEMORIAL*  
*HOSPITAL, UCSF BENIOFF*  
*CHILDREN'S HOSPITAL*  
*OAKLAND*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **SURGERY PEDIATRIC**




##### **KLING, KAREN**

*Provider ID: 206128*  
*Board Certified Specialty: No*  
 *477 N EL CAMINO REAL*  
*STE D302*  
*ENCINITAS, CA 92024*  
 *Phone: (760) 944-5545*  
*Fax: (760) 944-3927*  
 *After Hours Phone: (760)*  
*944-5545*

*Provider Gender: Female*  
*NPI: 1982775144*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO, UCSD MEDICAL CTR,*  
*SHARP MARY BIRCH HOSP*  
*FOR WOMEN AND*  
*NEWBORNS, NATIONAL*  
*NAVAL MED CTR, SHARP*  
*MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **SURGERY PLASTIC**




##### **REID, CHRISTOPHER**

*Provider ID: 238130*  
*Board Certified Specialty: No*  
 *1200 GARDEN VIEW RD*  
*ENCINITAS, CA 92024*  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Male*  
*NPI: 1982964276*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA JOLLA*  
*JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

### ESCONDIDO


#### **ANESTHESIOLOGY PAIN**

##### **DAIRO, BRANDON**

*Provider ID: 300090*  
*Board Certified Specialty: No*  
 *1955 CITRACADO PKWY*  
*STE 203*  
*ESCONDIDO, CA 92029*  
 *Phone: (760) 738-5533*  
*Fax: (760) 738-3835*  
 *After Hours Phone: (760)*  
*738-5533*

*Provider Gender: Male*  
*NPI: 1689092470*


### D3. Specialist Provider Directory


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **ANESTHESIOLOGY PAIN MANAGEMENT**

##### **DAIRO, BRANDON**

Provider ID: 299881

Board Certified Specialty: No

 1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029

 Phone: (760) 738-5533

Fax: (760) 738-3835

 After Hours Phone: (760)  
738-5533

Provider Gender: Male

NPI: 1689092470


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\100

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY PAIN MANAGEMENT**

##### **ROBINSON, COLE**

Provider ID: 300171

Board Certified Specialty: No

 160 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (888) 873-6220

Fax: (888) 873-6220

 After Hours Phone: (888)  
873-6220

Provider Gender: Male


NPI: 1871799528


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 21\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
7:00AM-4:00PM  
SA 7:00AM-4:00PM


 Website: N/A


#### **CARDIOVASCULAR DISEASE**

##### **SERRY, ROD**

Provider ID: 296811

Board Certified Specialty: No

 2130 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 743-0546


Fax: (760) 317-9769

 After Hours Phone: (760)  
743-0546

Provider Gender: Male

NPI: 1912945130

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,  
PALOMAR HEALTH, PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **HEAD, KRISTIN**

Provider ID: 277866

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 Phone: (760) 294-9260

Fax: (760) 294-9274

 After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1699078923

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes




### D3. Specialist Provider Directory

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**


**JANNESARI, ROYA**

Provider ID: 302339


Board Certified Specialty: No

 625 CITRACADO PKWY STE 108

ESCONDIDO, CA 92025


 Phone: (760) 743-1431

Fax: (760) 743-6455

 After Hours Phone: (760) 743-1431

Provider Gender: Male

NPI: 1063585099

 Provider English Spoken: Y

 Provider Language(s) Spoken: Farsi


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**


**KESHAVARZI, SARA**

Provider ID: 305938

Board Certified Specialty: No

 488 E VALLEY PKWY STE 411

ESCONDIDO, CA 92025


 Phone: (760) 466-9800

Fax: (360) 462-2741

 After Hours Phone: (760) 466-9800

Provider Gender: Female

NPI: 1457996126

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**


**MCCARTHY, KATHRYN**

Provider ID: 298143

Board Certified Specialty: No

 488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025


 Phone: (760) 466-9800

Fax: (360) 462-2741

 After Hours Phone: (760) 466-9800

Provider Gender: Female

NPI: 1700850781

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

**WALDRUP, LA'RHONDA**

Provider ID: 299259

Board Certified Specialty: No

 2185 CITRACADO PKWY ESCONDIDO, CA 92029

 Phone: (442) 281-3193

Fax: (442) 281-3197

 After Hours Phone: (442) 281-3193

Provider Gender: Female

NPI: 1831627181

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**SEILNACHT-BERNARD, KAREN**

Provider ID: 269203

Board Certified Specialty: No

 488 E VALLEY PKWY ESCONDIDO, CA 92025

 Phone: (877) 217-8505

### D3. Specialist Provider Directory

Fax: (760) 735-6296

📞 After Hours Phone: (877) 217-8505

Provider Gender: Female

NPI: 1861562498

🗒️ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿️ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
9:00AM-5:00PM

🌐 Website: N/A

#### **EMERGENCY MEDICINE**

##### **PHAM, LILY**

Provider ID: 304936

Board Certified Specialty: No

📍 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

📞 Phone: (760) 739-1543

Fax: (760) 294-9274

📞 After Hours Phone: (760) 739-1543

Provider Gender: Female

NPI: 1811423072

🗒️ Provider English Spoken: Y

🗒️ Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿️ Accessibility: CONTACT

PROVIDER

🕒 Hours: SU 1:00PM-10:00PM

M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

🌐 Website: N/A

#### **ENDOCRINOLOGY**

#### **METABOLISM DIABETES**

##### **REDDY, NAVYA**

Provider ID: 302350

Board Certified Specialty: No

📍 625 CITRACADO PKWY STE  
108

ESCONDIDO, CA 92025

📞 Phone: (760) 743-1431

Fax: (760) 743-6455

📞 After Hours Phone: (760) 743-1431

Provider Gender: Female

NPI: 1083069611

🗒️ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿️ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **FAMILY PRACTICE**

##### **MATSHE, ZENZIWE**

Provider ID: 306033

Board Certified Specialty: No

📍 460 N ELM ST  
ESCONDIDO, CA 92025

📞 Phone: (760) 520-8100

Fax: (760) 466-1373

📞 After Hours Phone: (760) 520-8100

Provider Gender: Female

NPI: 1285256073

🗒️ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿️ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **GASTROENTEROLOGY**

##### **GARA, NAVEEN**

Provider ID: 305691

Board Certified Specialty: No

📍 935 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025

📞 Phone: (760) 690-2800

Fax: (949) 404-6908

📞 After Hours Phone: (760) 690-2800

Provider Gender: Male

NPI: 1942406533

🗒️ Provider English Spoken: Y

🗒️ Provider Language(s)

Spoken: Hindi, Telugu

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, PALOMAR

MEDICAL CENTER, PALOMAR

HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿️ Accessibility: CONTACT  
PROVIDER

### D3. Specialist Provider Directory


 Website: N/A


#### **GASTROENTEROLOGY**

##### **GARA, NAVEEN**

Provider ID: 269145

Board Certified Specialty: No

 661 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025


 Phone: (760) 690-2800

Fax: (760) 690-2801

 After Hours Phone: (760)  
690-2800

Provider Gender: Male

NPI: 1942406533

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Telugu

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, PALOMAR


MEDICAL CENTER, PALOMAR  
HEALTH


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **HEARING AID DEALER /**

##### **SUPPLIER**


##### **ANDERSON, ELAINE**

Provider ID: 268690


Board Certified Specialty: No

 330 W FELICITA AVE STE  
A4

ESCONDIDO, CA 92025

 Phone: (760) 489-1323

Fax: (760) 489-0975

 After Hours Phone: (760)  
489-1323

Provider Gender: Female

NPI: 1063558856


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **INTERNAL MEDICINE**


##### **CHEN, ANDREW**

Provider ID: 296830

Board Certified Specialty: No

 2130 CITRACADO PKWYSTE  
220

ESCONDIDO, CA 92029

 Phone: (760) 743-4789

Fax: (760) 743-8005

 After Hours Phone: (760)  
743-4789

Provider Gender: Male

NPI: 1134357007

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

#### **INTERNAL MEDICINE**


##### **MALEK, MIKHAIL**

Provider ID: 296831

Board Certified Specialty: No

 2130 CITRACADO PKWYSTE  
220

ESCONDIDO, CA 92029


 Phone: (760) 743-0546

Fax: (760) 317-9769

 After Hours Phone: (760)  
743-0546

Provider Gender: Male

NPI: 1467455212

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER, PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **INTERVENTIONAL**

##### **CARDIOLOGY**


##### **BAYAT, HAMED**

Provider ID: 296842

Board Certified Specialty: No

 2130 CITRACADO PKWYSTE  
220





ESCONDIDO, CA 92029

 Phone: (760) 743-0546

Fax: (760) 743-8837



 After Hours Phone: (760)

### D3. Specialist Provider Directory



743-0546  
Provider Gender: Male  
NPI: 1356344196  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A





#### INTERVENTIONAL CARDIOLOGY

**BAYAT, HAMED**  
Provider ID: 296843  
Board Certified Specialty: No  
 2130 CITRACADO PKWYSTE  
220  
ESCONDIDO, CA 92029  
 Phone: (760) 743-0546  
Fax: (760) 743-8837  
 After Hours Phone: (760)  
743-0546  
Provider Gender: Male  
NPI: 1356344196  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### INTERVENTIONAL CARDIOLOGY




**GILBERT, CHRISTOPHER**  
Provider ID: 296839  
Board Certified Specialty: No  
 2130 CITRACADO PKWYSTE  
220  
ESCONDIDO, CA 92029  
 Phone: (760) 430-0546  
Fax: (760) 743-8837  
 After Hours Phone: (760)  
430-0546  
Provider Gender: Male  
NPI: 1487657243

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER, PALOMAR  
HEALTH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A





#### INTERVENTIONAL CARDIOLOGY

**SAWHNEY, NAVINDER**  
Provider ID: 304784  
Board Certified Specialty: No  
 2130 CITRACADO PKWYSTE

320  
ESCONDIDO, CA 92029  
 Phone: (858) 485-0130  
Fax: (858) 485-9424  
 After Hours Phone: (858)  
485-0130

Provider Gender: Male  
NPI: 1619174133  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER, SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS GREEN  
HOSPITAL, UCSD MEDICAL  
CTR, SHARP MEMORIAL  
HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### INTERVENTIONAL CARDIOLOGY

**SERRY, ROD**  
Provider ID: 304765  
Board Certified Specialty: No  
 2130 CITRACADO PKWYSTE  
220  
ESCONDIDO, CA 92029  
 Phone: (760) 743-0546  
Fax: (760) 317-9769  
 After Hours Phone: (760)  
743-0546  
Provider Gender: Male  
NPI: 1912945130  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Portuguese,

### D3. Specialist Provider Directory









*Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL,*  
*PALOMAR HEALTH, PALOMAR*  
*MEDICAL CENTER*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*

#### **INTERVENTIONAL** **CARDIOLOGY**


**SUDHAKAR, DEEPTHI**  
*Provider ID: 295845*  
*Board Certified Specialty: No*  
 488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
 *Phone: (760) 294-0480*  
*Fax: (619) 616-2104*  
 *After Hours Phone: (760)*  
*294-0480*  
*Provider Gender: Female*  
*NPI: 1811307051*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: Sharp*  
*Grossmont Hospital, SHARP*  
*CHULA VISTA MED CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*






 *Website: N/A*

#### **MATERNAL AND FETAL** **MEDICINE**



**MELBER, DORA**  
*Provider ID: 296996*  
*Board Certified Specialty: No*  
 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
 *Phone: (858) 966-6710*  
*Fax: (858) 966-6711*  
 *After Hours Phone: (858)*  
*966-6710*  
*Provider Gender: Female*  
*NPI: 1124413026*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Hungarian, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR, RADY CHILDRENS*  
*HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **MATERNAL AND FETAL** **MEDICINE**




**REIMERS, REBECCA**  
*Provider ID: 294655*  
*Board Certified Specialty: No*  
 2125 CITRACADO PKWY

STE 200  
ESCONDIDO, CA 92029  
 *Phone: (858) 966-6710*  
*Fax: (858) 966-6711*  
 *After Hours Phone: (858)*  
*966-6710*  
*Provider Gender: Female*  
*NPI: 1801207634*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **NEONATAL / PERINATAL** **MEDICINE**





**LE, CRYSTAL**  
*Provider ID: 283707*  
*Board Certified Specialty: No*  
 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029  
 *Phone: (442) 281-3193*  
*Fax: (442) 281-3197*  
 *After Hours Phone: (442)*  
*281-3193*  
*Provider Gender: Female*  
*NPI: 1003028416*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO, SOUTHWEST*  
*HEALTHCARE INLAND VALLEY*




### D3. Specialist Provider Directory

HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### NEONATAL / PERINATAL MEDICINE





##### **SAUER, CHARLES**




Provider ID: 206163  
Board Certified Specialty: No  
 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029  
 Phone: (442) 281-2850  
Fax: (442) 281-2999  
 After Hours Phone: (442)  
281-2850  
Provider Gender: Male  
NPI: 1538388988  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO

SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### NEONATAL / PERINATAL MEDICINE







##### **SUTTNER, DENISE**

Provider ID: 206137  
Board Certified Specialty: No  
 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029  
 Phone: (442) 281-2850  
Fax: (442) 281-2999  
 After Hours Phone: (442)  
281-2850  
Provider Gender: Female  
NPI: 1457433799  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **SWEENEY, NATHALY**

Provider ID: 283801  
Board Certified Specialty: No  
 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029  
 Phone: (442) 281-3193  
Fax: (442) 281-3197  
 After Hours Phone: (442)  
281-3193  
Provider Gender: Female  
NPI: 1164572632  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### **NEPHROLOGY**

##### **AL-DAHMAN, ZAID**

Provider ID: 297898

Board Certified Specialty: No

631 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (760) 294-1660

Fax: (760) 745-5016

After Hours Phone: (760)  
294-1660

Provider Gender: Male

NPI: 1740716828

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **NEUROLOGY**

##### **GOLD, JEFFREY**

Provider ID: 277870

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)

294-9260

Provider Gender: Male

NPI: 1568773984

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL  
OAKLAND, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEUROLOGY**

##### **JINDAL, ANUJA**

Provider ID: 277838

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1194046581

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEUROLOGY**

##### **KIM MCMANUS, OLIVIA**

Provider ID: 277873

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (858) 966-5819

Fax: (760) 294-9274

After Hours Phone: (858)  
966-5819

Provider Gender: Female

NPI: 1174870067

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, CHILDRENS  
HOSPITAL OF ORANGE  
COUNTY, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEUROLOGY**

##### **ZIMBRIC, MICHAEL**

Provider ID: 277891

### D3. Specialist Provider Directory

*Board Certified Specialty: No*

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1487819546

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEUROLOGY CHILD**

#### **SAHAGIAN, MICHELLE**

Provider ID: 206076

*Board Certified Specialty: No*

625 CITRACADO PKWY STE  
100

ESCONDIDO, CA 92025

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1275604035

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

#### **HINSHAW, PAUL**

Provider ID: 277040

*Board Certified Specialty: No*

1955 CITRACADO PKWY  
STE 302

ESCONDIDO, CA 92029

Phone: (760) 233-1896

After Hours Phone: (760)  
233-1896

Provider Gender: Male

NPI: 1215170717

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
9:00AM-4:30PM  
F 9:00AM-2:00PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

#### **HINSHAW, PAUL**

Provider ID: 285628

*Board Certified Specialty: No*

1955 CITRACADO PKWY  
STE 302

ESCONDIDO, CA 92029

Phone: (760) 233-1896

After Hours Phone: (760)  
233-1896

Provider Gender: Male

NPI: 1215170717

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
9:00AM-4:30PM  
F 9:00AM-2:00PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

#### **HINSHAW, PAUL**

Provider ID: 277041

*Board Certified Specialty: No*

488 E VALLEY PKWY STE  
400

ESCONDIDO, CA 92025

Phone: (760) 658-6101

Fax: (760) 658-6106

After Hours Phone: (760)  
658-6101

Provider Gender: Male

NPI: 1215170717

Provider English Spoken: Y

Cultural Competency: N



### D3. Specialist Provider Directory


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
9:00AM-4:30PM  
F 9:00AM-2:00PM


 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **HINSHAW, PAUL**


Provider ID: 285629

Board Certified Specialty: No

 488 E VALLEY PKWY STE  
400  
ESCONDIDO, CA 92025

 Phone: (760) 658-6101

Fax: (760) 658-6106

 After Hours Phone: (760)  
658-6101

Provider Gender: Male

NPI: 1215170717


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
9:00AM-4:30PM  
F 9:00AM-2:00PM


 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **LAMALE-SMITH, LEAH**


Provider ID: 285518

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 210  
ESCONDIDO, CA 92029


 Phone: (760) 739-2921

Fax: (760) 739-3162

 After Hours Phone: (760)  
739-2921

Provider Gender: Female

NPI: 1396904876

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR, EISENHOWER MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **OPHTHALMOLOGY**

##### **BANSAL, PREETI**

Provider ID: 277883

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029


 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1871664631


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL, TRI CITY MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **OPHTHALMOLOGY**

##### **BHATIA, SHAGUN**

Provider ID: 277877

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Provider Gender: Female




NPI: 1104237353

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

### D3. Specialist Provider Directory


THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### OPHTHALMOLOGY




##### **HENNEIN, LAUREN**

Provider ID: 297014  
Board Certified Specialty: No  
 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
 Phone: (760) 755-7600  
Fax: (760) 755-7699  
 After Hours Phone: (760)  
755-7600  
Provider Gender: Female  
NPI: 1699216010

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO




Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### OPHTHALMOLOGY

##### **MOLL, ANGELA**




Provider ID: 205895  
Board Certified Specialty: No  
 625 CITRACADO PKWY STE  
206  
ESCONDIDO, CA 92025  
 Phone: (760) 755-7600  
 After Hours Phone: (760)  
755-7600

Provider Gender: Female  
NPI: 1861648602

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT

HOSPITAL, SHARP MEMORIAL  
HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### OPHTHALMOLOGY

##### **MOLL, ANGELA**

Provider ID: 277824  
Board Certified Specialty: No  
 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
 Phone: (760) 755-7600  
Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600


Provider Gender: Female  
NPI: 1861648602

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT

HOSPITAL, SHARP MEMORIAL  
HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### OPHTHALMOLOGY


##### **MOVAGHAR, MANSOOR**

Provider ID: 277833  
Board Certified Specialty: No  
 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 755-7600  
Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Provider Gender: Male  
NPI: 1497792220

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY

### D3. Specialist Provider Directory


#### CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### OPHTHALMOLOGY OHALLORAN, HENRY

Provider ID: 277869

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Provider Gender: Male

NPI: 1235287947

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### OPHTHALMOLOGY SHEILS, CATHERINE

Provider ID: 305307

Board Certified Specialty: No

 700 W EL NORTE PKWY  
ESCONDIDO, CA 92026

 Phone: (800) 765-2737

Fax: (619) 291-6577

 After Hours Phone: (800)  
765-2737

Provider Gender: Female

NPI: 1932605649

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 18\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
8:30AM-4:00PM

W-F 8:30AM-1:00PM


 Website: N/A


#### OPTOMETRIST

##### AOTO, KIM

Provider ID: 296796

Board Certified Specialty: No

 700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M 9:00AM-5:00PM  
TU 8:30AM-4:30PM

W 7:30AM-4:30PM

TH 9:30AM-5:00PM

F 8:30AM-4:00PM


 Website: N/A

#### OPTOMETRIST


##### AOTO, KIM

Provider ID: 268719

Board Certified Specialty: No

 830 W VALLEY PKWY STE  
300

ESCONDIDO, CA 92025

 Phone: (800) 898-2020

Fax: (844) 897-3788

 After Hours Phone: (800)  
898-2020

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### OTOLARYNGOLOGY

##### **BLISS, MORGAN**

Provider ID: 277537

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1760707657

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OTOLARYNGOLOGY

##### **FRIESEN, TZYYNONG**

Provider ID: 277853

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1952740177

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OTOLARYNGOLOGY

##### **JIANG, WEN**

Provider ID: 277860

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1659305753

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OTOLARYNGOLOGY

##### **LEUIN, SHELBY**

Provider ID: 206110

Board Certified Specialty: No

625 CITRACADO PKWY STE  
206

ESCONDIDO, CA 92025

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1124230909

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OTOLARYNGOLOGY

##### **PATEL, VIJAY**

Provider ID: 297038

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600


Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Male

NPI: 1508250747


### D3. Specialist Provider Directory


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PEDIATRIC CARDIOLOGY**

##### **DAVIS, CHRISTOPHER**

Provider ID: 277811

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 Phone: (760) 294-9260

Fax: (760) 294-9274

 After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1760691950

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PEDIATRIC CARDIOLOGY**

##### **HALEY, JESSICA**

Provider ID: 277867

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 Phone: (760) 294-9260

Fax: (760) 294-9274

 After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1023329885


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **PEDIATRIC CARDIOLOGY**


##### **HALEY, JESSICA**

Provider ID: 205689

Board Certified Specialty: No

 625 CITRACADO PKWY STE  
100

ESCONDIDO, CA 92025

 Phone: (760) 294-9260

Fax: (760) 294-9274

 After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1023329885

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PEDIATRIC CARDIOLOGY**

##### **NARAYAN, HARI**

Provider ID: 277846

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 Phone: (760) 294-9260

Fax: (760) 294-9274

 After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1376705707

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

### D3. Specialist Provider Directory


N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **PEDIATRIC CARDIOLOGY**

##### **SAH, SERENA**

Provider ID: 301737

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029


 Phone: (760) 294-9260


Fax: (760) 294-9274

 After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1295042653

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC CARDIOLOGY**

##### **SILVA SEPULVEDA, JOSE**

Provider ID: 206298


Board Certified Specialty: No

 625 CITRACADO PKWY STE

100  
ESCONDIDO, CA 92025  
 Phone: (760) 294-9260  
Fax: (760) 294-9274  
 After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1417222472

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PEDIATRIC DERMATOLOGY**

##### **BOIKO, SUSAN**

Provider ID: 277158

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029


 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1053488981

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY**


##### **MEDICINE**

##### **AGHILI, ROXANA**

Provider ID: 303783

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 Phone: (760) 739-1543


Fax: (760) 294-9274

 After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1851927883

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN  
DIEGO, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **BELLOMO, THOMAS**

Provider ID: 277865

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Male

NPI: 1700926698

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **BETTY, MARYANN**

Provider ID: 277914

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1285014498

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **GORHAM, LAURA**

Provider ID: 277851

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1316162324

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **GROSS, MATTHEW**

Provider ID: 297178

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Male

NPI: 1942223664

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

### D3. Specialist Provider Directory

#### **JOSHI, WEENA**

Provider ID: 277907

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1376862177

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **LOVEJOY, AMY**

Provider ID: 277884

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1790856557

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSPITAL  
OF ORANGE COUNTY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **MENDES, CHANTAL**

Provider ID: 295670

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1134681265

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: SU 1:00PM-10:00PM

M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **MINKA, GENEVIEVE**

Provider ID: 277859

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1689646689

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **OZAKI, YOSHIHIRO**



### D3. Specialist Provider Directory

Provider ID: 277902

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Male

NPI: 1467898239

Provider English Spoken: Y

Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **PARKER, SHERINE**

Provider ID: 277872

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1477626513

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: GLENDALE  
ADVENTIST MED CTR,  
GLENDALE MEMORIAL HOSP  
AND HEALTH CTR, TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **QUINONES-PEREZ, BIANCA**

Provider ID: 277810

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1124360565

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **TODD, SARAH**

Provider ID: 302802

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1407299787

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **VAIDYA, KAMALA**

Provider ID: 205812

Board Certified Specialty: No

625 CITRACADO PKWY STE 100  
ESCONDIDO, CA 92025

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760) 739-1543

Provider Gender: Female

NPI: 1083840920

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **VAIDYA, KAMALA**

Provider ID: 289412

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760) 739-1543

Provider Gender: Female

NPI: 1083840920

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **WANG, EMILY**

Provider ID: 277868

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760) 739-1543

Provider Gender: Female

NPI: 1427142363

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC**

#### **GASTROENTEROLOGY**

#### **CHU, CHRISTOPHER**

Provider ID: 301643

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760) 294-9260

Provider Gender: Male

NPI: 1912369273

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N




Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

### D3. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*


#### **PEDIATRIC**


#### **GASTROENTEROLOGY**

#### **PATHAK, SAGAR**

*Provider ID: 301826*

*Board Certified Specialty: No*

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029


 *Phone: (760) 294-9260*


*Fax: (760) 294-9274*

 *After Hours Phone: (760)  
294-9260*

*Provider Gender: Male*

*NPI: 1700318292*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Gujarati, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **PEDIATRICS**


#### **CAMERON, MELISSA**

*Provider ID: 205966*

*Board Certified Specialty: No*

 2185 CITRACADO PKWY

ESCONDIDO, CA 92029


 *Phone: (442) 281-2850*

*Fax: (442) 281-2999*

 *After Hours Phone: (442)  
281-2850*

*Provider Gender: Female*

*NPI: 1902983752*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **PHYSICAL MEDICINE /**

#### **REHABILITATION**

#### **RICHARDSON, HENRY**


*Provider ID: 295277*

*Board Certified Specialty: No*

 1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029


 *Phone: (760) 738-5533*

*Fax: (909) 204-7863*

 *After Hours Phone: (760)  
738-5533*

*Provider Gender: Male*

*NPI: 1407052459*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA*

*VISTA, PALOMAR MEDICAL  
CENTER*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **PHYSICAL MEDICINE /**


#### **REHABILITATION**

#### **RYAN, KYLE**

*Provider ID: 275660*

*Board Certified Specialty: No*

 625 CITRACADO PKWY  
ESCONDIDO, CA 92025

 *Phone: (760) 294-9260*

*Fax: (760) 294-9274*

 *After Hours Phone: (760)  
294-9260*

*Provider Gender: Male*

*NPI: 1447645742*

 *Provider English Spoken: Y*


*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*



#### **PHYSICIANS ASSISTANT**

#### **BEITTER, KEERSTIN**


*Provider ID: 300094*

*Board Certified Specialty: No*

### D3. Specialist Provider Directory


 1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029  
 Phone: (760) 738-5533  
Fax: (760) 738-3835  
 After Hours Phone: (760)  
738-5533


Provider Gender: Female  
NPI: 1477129302


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **CHATFIELD, ALEXANDRA**

Provider ID: 276716


Board Certified Specialty: No

 1955 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 743-4789  
Fax: (858) 673-5187


 After Hours Phone: (760)  
743-4789

Provider Gender: Female  
NPI: 1215584628

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **CORVINI, NICOLAS**

Provider ID: 296999

Board Certified Specialty: No

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8300  
Fax: (858) 633-4698

 After Hours Phone: (760)  
520-8300


Provider Gender: Male  
NPI: 1194242461

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **CUTCHON, SYDNEY**

Provider ID: 302306

Board Certified Specialty: No

 625 CITRACADO PKWY STE  
108

ESCONDIDO, CA 92025  
 Phone: (760) 743-1431  
Fax: (760) 743-6455

 After Hours Phone: (760)

743-1431

Provider Gender: Female

NPI: 1659914240

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **FUNARI, CHRISTOPHER**


Provider ID: 301993

Board Certified Specialty: No

 625 CITRACADO PKWY STE  
108

ESCONDIDO, CA 92025  
 Phone: (760) 743-1431

Fax: (760) 743-6455

 After Hours Phone: (760)  
743-1431

Provider Gender: Male

NPI: 1982365490


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **PHYSICIANS ASSISTANT**

##### **GANGJI, SHAZMIN**

Provider ID: 298110

Board Certified Specialty: No

📍 460 N ELM ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8100

Fax: (360) 462-2745

🕒 After Hours Phone: (760)  
520-8100

Provider Gender: Female

NPI: 1346763638

🗨 Provider English Spoken: Y

🗨 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 14\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **KIVIAT, ANNETTE**

Provider ID: 302456

Board Certified Specialty: No

📍 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

☎ Phone: (760) 294-9260

Fax: (760) 294-9274

🕒 After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1205381845

🗨 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **MEHTA, NOOPUR**

Provider ID: 297093

Board Certified Specialty: No

📍 460 N ELM ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8100

Fax: (760) 466-1373

🕒 After Hours Phone: (760)  
520-8100

Provider Gender: Female

NPI: 1417682931

🗨 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **MONTES, VIVIAN**

Provider ID: 298090

Board Certified Specialty: No

📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

☎ Phone: (760) 737-6900

Fax: (360) 462-2741

🕒 After Hours Phone: (760)  
737-6900

Provider Gender: Female

NPI: 1881358026

🗨 Provider English Spoken: Y

🗨 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **NIAKAMAL, EVAN**

Provider ID: 291250

Board Certified Specialty: No

📍 425 N DATE ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8340

Fax: (858) 633-4698

🕒 After Hours Phone: (760)  
520-8340

Provider Gender: Male

NPI: 1639796873

🗨 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **WALSH, JOHN**

Provider ID: 301971  
Board Certified Specialty: No  
625 CITRACADO PKWY STE 108  
ESCONDIDO, CA 92025  
Phone: (760) 743-1431  
Fax: (760) 743-6455  
After Hours Phone: (760) 743-1431  
Provider Gender: Male  
NPI: 1386893089  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **WILE, KIMBERLY**

Provider ID: 302351  
Board Certified Specialty: No  
625 CITRACADO PKWY STE 108  
ESCONDIDO, CA 92025  
Phone: (760) 743-1431  
Fax: (760) 743-6455  
After Hours Phone: (760) 743-1431  
Provider Gender: Female

NPI: 1174194641  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **WRIGHT, DEREK**

Provider ID: 302390  
Board Certified Specialty: No  
1955 CITRACADO PKWY  
ESCONDIDO, CA 92029  
Phone: (760) 738-5533  
Fax: (760) 738-3835  
After Hours Phone: (760) 738-5533  
Provider Gender: Male  
NPI: 1629674858  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### **PODIATRIST**

##### **ALGHURAIBI, OHOUD**

Provider ID: 295998  
Board Certified Specialty: No  
460 N ELM ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8100

Fax: (760) 466-1373  
After Hours Phone: (760) 520-8100  
Provider Gender: Female  
NPI: 1669842357  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PODIATRIST**


##### **LARKINS, PHILIP**

Provider ID: 297044  
Board Certified Specialty: No  
460 N ELM ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8100  
Fax: (360) 462-2745  
After Hours Phone: (760) 520-8100  
Provider Gender: Male  
NPI: 1659375103  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: CLOVIS COMMUNITY HOSPITAL, ST AGNES MEDICAL CENTER, MADERA COMMUNITY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-0:00PM*

 *Website: N/A*


#### **PODIATRIST**

##### **READ, TRENTON**

*Provider ID: 300882*

*Board Certified Specialty: No*

 215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025


 *Phone: (760) 480-1189*

*Fax: (858) 485-1515*

 *After Hours Phone: (760)  
480-1189*

*Provider Gender: Male*

*NPI: 1952963431*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **PODIATRIST**

##### **READ, TRENTON**

*Provider ID: 296654*

*Board Certified Specialty: No*

 215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025


 *Phone: (760) 480-1189*

*Fax: (858) 485-1515*

 *After Hours Phone: (760)  
480-1189*

*Provider Gender: Male*

*NPI: 1952963431*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **PSYCHOLOGIST**

##### **CARLTON PENN, CORNELIA**


*Provider ID: 290406*

*Board Certified Specialty: No*

 425 N DATE ST  
ESCONDIDO, CA 92025

 *Phone: (760) 520-8340*


*Fax: (360) 462-2752*

 *After Hours Phone: (760)  
520-8340*

*Provider Gender: Female*

*NPI: 1891720611*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: German*

*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **PSYCHOLOGIST**

##### **ESTRADA PATINO, ANGELA**

*Provider ID: 296605*

*Board Certified Specialty: No*

 460 N ELM ST  
ESCONDIDO, CA 92025

 *Phone: (760) 520-8100*

*Fax: (760) 466-1373*

 *After Hours Phone: (760)  
520-8100*

*Provider Gender: Female*

*NPI: 1629339015*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 14\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-0:00PM*

 *Website: N/A*


#### **PSYCHOLOGIST**

##### **SUOZZO, JOSEPH**

*Provider ID: 290758*

*Board Certified Specialty: No*

 425 N DATE ST  
ESCONDIDO, CA 92025


 *Phone: (760) 520-8340*

*Fax: (858) 633-4698*

 *After Hours Phone: (760)  
520-8340*

*Provider Gender: Male*

*NPI: 1821013228*

 *Provider English Spoken: Y*

### D3. Specialist Provider Directory

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*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **PSYCHOLOGIST**

##### **TEETER-WITT, ALYSSA**

*Provider ID: 290891*

*Board Certified Specialty: No*

 425 N DATE ST  
ESCONDIDO, CA 92025


 *Phone: (760) 520-8300*

*Fax: (858) 633-4698*

 *After Hours Phone: (760) 520-8300*

*Provider Gender: Female*

*NPI: 1932308442*


 *Provider English Spoken: Y*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **PSYCHOLOGIST**

##### **TEETER-WITT, ALYSSA**

*Provider ID: 290779*

*Board Certified Specialty: No*

 426 N DATE ST  
ESCONDIDO, CA 92025


 *Phone: (760) 690-5900*

*Fax: (858) 633-4693*

 *After Hours Phone: (760) 690-5900*

*Provider Gender: Female*

*NPI: 1932308442*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

#### **PSYCHOLOGIST**


##### **VALLEZ-BARLAM, ANDREA**

*Provider ID: 290631*

*Board Certified Specialty: No*

 488 E VALLEY PKWY STE  
404

ESCONDIDO, CA 92025


 *Phone: (760) 466-9800*


*Fax: (858) 633-4693*

 *After Hours Phone: (760) 466-9800*

*Provider Gender: Female*

*NPI: 1710902143*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: German, Spanish*


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*


#### **PSYCHOLOGIST**

##### **VALLEZ-BARLAM, ANDREA**

*Provider ID: 290630*

*Board Certified Specialty: No*

 426 N DATE ST  
ESCONDIDO, CA 92025

 *Phone: (760) 690-5900*


*Fax: (858) 633-4693*

 *After Hours Phone: (760) 690-5900*

*Provider Gender: Female*

*NPI: 1710902143*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: German, Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

#### **PSYCHOLOGIST**

##### **VAQUERO, JUANA**

*Provider ID: 290762*

*Board Certified Specialty: No*

 425 N DATE ST  
ESCONDIDO, CA 92025

 *Phone: (760) 520-8300*

*Fax: (858) 633-4698*

 *After Hours Phone: (760) 520-8300*

*Provider Gender: Female*

*NPI: 1023459708*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*



### D3. Specialist Provider Directory

#### **PSYCHOLOGIST**

##### **WOODWORTH, JENNIFER**

Provider ID: 290634

Board Certified Specialty: No

📍 425 N DATE ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8340

Fax: (858) 633-4698

🕒 After Hours Phone: (760)  
520-8340

Provider Gender: Female

NPI: 1639362494

🗉 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **PULMONARY DISEASES**

##### **QUAN, MICHELE**

Provider ID: 287097

Board Certified Specialty: No

📍 2125 CITRACADO PKWY  
STE 230  
ESCONDIDO, CA 92029

☎ Phone: (760) 489-1458

Fax: (760) 489-1246

🕒 After Hours Phone: (760)  
489-1458

Provider Gender: Female

NPI: 1629462882

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: REDLANDS  
COMMUNITY HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): **VOLPP, PAUL**

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **RADIATION ONCOLOGY**

##### **COLEMAN, LORI**

Provider ID: 221090

Board Certified Specialty: No

📍 2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029

☎ Phone: (760) 739-3371

Fax: (760) 739-3779

🕒 After Hours Phone: (760)  
739-3371

Provider Gender: Female

NPI: 1053348920

🗉 Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER,

Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **RADIATION ONCOLOGY**

Provider ID: 221103

Board Certified Specialty: No

📍 2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029

☎ Phone: (760) 739-3371

Fax: (760) 739-3779

🕒 After Hours Phone: (760)  
739-3371

Provider Gender: Male

NPI: 1225186232

🗉 Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-4:00PM

🌐 Website: N/A

#### **RADIATION ONCOLOGY**

##### **WEINSTEIN, GEOFFREY**

Provider ID: 220041

Board Certified Specialty: No

📍 2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029

☎ Phone: (760) 739-3371


Fax: (760) 739-3779

🕒 After Hours Phone: (760)  
739-3371

### D3. Specialist Provider Directory

Provider Gender: Male

NPI: 1841233947

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,


SHARP MEMORIAL HOSPITAL,


SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **VAKILIAN, SIAVOSH**

Provider ID: 283206

Board Certified Specialty: No

 701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025

 Phone: (760) 839-7370

Fax: (858) 429-7938

 After Hours Phone: (760)  
839-7370

Provider Gender: Male

NPI: 1427456151

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **REGISTERED PHYSICAL THERAPIST**

##### **MCGEE, JACQUELINE**

Provider ID: 252473

Board Certified Specialty: No

 1815 E VALLEY PKWY STE 5  
ESCONDIDO, CA 92027

 Phone: (760) 233-9655

Fax: (760) 233-9648

 After Hours Phone: (760)  
233-9655

Provider Gender: Female

NPI: 1194217133


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 8\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
7:00AM-6:00PM


 Website: N/A

#### **SPEECH PATHOLOGIST**


##### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296931

Board Certified Specialty: No

 500 LA TERRAZA BLVD STE  
150

ESCONDIDO, CA 92025

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

#### **SPEECH PATHOLOGIST**


##### **CALDERON MORALES, ASTRID**

Provider ID: 305583

Board Certified Specialty: No

 500 LA TERRAZA BLVD STE  
150

ESCONDIDO, CA 92025

 Phone: (877) 757-8353


Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1619501186

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Armenian, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7:00AM-7:00PM

 Website: N/A

#### **SPEECH PATHOLOGIST**

##### **CLARK, MELISSA**

Provider ID: 296924

Board Certified Specialty: No

 500 LA TERRAZA BLVD STE

### D3. Specialist Provider Directory

150  
ESCONDIDO, CA 92025

☎ Phone: (877) 757-8353

Fax: (818) 357-2505

🕒 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1760546428

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 7:00AM-7:00PM  
M-F 7:00AM-7:00PM

🌐 Website: N/A

#### **SPEECH PATHOLOGIST**

##### **MADERA RIVERA, PAULA**

Provider ID: 296577

Board Certified Specialty: No

📍 500 LA TERRAZA BLVD STE  
150

ESCONDIDO, CA 92025

☎ Phone: (877) 757-8353

Fax: (818) 357-2505

🕒 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1205443769

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): Provider ID: 245226

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 7:00AM-7:00PM

🌐 Website: N/A

#### **SURGERY GENERAL**

##### **CASILLAS BERUMEN, SERGIO**

Provider ID: 304606

Board Certified Specialty: No

📍 1045 E PENNSYLVANIA  
AVE

ESCONDIDO, CA 92025

☎ Phone: (760) 884-4500

Fax: (619) 483-3997

🕒 After Hours Phone: (760)  
884-4500

Provider Gender: Male

NPI: 1437470762

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY GENERAL**

##### **GROVE, JAY**

Board Certified Specialty: No

📍 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

☎ Phone: (760) 300-3647

Fax: (760) 482-1316

🕒 After Hours Phone: (760)  
300-3647

Provider Gender: Male

NPI: 1912971334

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL

CENTER, TRI CITY MEDICAL

CTR, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS MERCY

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
9:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **EDMONDS, ERIC**

Provider ID: 277831

Board Certified Specialty: No

📍 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

☎ Phone: (760) 480-8770

Fax: (760) 480-8811

🕒 After Hours Phone: (760)

### D3. Specialist Provider Directory

480-8770  
Provider Gender: Male  
NPI: 1013048412  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **KNUTSON, THOMAS**

Provider ID: 296851  
Board Certified Specialty: No  
 2130 CITRACADO PKWYSTE  
200  
ESCONDIDO, CA 92029  
 Phone: (760) 743-4789  
Fax: (760) 743-4779  
 After Hours Phone: (760)  
743-4789  
Provider Gender: Male  
NPI: 1962409938  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **SHARP, LORRA**

Provider ID: 304761  
Board Certified Specialty: No  
 2130 CITRACADO PKWYSTE  
220  
ESCONDIDO, CA 92029  
 Phone: (760) 743-0546  
Fax: (760) 317-9769  
 After Hours Phone: (760)  
743-0546

Provider Gender: Female  
NPI: 1689689176  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **SHARP, LORRA**

Provider ID: 296808  
Board Certified Specialty: No  
 2130 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
 Phone: (760) 743-4789  
Fax: (858) 385-1690  
 After Hours Phone: (760)  
743-4789

Provider Gender: Female  
NPI: 1689689176  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **SURGERY PEDIATRIC**

##### **KLING, KAREN**


Provider ID: 206130  
Board Certified Specialty: No  
 625 CITRACADO PKWY STE  
206  
ESCONDIDO, CA 92025  
 Phone: (760) 755-7600  
Fax: (760) 755-7699  
 After Hours Phone: (760)  
755-7600


Provider Gender: Female  
NPI: 1982775144  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, NATIONAL  
NAVAL MED CTR, SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

### D3. Specialist Provider Directory

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### FALLBROOK


#### CERTIFIED ACUPUNCTURIST

##### CRAFT, KEVIN

Provider ID: 290943

Board Certified Specialty: No

 1309 S MISSION RD  
FALLBROOK, CA 92028


 Phone: (760) 690-5900

Fax: (760) 731-1063

 After Hours Phone: (760)  
690-5900

Provider Gender: Male

NPI: 1659745610

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: TU-F  
8:00AM-5:00PM

 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER


##### HAMED, JACQUELYN

Provider ID: 302366

Board Certified Specialty: No

 1328 S MISSION RD

FALLBROOK, CA 92028


 Phone: (760) 451-4730

Fax: (760) 457-4700

 After Hours Phone: (760)  
451-4730

Provider Gender: Female

NPI: 1578260758

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

##### KELLEHER, BRIDGET

Provider ID: 298086

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028


 Phone: (760) 723-6200

Fax: (760) 414-3892

 After Hours Phone: (760)  
723-6200

Provider Gender: Female

NPI: 1245695006

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

##### KELLEHER, BRIDGET

Provider ID: 299775

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

Fax: (760) 414-3892

 After Hours Phone: (760)  
723-6200

Provider Gender: Female

NPI: 1245695006

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR


Medi-Cal Open Panel: No


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

##### STOJANOVSKA, JOVANA

### D3. Specialist Provider Directory

Provider ID: 301367

Board Certified Specialty: No

1328 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 451-4730

Fax: (760) 451-4700

After Hours Phone: (760)  
451-4730

Provider Gender: Female

NPI: 1215638499

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **TAYLOR, CHRISTOPHER**

Provider ID: 299407

Board Certified Specialty: No

321 E ALVARADO ST  
FALLBROOK, CA 92028

Phone: (760) 723-6200

Fax: (760) 414-3892

After Hours Phone: (760)  
723-6200

Provider Gender: Male

NPI: 1851747166

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\100

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-TH  
8:00AM-4:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **TAYLOR, CHRISTOPHER**

Provider ID: 302118

Board Certified Specialty: No

321 E ALVARADO ST  
FALLBROOK, CA 92028

Phone: (760) 723-6200

Fax: (760) 414-3892

After Hours Phone: (760)  
723-6200

Provider Gender: Male

NPI: 1851747166

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-4:00PM

Website: N/A

#### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **GUIDI, CASEY**

Provider ID: 296010

Board Certified Specialty: No

1328 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 451-4730

Fax: (760) 457-4700

After Hours Phone: (760)  
451-4730

Provider Gender: Female

NPI: 1013349919

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CHIROPRACTOR**

#### **FARSHLER, ANTHONY**

Provider ID: 290306

Board Certified Specialty: No

1309 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 690-5900

Fax: (760) 731-1063

After Hours Phone: (760)  
690-5900

Provider Gender: Male

NPI: 1841627759

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CHIROPRACTOR**

#### **HALVORSON, PAULA**

Provider ID: 298338

Board Certified Specialty: No

1309 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 690-5900

Fax: (760) 731-1063

### D3. Specialist Provider Directory

 After Hours Phone: (760) 690-5900

Provider Gender: Female


NPI: 1275542193


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: TU 8:00AM-5:00PM  
TH-F 8:00AM-5:00PM

 Website: N/A


#### FAMILY PRACTICE

##### **CHRISTIE, PATRICIA**

Provider ID: 299526

Board Certified Specialty: No

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 457-4700

 After Hours Phone: (760) 451-4720

Provider Gender: Female


NPI: 1881625531


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:30PM

 Website: N/A


#### OPTOMETRIST

##### **BULLUM, ANTHONY**

Provider ID: 290329

Board Certified Specialty: No

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4730

Fax: (760) 457-4700

 After Hours Phone: (760) 451-4730

Provider Gender: Male

NPI: 1992773956

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### PEDIATRICS

##### **ROBINSON, DAISY**

Provider ID: 298311

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028



 Phone: (760) 723-6200

Fax: (760) 414-3892

 After Hours Phone: (760) 723-6200

Provider Gender: Female

NPI: 1659389740

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-4:00PM

 Website: N/A

### HEMET

#### PHYSICIANS ASSISTANT


##### **SMITH, KELLI**


Provider ID: 272953

Board Certified Specialty: No

 3853 W STETSON AVE STE  
200

HEMET, CA 92545

 Phone: (951) 225-6802

 After Hours Phone: (951) 225-6802

Provider Gender: Female

NPI: 1841771664


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### IMPERIAL BEACH


#### CERTIFIED NURSE


##### PRACTITIONER

##### **ALBARRAN-SLOVIN, MELODY**

Provider ID: 299329

Board Certified Specialty: No

 949 PALM AVE  
IMPERIAL BEACH, CA 91932

 Phone: (619) 429-3733

### D3. Specialist Provider Directory

Fax: (619) 628-5550

☎ After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1740953249

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BORRAJERO, OBEL**

Provider ID: 303242

Board Certified Specialty: No

📍 949 PALM AVE  
IMPERIAL BEACH, CA 91932

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

☎ After Hours Phone: (619)  
429-3733

Provider Gender: Male

NPI: 1093280588

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CUNNINGHAM, STEPHANIE**

Provider ID: 301310

Board Certified Specialty: No

📍 949 PALM AVE  
IMPERIAL BEACH, CA 91932

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

☎ After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1174223655

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **O'CONNELL, STEFANY**

Provider ID: 296845

Board Certified Specialty: No

📍 949 PALM AVE  
IMPERIAL BEACH, CA 91932

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

☎ After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1386378479

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **POPE, KATILYNN**

Provider ID: 305980

Board Certified Specialty: No

📍 949 PALM AVE  
IMPERIAL BEACH, CA 91932

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

☎ After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1174232748

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **THYGERSEN, ALAYSA**



### D3. Specialist Provider Directory

Provider ID: 297909

Board Certified Specialty: No

949 PALM AVE  
IMPERIAL BEACH, CA 91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1760107767

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

##### **BROWNING, ELIZABETH**

Provider ID: 298122

Board Certified Specialty: No

949 PALM AVE  
IMPERIAL BEACH, CA 91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1821431057

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

##### **SUMMERS-DAY, COURTNEY**

Provider ID: 290977

Board Certified Specialty: No

949 PALM AVE  
IMPERIAL BEACH, CA 91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1124288873

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **INTERNAL MEDICINE**

##### **RYAN, DANA**

Provider ID: 298099

Board Certified Specialty: No

949 PALM AVE  
IMPERIAL BEACH, CA 91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1780609990

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-8:00PM  
TU-W 8:30AM-5:00PM  
TH 8:30AM-8:00PM  
F 8:30AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **CHENG, BRANDON**

Provider ID: 304530

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932

Phone: (619) 332-4200

Fax: (613) 332-4220

After Hours Phone: (619)  
332-4200

Provider Gender: Male

NPI: 1336894724

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
7:00AM-7:00PM  
F 7:00AM-5:00PM  
SA 8:00AM-1:00PM

Website: N/A

### D3. Specialist Provider Directory

#### **REGISTERED PHYSICAL THERAPIST**

##### **JIMENEZ, ANDREA**

Provider ID: 299890

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1407440670

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **JIMENEZ, ANDREA**

Provider ID: 301973

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1407440670

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **KARANDE, PRACHI**

Provider ID: 287101

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1699357525

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
7:00AM-6:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **NGUYEN, TIA**

Provider ID: 305015

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
7:00AM-7:00PM  
F 7:00AM-4:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **NGUYEN, TIA**

Provider ID: 305016

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-TH  
7:00AM-7:00PM  
F 7:00AM-4:00PM  
Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **NOVENCIDO, ANDREW**

Provider ID: 301995  
Board Certified Specialty: No  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Phone: (619) 482-3000  
Fax: (619) 332-4220  
After Hours Phone: (619) 482-3000  
Provider Gender: Male  
NPI: 1447723937  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **NOVENCIDO, ANDREW**

Provider ID: 286783  
Board Certified Specialty: No  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Phone: (619) 482-3000  
Fax: (619) 332-4220  
After Hours Phone: (619) 482-3000

Provider Gender: Male  
NPI: 1447723937  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **SPARKS, TODD**

Provider ID: 301109  
Board Certified Specialty: No  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Phone: (619) 482-3000  
Fax: (619) 332-4220  
After Hours Phone: (619) 482-3000  
Provider Gender: Male  
NPI: 1265481139  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M 7:00AM-7:00PM  
TU 7:00AM-0:00PM  
W-TH 7:00AM-7:00PM  
F 7:00AM-0:00PM  
Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **SUGGS, SARAH**

Provider ID: 298365  
Board Certified Specialty: No  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Phone: (619) 482-3000  
Fax: (619) 332-4220  
After Hours Phone: (619) 482-3000  
Provider Gender: Female  
NPI: 1083353650  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 7:00AM-7:00PM  
Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**


##### **SUGGS, SARAH**


Provider ID: 301429  
Board Certified Specialty: No  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Phone: (619) 482-3000  
Fax: (619) 332-4220  
After Hours Phone: (619) 482-3000  
Provider Gender: Female  
NPI: 1083353650  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes

### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7:00AM-7:00PM

 Website: N/A

#### **REGISTERED PHYSICAL**


#### **THERAPIST**

#### **VILLANUEVA, GIOVANNI**

Provider ID: 301531

Board Certified Specialty: No

 600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932


 Phone: (619) 482-3000

Fax: (619) 332-4220

 After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1063046878

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
7:00AM-7:00PM  
F 7:00AM-5:00PM

 Website: N/A

#### **LA JOLLA**


#### **ANESTHESIOLOGY**


#### **ALEXANDER, BRENTON**

Provider ID: 242302

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1811366644

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**

#### **BECERRA SONGOLO, TOSHA**

Provider ID: 300067

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265938724

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Website: N/A


#### **ANESTHESIOLOGY**


#### **BRUNO, KELLY**

Provider ID: 238904

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891130993

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**


#### **CURRAN, BRIAN**

Provider ID: 239003

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1710373642


 Provider English Spoken: Y  
Cultural Competency: N

### D3. Specialist Provider Directory

*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **ANESTHESIOLOGY**

##### **FEJLEH, ASHLEY**

*Provider ID: 269503*

*Board Certified Specialty: No*

 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*


*NPI: 1609353465*


 *Provider English Spoken: Y  
Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **ANESTHESIOLOGY**

##### **FUNDINGSLAND, BRENT**

*Provider ID: 280469*

*Board Certified Specialty: No*

 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1831166560*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL*

*ENCINITAS, SADDLEBACK*

*MEMORIAL MED CTR, UCSD*

*MEDICAL CTR, UCSD LA JOLLA*


*JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*


 *Website: N/A*

#### **ANESTHESIOLOGY**

##### **HOSALKAR, HETAL**


*Provider ID: 243370*

*Board Certified Specialty: No*

 *9415 CAMPUS POINT DR  
LA JOLLA, CA 92093*


 *Phone: (800) 926-8273*


*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1861556821*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Farsi, Gujarati,*

*Hindi*

*Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA*


*JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **ANESTHESIOLOGY**


##### **HYLTON, DIANA**

*Provider ID: 241736*

*Board Certified Specialty: No*

 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1932527751*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL*

*CTR, SOUTHWEST  
HEALTHCARE INLAND VALLEY*

*HOSPITAL, SOUTHWEST*


*HEALTHCARE RANCHO*

*SPRINGS HOSPITAL*



*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### D3. Specialist Provider Directory

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **ANESTHESIOLOGY**


##### **MEYER, MEGAN**

Provider ID: 239608

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720473044


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**


##### **NGUYEN, QUOC SY**

Provider ID: 242189

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871911644

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**


##### **OKAMOTO, VINCENT**

Provider ID: 245952

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952338709

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, ALVARADO  
HOSPITAL LLC, SOUTHWEST


HEALTHCARE INLAND VALLEY  
HOSPITAL, UCSD LA JOLLA  
JOHN SALLY THORNTON,

UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**


##### **OSWALD, JESSICA**

Provider ID: 239601

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427315118


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**


##### **SHAW, SUSANNA**

Provider ID: 255317

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

### D3. Specialist Provider Directory

Provider Gender: Female  
NPI: 1063685477  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **ANESTHESIOLOGY**

##### **SORIA, CLAIRE**

Provider ID: 243295  
Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1447516414  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **ANESTHESIOLOGY**

##### **SUYDAM, STEVEN**

Provider ID: 286570  
Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
📠 Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1386856821  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
TRI CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, SHARP CORONADO  
HOSP AND HEALTHCARE CTR,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, SCRIPPS GREEN  
HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **ANESTHESIOLOGY**

##### **TRIVEDI, SURAJ**

Provider ID: 246750  
Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1699057885  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **ANESTHESIOLOGY**

##### **TSUDA, PAIGE**

Provider ID: 271683  
Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
📠 Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Female

### D3. Specialist Provider Directory

NPI: 1003261595

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**

##### **TULLY, JEFFREY**

Provider ID: 283690

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871912493


 Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation: UC DAVIS  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **ANESTHESIOLOGY**

##### **TZENG, ERIC**

Provider ID: 284578

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801258264

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**

##### **WANG, MICHELLE**

Provider ID: 286139

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1659802965

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**

##### **YODER, ANDREA**

Provider ID: 272805

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1629463104

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F



### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### **ANESTHESIOLOGY** **YOUNAN, LAWRENCE**

Provider ID: 240871  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1922432475

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **ANESTHESIOLOGY PAIN** **MANAGEMENT**

**CASTELLANOS, JOEL**  
Provider ID: 243554  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1700296514  
Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **CARDIOVASCULAR DISEASE** **KEEN, WILLIAM**

Provider ID: 291303  
Board Certified Specialty: No  
9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8372  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8372  
Provider Gender: Male  
NPI: 1962561571  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

#### **CARDIOVASCULAR DISEASE** **MIZZELL, ANNA**

Provider ID: 214021  
Board Certified Specialty: No  
9434 MEDICAL CENTER DR


FL 1  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1851561021  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A


#### **CARDIOVASCULAR DISEASE** **PHREANER, NICHOLAS**

Provider ID: 224864  
Board Certified Specialty: No  
9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1023373040  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CARDIOVASCULAR DISEASE**

##### **SHAPIRO, HILARY**

Provider ID: 300000

Board Certified Specialty: No

 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811382815

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **CERTIFIED ACUPUNCTURIST**

##### **ARELLANO, JACQUELINE**

Provider ID: 304140

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **CERTIFIED ACUPUNCTURIST**

##### **ARELLANO, JACQUELINE**

Provider ID: 304141

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **CERTIFIED ACUPUNCTURIST**

##### **ARELLANO, JACQUELINE**


Provider ID: 304136

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **CERTIFIED ACUPUNCTURIST**

##### **JULIAN, FIDES**

Provider ID: 304135

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED ACUPUNCTURIST**


##### **JULIAN, FIDES**

Provider ID: 304130

### D3. Specialist Provider Directory

*Board Certified Specialty: No*

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **CERTIFIED ACUPUNCTURIST**

##### **JULIAN, FIDES**

Provider ID: 304134

*Board Certified Specialty: No*

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


##### **PRACTITIONER**

##### **AGYEMANG, ALBERTA**

Provider ID: 265131

*Board Certified Specialty: No*

 8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037


 Phone: (858) 657-8000

Fax: (858) 657-8387

 After Hours Phone: (858)  
657-8000

Provider Gender: Female

NPI: 1023400082

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**


##### **AGYEMANG, ALBERTA**

Provider ID: 265130

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
STE 2B

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1023400082

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**


##### **BOUTELLE, AMY**


Provider ID: 243485

*Board Certified Specialty: No*

 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1609117704

 Provider English Spoken: Y

Cultural Competency: N

### D3. Specialist Provider Directory


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


**BRADY, KATELYN**

Provider ID: 209017

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1952797540

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**BUENROSTRO, CHRISTINA**

Provider ID: 243717

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037



Phone: (800) 926-8273



After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851749253

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


**CAPOZZI, JENNIFER**

Provider ID: 241030

Board Certified Specialty: No



 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336258276

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**CONNER, PAMELA**

Provider ID: 299931

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770558967

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**CONNER, PAMELA**

Provider ID: 299932

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

### D3. Specialist Provider Directory

926-8273  
Provider Gender: Female  
NPI: 1770558967  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **CONNOR, CAROLINE**

Provider ID: 279834  
Board Certified Specialty: No  
📍 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1609081710  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **CZYPULL, MONICA**

Provider ID: 284662  
Board Certified Specialty: No  
📍 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
☎ Phone: (858) 554-1212  
Fax: (858) 795-1195  
🕒 After Hours Phone: (858)  
554-1212  
Provider Gender: Female  
NPI: 1831784842

☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **DAVIES, SUMMER**

Provider ID: 253691  
Board Certified Specialty: No  
📍 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
☎ Phone: (858) 249-6800  
Fax: (858) 657-6420  
🕒 After Hours Phone: (858)  
249-6800



Provider Gender: Female  
NPI: 1679850671  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **DAVIES, SUMMER**

Provider ID: 238922  
Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (858) 657-7600  
🕒 After Hours Phone: (858)  
657-7600  
Provider Gender: Female  
NPI: 1679850671  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT

### D3. Specialist Provider Directory

 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**

##### **DE DIOS, SARAH**




*Provider ID: 300052*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Female*  
*NPI: 1528632742*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP  
CHULA VISTA MED CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**



##### **DIMAIRA, FRANCESCA**

*Provider ID: 245580*  
*Board Certified Specialty: No*  
 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Female*



*NPI: 1346670718*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**

##### **DIMAIRA, FRANCESCA**




*Provider ID: 245579*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Female*  
*NPI: 1346670718*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**


##### **DRISCOLL, KARRIE**

*Provider ID: 286376*  
*Board Certified Specialty: No*  
 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
 *Phone: (858) 822-6277*  
*Fax: (858) 228-1731*  
 *After Hours Phone: (858)  
822-6277*  
*Provider Gender: Female*  
*NPI: 1396085098*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**

##### **GARTH, MELISSA**

*Provider ID: 268991*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Female*

### D3. Specialist Provider Directory

NPI: 1689232977

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **GARTH, MELISSA**

Provider ID: 268992

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689232977

 Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **GIOVANNETTI, ERIN**

Provider ID: 276002

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1013317767

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **GOMEZ, LESLIE**

Provider ID: 299465

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **GOMEZ, LESLIE**

Provider ID: 299464

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


### D3. Specialist Provider Directory

#### **PRACTITIONER**

##### **GOMEZ, LESLIE**


Provider ID: 299469

Board Certified Specialty: No

 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


##### **PRACTITIONER**

##### **GOMEZ, LESLIE**

Provider ID: 299470

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


##### **PRACTITIONER**

##### **HANNA, LINDSAY**

Provider ID: 284967

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1699257907

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


##### **PRACTITIONER**

##### **HARKNESS, RUMIKO**

Provider ID: 208840

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1487785093

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**


##### **IYER, VICTORIA**

Provider ID: 265624

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE 2B

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1871738864

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999



American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER



### D3. Specialist Provider Directory

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **JONES, CHRISTA**

Provider ID: 275564

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (800) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396371431

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **KORMANIK, PATRICIA**

Provider ID: 282070

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093895047

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **LANE, KIMBERLY**

Provider ID: 301604

Board Certified Specialty: No

 9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

 Phone: (858) 453-5944

Fax: (858) 429-7925

 After Hours Phone: (858)  
453-5944

Provider Gender: Female

NPI: 1457670119

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **LEE, HEE**

Provider ID: 274644

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497275705

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **MATTHESS, JANETTE**

Provider ID: 287645

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

### D3. Specialist Provider Directory

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1457694549

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **MATTHESS, JANETTE**

Provider ID: 287644

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1457694549

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **MICK, SHARON**

Provider ID: 299650

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **MICK, SHARON**

Provider ID: 299651

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **MICK, SHARON**

Provider ID: 299646

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

### D3. Specialist Provider Directory

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**MICK, SHARON**

Provider ID: 299645

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**MOHEBBI, ATHENA**

Provider ID: 282231

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1952627176

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


**MULVEY, CAOILFHIONN**

Provider ID: 291420


Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093


 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1184386864


 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


**NACOSTE, LAKEISHA**


Provider ID: 272935

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (858) 822-5210

 After Hours Phone: (858)  
822-5210

Provider Gender: Female

NPI: 1194139634

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


**PAULSON, KERRY**

Provider ID: 201269

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093


 Phone: (619) 543-3000

 After Hours Phone: (619)  
543-3000

Provider Gender: Female


### D3. Specialist Provider Directory


NPI: 1518363407

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**


#### **RALEIGH, DEBORAH**

Provider ID: 215016

Board Certified Specialty: No

 9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689006876

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

#### **ROCHE, CHELSEA**

Provider ID: 270706

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1063040384

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

#### **ROSSI, CATHERINE**

Provider ID: 291446

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1649934126

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

#### **SRILASAK, MICHELE**

Provider ID: 281855

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265487326

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **STEVENSON, REHEIA**

Provider ID: 210795

Board Certified Specialty: No

9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346696044

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **TOPPEN, LAURA**

Provider ID: 215475

Board Certified Specialty: No

9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1326563495

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **TOPPEN, LAURA**

Provider ID: 215476

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1326563495

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **TRUJILLO, DALE**

Provider ID: 278428

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE 2B  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1003104423

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **YEO, ALEXANDRIA**

Provider ID: 299942

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781


After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1902368319








Provider English Spoken: Y

### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **CERTIFIED REGISTERED NURSE ANESTHETIST**







##### **ALFONSO, ALVIN**

*Provider ID: 256375*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1952653404*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED REGISTERED NURSE ANESTHETIST**







##### **AMADOR, LINDSAY**

*Provider ID: 291387*  
*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1003556184*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **CERTIFIED REGISTERED NURSE ANESTHETIST**





##### **APPLEGET, JOSEPH**

*Provider ID: 239603*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1568980472*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RIVERSIDE COMMUNITY HOSP*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*





#### **CERTIFIED REGISTERED NURSE ANESTHETIST**

##### **BAYLIS, CHRISTOPHER**

*Provider ID: 240764*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1174893358*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED REGISTERED NURSE ANESTHETIST**

##### **BURROWS, TERENCE**

*Provider ID: 256695*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1023194560*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*


### D3. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED REGISTERED**


#### **NURSE ANESTHETIST**

**DOLLAND, STEVEN**

Provider ID: 280553

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982059044

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: KERN  
MEDICAL CENTER, UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED REGISTERED**

#### **NURSE ANESTHETIST**

**FERRITER, STACY**

Provider ID: 265296

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780725556

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED REGISTERED**


#### **NURSE ANESTHETIST**

**GARCIA, CALVIN**

Provider ID: 217366

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1427419944


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED REGISTERED**


#### **NURSE ANESTHETIST**

**GONZALEZ, LISA**

Provider ID: 299906

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083254205

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA


IRVINE MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED REGISTERED**

#### **NURSE ANESTHETIST**

**POLIKOWSKI, SAMANTHA**

Provider ID: 291443

Board Certified Specialty: No

 9300 CAMPUS POINT DR

### D3. Specialist Provider Directory

LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1194134114  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

#### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**RAMIREZ, NICOLE**  
Provider ID: 291403  
Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1487213500  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

#### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**SACKS, BRENT**  
Provider ID: 278004  
Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1982133591  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **CERTIFIED REGISTERED NURSE MIDWIFE**

**CHOI, NATHALIE**  
Provider ID: 301713  
Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781


🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1073241618  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A


#### **CERTIFIED REGISTERED NURSE MIDWIFE**


**GOODWIN, RACHEL**  
Provider ID: 210017  
Board Certified Specialty: No  
📍 8910 VILLA LA JOLLA DR STE 200 LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1518274919  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999



### D3. Specialist Provider Directory

American Sign Language (ASL):  After Hours Phone: (858) 657-8745

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED REGISTERED NURSE MIDWIFE**


##### **GREAR MANN, MELISSA**


Provider ID: 210051

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1255384475


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED REGISTERED NURSE MIDWIFE**


##### **GUNTHER, HOPE**

Provider ID: 210040

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

 Phone: (858) 657-8745

Provider Gender: Female

NPI: 1285667741


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
8:00AM-5:00PM

W 8:00AM-8:00PM

TH-F 8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED REGISTERED NURSE MIDWIFE**


##### **HIRSCH, JENNIFER**

Provider ID: 210056

Board Certified Specialty: No



 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8745

 After Hours Phone: (858)  
657-8745

Provider Gender: Female

NPI: 1891752069

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED REGISTERED NURSE MIDWIFE**


##### **HIRSCH, JENNIFER**


Provider ID: 210057

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

 Phone: (858) 657-8745

 After Hours Phone: (858)  
657-8745

Provider Gender: Female

NPI: 1891752069

 Provider English Spoken: Y  
 Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
8:00AM-5:00PM

W 8:00AM-8:00PM

TH-F 8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **NATHAN, CARLY**

Provider ID: 301046

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

### D3. Specialist Provider Directory

Provider Gender: Female

NPI: 1235670977


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED REGISTERED**


#### **NURSE MIDWIFE**


#### **PERDION, KAREN**

Provider ID: 210136

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1518916857


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**


#### **PERDION, KAREN**


Provider ID: 210135

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

 Phone: (858) 657-8745

 After Hours Phone: (858)  
657-8745

Provider Gender: Female

NPI: 1518916857

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **EMERGENCY MEDICINE**

#### **AMANN, CHRISTOPHER**

Provider ID: 270914

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-7000

Fax: (888) 539-8781

 After Hours Phone: (858)  
657-7000

Provider Gender: Male

NPI: 1134326895

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON, USC  
KENNETH NORRIS JR CANCER  
HOSPITAL, KECK HOSPITAL OF


USC, USC VERDUGO HILLS  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **EMERGENCY MEDICINE**

#### **AUSTIN, ANDREA**

Provider ID: 269292

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811289093

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,  
GROSSMONT HOSPITAL, Los

Angeles General Medical  
Center, TEMECULA VALLEY


HOSPITAL INC

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### D3. Specialist Provider Directory

 Website: N/A


#### **EMERGENCY MEDICINE**

##### **BAGBY, JESSICA**

Provider ID: 271138

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093161473

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **EMERGENCY MEDICINE**


##### **BAGBY, JESSICA**

Provider ID: 271135

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037


 Phone: (858) 249-6800

Fax: (858) 404-9226

 After Hours Phone: (858)  
249-6800

Provider Gender: Female

NPI: 1093161473

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **EMERGENCY MEDICINE**

##### **BARRY, JEFFREY**

Provider ID: 271131

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801207006

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **EMERGENCY MEDICINE**

##### **BELLINGHAUSEN, AMY**

Provider ID: 270335

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801206354

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **EMERGENCY MEDICINE**

##### **BLACK, NICHOLAS**







Provider ID: 284415

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200




LA JOLLA, CA 92037



### D3. Specialist Provider Directory

 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1154852689  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
UCSD MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-8:00PM  
 Website: N/A

#### **EMERGENCY MEDICINE**

##### **CASTELLANO, TIFFANY**

Provider ID: 271611  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
 Phone: (858) 249-6800  
Fax: (858) 404-9226  
 After Hours Phone: (858)  
249-6800  
Provider Gender: Female  
NPI: 1063893063  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999




American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **EMERGENCY MEDICINE**

##### **CHEN, ALICE**


Provider ID: 287429  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1427476597  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON








Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **EMERGENCY MEDICINE**

##### **CHEN, ALICE**

Provider ID: 287427  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR

STE 100  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1427476597  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **EMERGENCY MEDICINE**

##### **GALUST, HENRIK**

Provider ID: 300053  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1932696093  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

## D3. Specialist Provider Directory

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### **EMERGENCY MEDICINE**


#### **GOODRICH, ANDREW**

Provider ID: 271625

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1245688415

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **EMERGENCY MEDICINE**

#### **GUITTARD, JESSE**

Provider ID: 239880

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (858) 657-6400

 After Hours Phone: (858)

657-6400

Provider Gender: Male

NPI: 1770979890

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **EMERGENCY MEDICINE**


#### **HERNANDEZ, CRISTINA**

Provider ID: 242545

Board Certified Specialty: No



 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164765046

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **EMERGENCY MEDICINE**


#### **HERNANDEZ, CRISTINA**

Provider ID: 278988

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164765046

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **EMERGENCY MEDICINE**






#### **HOGUE, BRENNIA**

Provider ID: 300006

Board Certified Specialty: No






 8910 VILLA LA JOLLA DR

### D3. Specialist Provider Directory

LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1043705296  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **EMERGENCY MEDICINE**





##### **HOGUE, BRENN A**

Provider ID: 301710  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1043705296  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **EMERGENCY MEDICINE**

##### **HORNBEAK, KIRSTEN**

Provider ID: 240023  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1205214442  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\999  
American Sign Language (ASL): N





 Accessibility: CONTACT PROVIDER




 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **EMERGENCY MEDICINE**







##### **KRESHAK, ALLYSON**

Provider ID: 257564  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1194758219  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **EMERGENCY MEDICINE**

##### **KUTZ, CRAIG**

Provider ID: 283846  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1598295925  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, TRI CITY MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### **EMERGENCY MEDICINE**

##### **KUTZ, CRAIG**

Provider ID: 283844  
Board Certified Specialty: No  
8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1598295925

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, TRI CITY MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

##### **LI, JINGHONG**

Provider ID: 255937  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (858) 657-7125  
Fax: (858) 657-7107  
After Hours Phone: (858)  
657-7125

Provider Gender: Female  
NPI: 1619014479  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

##### **LI, JINGHONG**

Provider ID: 255938  
Board Certified Specialty: No  
9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
Phone: (858) 657-7125  
Fax: (858) 657-7107

After Hours Phone: (858)  
657-7125

Provider Gender: Female  
NPI: 1619014479

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **EMERGENCY MEDICINE**

##### **LIOTTA, BENJAMIN**

Provider ID: 283150  
Board Certified Specialty: No  
8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1396270278

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Chinese

Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-8:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

##### **MCDANIEL, MICHELE**

Provider ID: 246900  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273

### D3. Specialist Provider Directory

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1366761959

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,


SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,


RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **EMERGENCY MEDICINE**

#### **MUELLER, MATTHEW**


Provider ID: 280658

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 539-8781

Fax: (888) 539-8781

 After Hours Phone: (800)  
539-8781

Provider Gender: Male

NPI: 1003355629

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON, EL


CENTRO REGIONAL MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **EMERGENCY MEDICINE**


#### **MUELLER, MATTHEW**

Provider ID: 280660

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1003355629

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON, EL


CENTRO REGIONAL MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 8:00AM-8:00PM  
M-F 8:00AM-5:00PM

SA 8:00AM-8:00PM

 Website: N/A

#### **EMERGENCY MEDICINE**


#### **NOSTE, ERIN**


Provider ID: 239796

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (858) 249-6800

 After Hours Phone: (858)  
249-6800

Provider Gender: Female

NPI: 1871732214

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **EMERGENCY MEDICINE**

#### **PARK, JAY**

Provider ID: 285608

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781



 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366478372






### D3. Specialist Provider Directory

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **EMERGENCY MEDICINE**




##### **PARK, JAY**


Provider ID: 285609  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1366478372




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **EMERGENCY MEDICINE**

##### **QUENZER, FAITH**




Provider ID: 243284  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1295112670



 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UNIVERSITY  
HSP OF SAN DIEGO CO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 8:00AM-8:00PM  
M-F 8:00AM-5:00PM  
SA 8:00AM-8:00PM  
 Website: N/A

#### **EMERGENCY MEDICINE**

##### **RUDOLF, FRANCES**




Provider ID: 240160  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (858) 657-7000  
 After Hours Phone: (858)  
657-7000  
Provider Gender: Female  
NPI: 1821487430

 Provider English Spoken: Y  
 Provider Language(s)




Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **EMERGENCY MEDICINE**

##### **SABHA, MAHMOUD**

Provider ID: 240450  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
 Phone: (858) 249-6800  
 After Hours Phone: (858)  
249-6800  
Provider Gender: Male  
NPI: 1457747883

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 8:00AM-8:00PM  
M-F 8:00AM-5:00PM  
SA 8:00AM-8:00PM  
 Website: N/A

#### **EMERGENCY MEDICINE**

##### **SELTZER, JUSTIN**

### D3. Specialist Provider Directory

Provider ID: 283135

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1447791843

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

##### **SMITH, CASEY**

Provider ID: 300008

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871099333

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1336502095

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **EMERGENCY MEDICINE**

##### **SUPAT, BENJAMIN**

Provider ID: 299907

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1376772905

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **EMERGENCY MEDICINE**

##### **WINKLER, GARRET**

Provider ID: 271416

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

##### **YOU, ALAN**

Provider ID: 269937

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225425697

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### **EMERGENCY MEDICINE**

##### **YOU, ALAN**

Provider ID: 269938  
Board Certified Specialty: No  
8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1225425697  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **EMERGENCY MEDICINE**

##### **YU, ELAINE**

Provider ID: 299985  
Board Certified Specialty: Yes  
8910 VILLA LA JOLLA DR  
STE A  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1528564150  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

#### **EMERGENCY MEDICINE**

##### **YU, ELAINE**

Provider ID: 301707  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1528564150  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Website: N/A

#### **ENDOCRINOLOGY**

##### **METABOLISM DIABETES**

##### **BOEDER, SCHAFFER**

Provider ID: 255612  
Board Certified Specialty: No  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1477808285  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **ENDOCRINOLOGY**

##### **METABOLISM DIABETES**

##### **GUERIN, CHRIS**

Provider ID: 284645  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1275648875  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR, UCSD LA JOLLA JOHN

### D3. Specialist Provider Directory


SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### ENDOCRINOLOGY


#### METABOLISM DIABETES

JUANG, PATRICIA

Provider ID: 255606

Board Certified Specialty: No



 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265695795

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### ENDOCRINOLOGY

#### METABOLISM DIABETES

KULASA, KRISTEN

Provider ID: 255623

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 962-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
962-8273

Provider Gender: Female

NPI: 1932324175

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### ENDOCRINOLOGY


#### METABOLISM DIABETES

NAGELBERG, JODI

Provider ID: 287778

Board Certified Specialty: No

 8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720474141


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### ENDOCRINOLOGY


#### METABOLISM DIABETES

PETTUS, JEREMY

Provider ID: 303286

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225234982

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### ENDOCRINOLOGY

#### METABOLISM DIABETES



SANTOS CAVAIOLA, TRICIA

Provider ID: 256092


Board Certified Specialty: No




 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

### D3. Specialist Provider Directory

 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273




Provider Gender: Female  
NPI: 1518163799

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **FAMILY PRACTICE**

##### **CHEN, ALICE**


Provider ID: 207166  
Board Certified Specialty: No  
 9300 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1265810337

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM



 Website: N/A

#### **FAMILY PRACTICE**

##### **CHEN, ALICE**


Provider ID: 207165  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273


Provider Gender: Female  
NPI: 1265810337

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **FAMILY PRACTICE**

##### **JOLICOEUR, MEGAN**

Provider ID: 300056  
Board Certified Specialty: Yes  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)

926-8273

Provider Gender: Female  
NPI: 1114366192

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999




American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


 Website: N/A

#### **GASTROENTEROLOGY**

##### **ANAND, GOBIND**


Provider ID: 272836  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (619) 543-2347  
Fax: (858) 657-7259  
 After Hours Phone: (619) 543-2347


Provider Gender: Male  
NPI: 1861626814

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **GASTROENTEROLOGY**

##### **DAVE, SHRAVAN**

### D3. Specialist Provider Directory

Provider ID: 270448

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 925-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
925-8273

Provider Gender: Male

NPI: 1588081814

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **GASTROENTEROLOGY**

##### **DAVE, SHRAVAN**

Provider ID: 270449

Board Certified Specialty: No

9300 CAMPUS POINT DR  
STE 2C  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588081814

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **GASTROENTEROLOGY**

##### **FEJLEH, MOHAMMAD**

Provider ID: 271043

Board Certified Specialty: No

9300 CAMPUS POINT DR  
STE 2C  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1205240959

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **GASTROENTEROLOGY**

##### **FEJLEH, MOHAMMAD**

Provider ID: 271042

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (800) 926-8273

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1205240959

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **GASTROENTEROLOGY**

##### **HASAN, AWS**

Provider ID: 299953

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780047597

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **GASTROENTEROLOGY**

### D3. Specialist Provider Directory

#### HASAN, AWS

Provider ID: 299952

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780047597

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### GASTROENTEROLOGY

#### HOLMER, ARIELA

Provider ID: 273216

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083032544

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### GASTROENTEROLOGY

#### SHAH, SHAILJA

Provider ID: 283898

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073803243

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### GASTROENTEROLOGY

#### SHAH, SHAILJA

Provider ID: 283897

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073803243

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### GASTROENTEROLOGY

#### TSAI, MATTHEW

Provider ID: 252369

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285051177

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### D3. Specialist Provider Directory

 Website: N/A


#### **GASTROENTEROLOGY**


##### **TSAI, MATTHEW**

Provider ID: 252368

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285051177

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **GASTROENTEROLOGY**

##### **YOUSSEF, FADY**

Provider ID: 300025

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265887723

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **GASTROENTEROLOGY**

##### **YOUSSEF, FADY**

Provider ID: 300023

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265887723

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **HEMATOLOGY / ONCOLOGY**


##### **ASIMAKOPOULOS, FOTIOS**


Provider ID: 246594

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (858) 822-6100

 After Hours Phone: (858)  
822-6100

Provider Gender: Male

NPI: 1518134923

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **HEMATOLOGY / ONCOLOGY**

##### **CHEN, YU-WEI**

Provider ID: 303057

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1245694801

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

##### **CHEN, YU-WEI**

Provider ID: 303058



### D3. Specialist Provider Directory

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1245694801

🗨 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### HEMATOLOGY / ONCOLOGY

##### **HAMDAN, AYAD**

Provider ID: 241429

Board Certified Specialty: No

📍 3960 HEALTH SCIENCES  
DRIVE

LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1144431230

🗨 Provider English Spoken: Y

🗨 Provider Language(s)  
Spoken: Arabic, French

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### HEMATOLOGY / ONCOLOGY

##### **HEYMAN, BENJAMIN**

Provider ID: 202662

Board Certified Specialty: No

📍 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982995809

🗨 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU-SA

8:00AM-5:00PM

🌐 Website: N/A

#### HEMATOLOGY / ONCOLOGY

##### **HEYMAN, BENJAMIN**

Provider ID: 202664

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1982995809

🗨 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### HEMATOLOGY / ONCOLOGY

##### **HEYMAN, BENJAMIN**

Provider ID: 202663

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982995809

🗨 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

##### **PARK, SOO**

Provider ID: 257202  
Board Certified Specialty: No  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1821351198

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

##### **RICHARDSON, ANGELIQUE**

Provider ID: 215010  
Board Certified Specialty: No  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female

NPI: 1700120102  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

##### **STEWART, TYLER**

Provider ID: 243920  
Board Certified Specialty: No  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1699110676  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

##### **VU, PETER**

Provider ID: 272717  
Board Certified Specialty: No  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1861810830  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **HOSPICE AND PALLIATIVE MEDICINE**

##### **RUBENZIK, TAMARA**

Provider ID: 245574  
Board Certified Specialty: No  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)

### D3. Specialist Provider Directory

926-8273  
Provider Gender: Female  
NPI: 1811200652  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **INFECTIOUS DISEASE**

##### **KUPPALLI, KRUTIKA**

Provider ID: 301057  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1538346317  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, Stanford Health Care, STANFORD HEALTH CARE TRI-VALLEY  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **INFECTIOUS DISEASE**

##### **KUPPALLI, KRUTIKA**

Provider ID: 301059  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1538346317

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, Stanford Health Care, STANFORD HEALTH CARE TRI-VALLEY  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **INFECTIOUS DISEASE**

##### **RAMIREZ SANCHEZ, CLAUDIA**

Provider ID: 299947  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1659720555

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **INFECTIOUS DISEASE**

##### **TANG, MICHAEL**

Provider ID: 300063  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1982018545  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **INTERNAL MEDICINE**


##### **BORDIN-WOSK, TALYA**


Provider ID: 273985

### D3. Specialist Provider Directory

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801184973

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **INTERNAL MEDICINE**

#### **BORDIN-WOSK, TALYA**

Provider ID: 273984

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (760) 471-9186

Fax: (619) 543-8255

 After Hours Phone: (760)  
471-9186

Provider Gender: Female

NPI: 1801184973

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **INTERNAL MEDICINE**


#### **CHENG, GEORGE**

Provider ID: 247640

*Board Certified Specialty: No*


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1316174568

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **INTERNAL MEDICINE**


#### **DJEKIC, KRISTINA**

Provider ID: 286669

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417343732

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **INTERNAL MEDICINE**

#### **GELBERG, ANNA**

Provider ID: 285639

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104004258

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL

CENTER, HOAG MEMORIAL

### D3. Specialist Provider Directory


HOSPITAL PRESBYTERIAN,  
UCSD MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE


**HOGARTH, MICHAEL**

Provider ID: 214385

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225019193

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON, UC  
DAVIS MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE

**IVANOV, MARGARET**

Provider ID: 272876

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1326427014

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA


JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE


**JABBOUR, MOUSSA**

Provider ID: 256658

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1255741633

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N


Hospital Affiliation: UCSD LA


JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE


**KATZ, YISRAEL**

Provider ID: 272937

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1730507872


 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### INTERNAL MEDICINE

**KVIATKOVSKY, MILLA**

### D3. Specialist Provider Directory

Provider ID: 274004

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1366855355

Provider English Spoken: Y

Provider Language(s)  
Spoken: Finnish, French,  
Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERNAL MEDICINE

##### **KVIATKOVSKY, MILLA**

Provider ID: 274002

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 657-7000

After Hours Phone: (858)  
657-7000

Provider Gender: Female

NPI: 1366855355

Provider English Spoken: Y

Provider Language(s)  
Spoken: Finnish, French,

Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERNAL MEDICINE

##### **LAGO HERNANDEZ, CARLOS**

Provider ID: 238623

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1558756270

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERNAL MEDICINE

##### **LAGO HERNANDEZ, CARLOS**

Provider ID: 238624

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1558756270

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERNAL MEDICINE

##### **LAM, MICHAEL**

Provider ID: 274409

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1578974259

Provider English Spoken: Y

### D3. Specialist Provider Directory

 *Provider Language(s)*  
*Spoken: Mandarin*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*








#### **INTERNAL MEDICINE**

##### **MAJITHIA, AMIT**

*Provider ID: 255881*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Male*  
*NPI: 1801091459*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
**CTR**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **INTERNAL MEDICINE**




##### **MARTINEZ, ARMANDO**

*Provider ID: 291422*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8372*  
 *Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8372*  
*Provider Gender: Male*  
*NPI: 1598261091*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*

#### **INTERNAL MEDICINE**









##### **NOKES, BRANDON**

*Provider ID: 287581*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Male*  
*NPI: 1487040051*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
**CTR**  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*


#### **INTERNAL MEDICINE**

##### **POTOK, OLIVIA**

*Provider ID: 272707*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1073951323*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA JOLLA*  
*JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **INTERNAL MEDICINE**

##### **SEBASKY, MEGHAN**

*Provider ID: 273964*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

### D3. Specialist Provider Directory

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1538351408

🗨 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **INTERNAL MEDICINE**

##### **SEBASKY, MEGHAN**

Provider ID: 273963

Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (619) 471-9186

📞 After Hours Phone: (619) 471-9186

Provider Gender: Female  
NPI: 1538351408

🗨 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **INTERNAL MEDICINE**

##### **SMITH, CHELSEY**

Provider ID: 239921

Board Certified Specialty: No  
📍 9350 CAMPUS POINT DR  
STE 2B  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1013264506

🗨 Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **INTERNAL MEDICINE**

##### **TAYLOR, DAVID**

Provider ID: 274470

Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1033572995

🗨 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **INTERNAL MEDICINE**

##### **WANG, ANGELA**

Provider ID: 259536

Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1730133976




🗨 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N



### D3. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*




#### **INTERNAL MEDICINE**

##### **YADLAPATI, RENA**

*Provider ID: 238586*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Female*



*NPI: 1548597784*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL):  
N*




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **INTERNAL MEDICINE**

##### **YADLAPATI, RENA**


*Provider ID: 238587*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Female*

*NPI: 1548597784*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*



#### **INTERNAL MEDICINE**

##### **YANG, JENNY**

*Provider ID: 283025*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*




*Provider Gender: Female*  
*NPI: 1346636453*



 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT*




*PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **INTERNAL MEDICINE**

##### **ZHANG, SHERRY**


*Provider ID: 272658*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Female*  
*NPI: 1588198147*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Mandarin*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL):  
N*





 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*



#### **INTERVENTIONAL CARDIOLOGY**

##### **AL KHIAMI, BELAL**




*Provider ID: 275993*  
*Board Certified Specialty: No*  
 9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037





### D3. Specialist Provider Directory

 Phone: (858) 657-8530  
 After Hours Phone: (858) 657-8530  
Provider Gender: Male  
NPI: 1861623506  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, PIONEERS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, LOMA LINDA UNIVERSITY MED CTR MURRIETA, TEMECULA VALLEY HOSPITAL INC




Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A



#### **INTERVENTIONAL CARDIOLOGY**

**CRUZ RODRIGUEZ, JOSE**  
Provider ID: 300062  
Board Certified Specialty: No  
 9434 MEDICAL CENTER DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male

NPI: 1457770240  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **INTERVENTIONAL CARDIOLOGY**




**DAMANI, SAMIR**  
Provider ID: 303097  
Board Certified Specialty: No  
 9850 GENESEE AVE STE 650 LA JOLLA, CA 92037  
 Phone: (858) 800-2480  
Fax: (858) 216-1908  
 After Hours Phone: (858) 800-2480  
Provider Gender: Male  
NPI: 1457379372

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT



PROVIDER  
 Hours: M-F 8:00AM-5:00PM SA 9:00AM-4:00PM  
 Website: N/A

#### **INTERVENTIONAL CARDIOLOGY** **GOVEA, ALAYN**

Provider ID: 300030  
Board Certified Specialty: No  
 9434 MEDICAL CENTER DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1972997104

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: LAKEWOOD REGIONAL MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **INTERVENTIONAL CARDIOLOGY**


**TAUB, PAM**  
Provider ID: 277682  
Board Certified Specialty: No  
 9434 MEDICAL CENTER DR FL 1 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

### D3. Specialist Provider Directory

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1346355161

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### INTERVENTIONAL


#### CARDIOLOGY

#### **TAUB, PAM**

Provider ID: 277681

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1346355161

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### INTERVENTIONAL

#### CARDIOLOGY


#### **WETTERSTEN, NICHOLAS**

Provider ID: 210604

Board Certified Specialty: No

 9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

 Phone: (858) 657-8530

Fax: (858) 657-8814

 After Hours Phone: (858) 657-8530

Provider Gender: Male

NPI: 1063701068

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### MATERNAL AND FETAL


#### MEDICINE


#### **BALLAS, JERASIMOS**

Provider ID: 209561

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1871767384

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,


EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### MATERNAL AND FETAL


#### MEDICINE

#### **EMERUWA, UKACHI**

Provider ID: 300009

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1245627421

 Provider English Spoken: Y  
Cultural Competency: N



Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

### D3. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*


#### **MATERNAL AND FETAL MEDICINE**


##### **HULL, ANDREW**

*Provider ID: 209482*

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (858) 657-8745*

 *After Hours Phone: (858) 657-8745*

*Provider Gender: Male*

*NPI: 1902862121*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, UCSD LA JOLLA*

*JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON*


*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*

#### **MATERNAL AND FETAL**


#### **MEDICINE**


##### **LAURENT, LOUISE**

*Provider ID: 208639*

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1770532707*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*

#### **MATERNAL AND FETAL**


#### **MEDICINE**


##### **MELBER, DORA**

*Provider ID: 240599*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1124413026*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Hungarian, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL*

*CTR, RADY CHILDRENS*


*HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*

#### **MATERNAL AND FETAL**


#### **MEDICINE**


##### **MOORE, THOMAS**

*Provider ID: 208642*

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (858) 657-8745*

 *After Hours Phone: (858) 657-8745*

*Provider Gender: Male*

*NPI: 1184682379*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, SCRIPPS*

*MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Yes*


*Min/Max Age: 16\999*

*American Sign Language (ASL):*

### D3. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **MATERNAL AND FETAL MEDICINE**


##### **WOELKERS, DOUGLAS**

*Provider ID: 209383*

*Board Certified Specialty: No*


 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (858) 657-7200*

 *After Hours Phone: (858)  
657-7200*

*Provider Gender: Male*

*NPI: 1013965748*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MEMORIAL HOSPITAL,*

*SCRIPPS MERCY HOSPITAL,*

*SCRIPPS MERCY HOSPITAL*

*CHULA VISTA, SCRIPPS*

*MEMORIAL HOSPITAL*

*ENCINITAS, PALOMAR*

*MEDICAL CENTER, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL*


*CTR, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\999*


*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*


#### **MATERNAL AND FETAL MEDICINE**


##### **WOLF, RICHARD**

*Provider ID: 209252*

*Board Certified Specialty: No*


 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1497713846*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MEMORIAL HOSPITAL,*

*SCRIPPS MERCY HOSPITAL,*

*SCRIPPS MERCY HOSPITAL*

*CHULA VISTA, SCRIPPS*

*MEMORIAL HOSPITAL*

*ENCINITAS, PALOMAR*

*MEDICAL CENTER, UCSD*

*MEDICAL CTR, UCSD LA JOLLA*

*JOHN SALLY THORNTON,*

*UCSD LA JOLLA JOHN SALLY*

*THORNTON*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 16\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **NEONATAL / PERINATAL MEDICINE**


##### **BAI-TONG, SHIYU**

*Provider ID: 283287*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (858) 249-5800*

 *After Hours Phone: (858)  
249-5800*

*Provider Gender: Female*

*NPI: 1528454188*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN*

*DIEGO*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **NEONATAL / PERINATAL MEDICINE**

##### **DEL ROSARIO, PAMELA**


*Provider ID: 295001*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (858) 249-5800*

*Fax: (858) 249-5839*

 *After Hours Phone: (858)  
249-5800*

*Provider Gender: Female*

*NPI: 1952691941*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, RADY*

### D3. Specialist Provider Directory


#### CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

##### HIETALATI, SAMANTHA

Provider ID: 294252

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 249-5800

Fax: (858) 249-5839

 After Hours Phone: (858)  
249-5800

Provider Gender: Female

NPI: 1245617489

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NEONATAL / PERINATAL


#### MEDICINE

##### MARC AURELE, KRISHELLE

Provider ID: 206207

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 249-5800

Fax: (858) 249-5839

 After Hours Phone: (858)  
249-5800

Provider Gender: Female

NPI: 1952503435

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NEONATAL / PERINATAL


#### MEDICINE

##### MARC AURELE, KRISHELLE

Provider ID: 206209

Board Certified Specialty: No

 9888 GENESEE AVE  
LA JOLLA, CA 92037

 Phone: (858) 626-4123

Fax: (760) 633-7998

 After Hours Phone: (858)

626-4123

Provider Gender: Female

NPI: 1952503435

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

##### MATOBA, NANA

Provider ID: 299893

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 249-5800

Fax: (858) 249-5839

 After Hours Phone: (858)  
249-5800

Provider Gender: Female

NPI: 1801952197

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Japanese

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

### D3. Specialist Provider Directory


#### DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

#### MATOBA, NANA

Provider ID: 297977

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
STE 8  
LA JOLLA, CA 92037

 Phone: (858) 657-7000

Fax: (858) 249-5839

 After Hours Phone: (858)  
657-7000

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y

Provider Language(s)  
Spoken: Japanese


Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

#### MESTAN, KAREN

Provider ID: 285931

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 249-5800

Fax: (858) 249-5839

 After Hours Phone: (858)  
249-5800

Provider Gender: Female

NPI: 1942253356

Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

#### NYMAN, KATHERINE


Provider ID: 301824

Board Certified Specialty: No

 9888 GENESEE AVE  
LA JOLLA, CA 92037

 Phone: (858) 626-4123

Fax: (760) 633-7998

 After Hours Phone: (858)  
626-4123

Provider Gender: Female

NPI: 1003260951

Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY


#### CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

#### RAMOS, CARLOS

Provider ID: 206062

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 249-5800

Fax: (619) 543-3812

 After Hours Phone: (858)  
249-5800

Provider Gender: Male

NPI: 1205047545

Provider English Spoken: Y

Cultural Competency: N




Hospital Affiliation: UCSD  
MEDICAL CTR, EL CENTRO  
REGIONAL MEDICAL CENTER,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

### D3. Specialist Provider Directory

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

##### **SAJTI, ENIKO**

Provider ID: 206170

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 249-5800

Fax: (858) 249-5839

 After Hours Phone: (858)  
249-5800

Provider Gender: Female

NPI: 1649433103


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NEONATAL / PERINATAL MEDICINE


##### **SAUER, CHARLES**

Provider ID: 303908

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
FL 8

LA JOLLA, CA 92037

 Phone: (858) 249-5800

Fax: (858) 249-5839

 After Hours Phone: (858)  
249-5800

Provider Gender: Male

NPI: 1538388988

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

##### **SAUER, CHARLES**


Provider ID: 303907

Board Certified Specialty: No

 9888 GENESEE AVE  
LA JOLLA, CA 92037

 Phone: (858) 626-4123

Fax: (760) 633-7998

 After Hours Phone: (858)  
626-4123

Provider Gender: Male

NPI: 1538388988


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### NEUROLOGY

##### **BEVINS, ELIZABETH**

Provider ID: 277726

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781



### D3. Specialist Provider Directory

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1013395151

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEUROLOGY**


##### **COUGHLIN, DAVID**

Provider ID: 240950

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1740543784


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEUROLOGY**

##### **IRAGUIMADOZ, VICENTE**

Provider ID: 246701

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8540

 After Hours Phone: (858)  
657-8540

Provider Gender: Male

NPI: 1053326710

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **NEUROLOGY**

##### **LEE, DAVID**

Provider ID: 246264

Board Certified Specialty: No



 9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871884130

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Korean

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEUROLOGY**


##### **LEGER, GABRIEL**

Provider ID: 247609

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1720367899

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **NEUROLOGY**

##### **QAYOUMI, WALI**

### D3. Specialist Provider Directory

Provider ID: 284369

Board Certified Specialty: No

9500 GILMAN DR STE 2069  
LA JOLLA, CA 92093

Phone: (858) 822-5881

Fax: (888) 539-8781

After Hours Phone: (858)  
822-5881

Provider Gender: Male

NPI: 1093178220

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### NEUROLOGY

##### **QAYOUMI, WALI**

Provider ID: 284371

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037

Phone: (619) 284-3746

Fax: (888) 579-8781

After Hours Phone: (619)  
284-3746

Provider Gender: Male

NPI: 1093178220

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### NEUROLOGY

##### **SCHULTE, JESSICA**

Provider ID: 284819

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (858) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1467870576

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
MEDICAL CENTER AT MOUNT  
ZION, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OBSTETRICS / GYNECOLOGY

##### **BINDER, PRATIBHA**

Provider ID: 273225

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174758031

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OBSTETRICS / GYNECOLOGY

##### **BONDRE, IOANA**

Provider ID: 284311

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

### D3. Specialist Provider Directory

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1326579863

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **BONDRE, IOANA**

Provider ID: 284310

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1326579863

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DELCORE, LAURA**

Provider ID: 291323

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790128759

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DELCORE, LAURA**

Provider ID: 291324

Board Certified Specialty: No

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790128759

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DRIEBE, AMY**

Provider ID: 291335

Board Certified Specialty: No

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1730507567

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DRIEBE, AMY**

Provider ID: 291334

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR

### D3. Specialist Provider Directory

LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1730507567

📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY** **GUPTA, PRATIMA**

Provider ID: 257546  
Board Certified Specialty: No  
📍 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1891749842

📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: Hindi, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY** **HARVEY, SCOTT**

Provider ID: 278916  
Board Certified Specialty: No  
📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 923-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 923-8273  
Provider Gender: Male  
NPI: 1457662868

📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY** **HARVEY, SCOTT**

Provider ID: 278918  
Board Certified Specialty: No  
📍 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1457662868  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A


#### **OBSTETRICS / GYNECOLOGY** **HOANG, MAI**


Provider ID: 208295  
Board Certified Specialty: No  
📍 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1104143593

📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**


##### **HOM-TEDLA, MARIANNE**

Provider ID: 242752

Board Certified Specialty: No


 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1972047397

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**


##### **KLEIN, DAVID**

Provider ID: 271558

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780073635

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**


##### **KLEIN, DAVID**


Provider ID: 271559

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200


LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780073635

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**


##### **LAMALE-SMITH, LEAH**

Provider ID: 286230

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396904876

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL


CTR, EISENHOWER MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

### D3. Specialist Provider Directory

#### **MACKAY, GILLIAN**

Provider ID: 200964

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770702177

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

#### **MACKAY, GILLIAN**

Provider ID: 303062

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770702177

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

#### **MEADOWS, AUDRA**

Provider ID: 285739

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 657-8745

Fax: (888) 539-8781

After Hours Phone: (858)  
657-8745

Provider Gender: Female

NPI: 1467585521

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

#### **MEADOWS, AUDRA**

Provider ID: 285740

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1467585521

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

#### **MELLENDEZ, ARIANA**

Provider ID: 299920

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295232973

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

### D3. Specialist Provider Directory

Min/Max Age: 16\999

American Sign Language (ASL): *Medi-Cal Open Panel: Yes*

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **PICKETT, CHARLOTTE**

Provider ID: 299976

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1447530696

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL): *Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA*

N  
 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **PICKETT, CHARLOTTE**

Provider ID: 299977

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y

Cultural Competency: N

*Medi-Cal Open Panel: Yes*

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **PINSON, KELSEY**

Provider ID: 284285

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841722485

 Provider English Spoken: Y  
Cultural Competency: N

*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA*


*JOHN SALLY THORNTON,  
UNIVERSITY HSP OF SAN  
DIEGO CO*

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **RIVAS, RENEE**

Provider ID: 284297

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295263861

 Provider English Spoken: Y  
Cultural Competency: N

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL  
CTR*

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **RIVAS, RENEE**

Provider ID: 284295

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295263861

 Provider English Spoken: Y  
Cultural Competency: N

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL*

### D3. Specialist Provider Directory

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**


##### **RIVAS, RENEE**

Provider ID: 284296

Board Certified Specialty: No

 9333 GENESEE AVE STE 340

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1295263861

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **SUYAMA, JULIE**

Provider ID: 284289

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1306372800

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **THOMSON, SAMANTHA**

Provider ID: 285173

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689013468

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: CEDARS

SINAI MEDICAL CENTER,

UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**


##### **THOMSON, SAMANTHA**

Provider ID: 285175

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689013468

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: CEDARS

SINAI MEDICAL CENTER,

UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999



American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER










### D3. Specialist Provider Directory

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A




#### **OCCUPATIONAL THERAPIST**




##### **AMARAL, MARGARET**

Provider ID: 258303  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037  
 Phone: (858) 657-6879  
Fax: (858) 657-6873  
 After Hours Phone: (858)  
657-6879  
Provider Gender: Female  
NPI: 1689874521  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OCCUPATIONAL THERAPIST**








##### **COLLINS, RESENIA**

Provider ID: 258356  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037  
 Phone: (858) 657-6879  
Fax: (858) 657-6873  
 After Hours Phone: (858)  
657-6879  
Provider Gender: Female  
NPI: 1184936718

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OCCUPATIONAL THERAPIST**







##### **HARRIS, LISA**

Provider ID: 258362  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037  
 Phone: (858) 657-6879  
Fax: (858) 657-6873  
 After Hours Phone: (858)  
657-6879  
Provider Gender: Female  
NPI: 1336445063  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OCCUPATIONAL THERAPIST**





##### **MUNCADA, CAESAR**

Provider ID: 288724  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR

LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1790268100  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OCCUPATIONAL THERAPIST**


##### **SMITH, EMILY**

Provider ID: 258537  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (855) 543-0333  
Fax: (858) 657-6873  
 After Hours Phone: (855)  
543-0333  
Provider Gender: Female  
NPI: 1417337403  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### OPHTHALMOLOGY

##### **BAXTER, SALLY**

Provider ID: 272787

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (858) 534-6290

Fax: (888) 539-8781

 After Hours Phone: (858)  
534-6290

Provider Gender: Female

NPI: 1912325184

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
7:00AM-5:00PM  
SA 7:45AM-2:00PM

 Website: N/A


#### OPHTHALMOLOGY

##### **BEAZER, ALEX**

Provider ID: 272802

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942662168

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### OPHTHALMOLOGY


##### **CHIU, STEPHAN**

Provider ID: 297586

Board Certified Specialty: No

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

 Phone: (858) 457-3010

Fax: (858) 457-0028

 After Hours Phone: (858)  
457-3010

Provider Gender: Male

NPI: 1053846956

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin, Spanish

Cultural Competency: N

Hospital Affiliation: RONALD

REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED

CTR, SCRIPPS MEMORIAL

HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### OPHTHALMOLOGY

##### **JIN, MAN**

Provider ID: 299954

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073010120

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### OPHTHALMOLOGY

##### **JIN, MAN**

Provider ID: 299956

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

### D3. Specialist Provider Directory

Provider Gender: Female

NPI: 1073010120

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### OPHTHALMOLOGY


##### **MOVAGHAR, MANSOOR**

Provider ID: 215055

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497792220


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### OPHTHALMOLOGY

##### **PUIG LLANO, MANUEL**

Provider ID: 299965

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093



 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1427102979

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: French, German,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### OPHTHALMOLOGY

##### **RAHMATNEJAD, KAMRAN**

Provider ID: 300039

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699268292

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### OPHTHALMOLOGY

##### **RAHMATNEJAD, KAMRAN**

Provider ID: 300041

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1699268292

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### OPHTHALMOLOGY


##### **SATTERFIELD, KELLIE**

Provider ID: 305303

Board Certified Specialty: No

 9834 GENESEE AVE STE  
200

LA JOLLA, CA 92037

 Phone: (858) 457-3050

Fax: (619) 296-4622

 After Hours Phone: (858)  
457-3050

Provider Gender: Female

### D3. Specialist Provider Directory

NPI: 1629509336

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OPHTHALMOLOGY

##### **SCHONBACH, ETIENNE**

Provider ID: 284432

Board Certified Specialty: No

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1073040580

Provider English Spoken: Y

Provider Language(s)  
Spoken: German

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OPHTHALMOLOGY

##### **SHEILS, CATHERINE**

Provider ID: 305309

Board Certified Specialty: No

9834 GENESEE AVE STE  
200

LA JOLLA, CA 92037

Phone: (858) 457-3050

Fax: (858) 457-0851

After Hours Phone: (858)  
457-3050

Provider Gender: Female

NPI: 1932605649

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:30AM-4:00PM

W-F 8:30AM-1:00PM

Website: N/A

#### OPHTHALMOLOGY

##### **SHEILS, CATHERINE**

Provider ID: 299935

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932605649

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### OPHTHALMOLOGY

##### **SHEILS, CATHERINE**

Provider ID: 299937

Board Certified Specialty: No

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932605649

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### OPHTHALMOLOGY

##### **SONG, DELU**

Provider ID: 284425

Board Certified Specialty: No

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

### D3. Specialist Provider Directory

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1437689536

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### OPHTHALMOLOGY

##### **TOPILOW, NICOLE**

Provider ID: 284348

Board Certified Specialty: No

📍 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1215468376

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### OPTOMETRIST

##### **AOTO, KIM**

Provider ID: 296798

Board Certified Specialty: No

📍 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

☎ Phone: (800) 898-2020

Fax: (844) 897-3788

☎ After Hours Phone: (800) 898-2020

Provider Gender: Female

NPI: 1780935650

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M 9:00AM-5:00PM  
TU 8:30AM-4:30PM

W 7:30AM-4:15PM

TH 9:30AM-5:00PM

F 8:30AM-4:00PM

🌐 Website: N/A

#### OPTOMETRIST

##### **HOO, PAMELA**

Provider ID: 269621

Board Certified Specialty: No

📍 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (858) 534-6290

Fax: (858) 822-4438

☎ After Hours Phone: (858) 534-6290

Provider Gender: Female

NPI: 1275566010

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### OPTOMETRIST

##### **JOMOC, CAITLIN**

Provider ID: 299914

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1861164642

☐ Provider English Spoken: Y  
Cultural Competency: N



Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

### D3. Specialist Provider Directory

 Accessibility: CONTACT PROVIDER  
 Website: N/A


#### **OPTOMETRIST**

##### **JOMOC, CAITLIN**

Provider ID: 299915

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1861164642

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **OPTOMETRIST**

##### **KIM, PHILIP**

Provider ID: 287909

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Male

NPI: 1376929034

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **OPTOMETRIST**

##### **MCCLEAN, ESMERALDA**

Provider ID: 269907

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093



 Phone: (858) 534-6290

Fax: (858) 534-8293

 After Hours Phone: (858)  
534-6290

Provider Gender: Female

NPI: 1962817981

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A



#### **OPTOMETRIST**

##### **VO, ANDREW**

Provider ID: 201311

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (858) 534-6290  
 After Hours Phone: (858)  
534-6290

Provider Gender: Male

NPI: 1790291565

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **OPTOMETRIST**

##### **VO, ANDREW**

Provider ID: 304148

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1790291565

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### D3. Specialist Provider Directory

#### **OPTOMETRIST**

##### **YU, CAROL**

Provider ID: 258078

Board Certified Specialty: No

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639697451

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OPTOMETRIST**

##### **YU, CAROL**

Provider ID: 301681

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639697451

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OPTOMETRIST**

##### **YU, CAROL**

Provider ID: 301682

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639697451

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

##### **BRUMUND, KEVIN**

Provider ID: 299636

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033193669

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OTOLARYNGOLOGY**

##### **BRUMUND, KEVIN**

Provider ID: 299637

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033193669

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

##### **BRUMUND, KEVIN**

Provider ID: 299633

### D3. Specialist Provider Directory

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033193669

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### OTOLARYNGOLOGY

##### **CALIFANO, JOSEPH**

Provider ID: 299458

Board Certified Specialty: No

📍 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

☎ Phone: (858) 822-6197

Fax: (858) 822-6198

🕒 After Hours Phone: (858)  
822-6197

Provider Gender: Male

NPI: 1881652972

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### OTOLARYNGOLOGY

##### **CALIFANO, JOSEPH**

Provider ID: 299463

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### OTOLARYNGOLOGY

##### **CALIFANO, JOSEPH**

Provider ID: 299460

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### OTOLARYNGOLOGY

##### **CALIFANO, JOSEPH**

Provider ID: 299459

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### OTOLARYNGOLOGY

##### **COFFEY, CHARLES**

Provider ID: 299584

Board Certified Specialty: No

📍 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932297330

🗨 Provider English Spoken: Y




### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, SCRIPPS*  
*GREEN HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **OTOLARYNGOLOGY**

##### **COFFEY, CHARLES**

*Provider ID: 299585*

*Board Certified Specialty: No*

 *9300 CAMPUS POINT DR*  
*LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Male*

*NPI: 1932297330*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD*  
*MEDICAL CTR, SCRIPPS*  
*GREEN HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **OTOLARYNGOLOGY**

##### **COFFEY, CHARLES**

*Provider ID: 299581*

*Board Certified Specialty: No*

 *9350 CAMPUS POINT DR*  
*LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Male*

*NPI: 1932297330*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*  
*MEDICAL CTR, SCRIPPS*  
*GREEN HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **OTOLARYNGOLOGY**

##### **COFFEY, CHARLES**

*Provider ID: 299580*

*Board Certified Specialty: No*

 *9400 CAMPUS POINT DR*  
*LA JOLLA, CA 92093*

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Male*

*NPI: 1932297330*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*  
*MEDICAL CTR, SCRIPPS*  
*GREEN HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


 *Website: N/A*


#### **OTOLARYNGOLOGY**


##### **DECONDE, ADAM**

*Provider ID: 299564*

*Board Certified Specialty: No*

 *3855 HEALTH SCIENCES*  
*DR*  
*LA JOLLA, CA 92093*

 *Phone: (858) 657-8590*

 *After Hours Phone: (858)*  
*657-8590*

*Provider Gender: Male*

*NPI: 1588988919*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD*  
*MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


#### **OTOLARYNGOLOGY**

##### **DECONDE, ADAM**

*Provider ID: 299570*

*Board Certified Specialty: No*

 *9300 CAMPUS POINT DR*  
*LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Male*

### D3. Specialist Provider Directory

NPI: 1588988919


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OTOLARYNGOLOGY**


##### **DECONDE, ADAM**

Provider ID: 299565

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8590

 After Hours Phone: (858)  
657-8590

Provider Gender: Male

NPI: 1588988919


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **DECONDE, ADAM**


Provider ID: 299566

Board Certified Specialty: Yes

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588988919

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **FRIEDMAN, RICK**

Provider ID: 299534

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982708558

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIH  
HEALTH GOOD SAMARITAN  
HOSPITAL, CHILDRENS HOSP

OF LOS ANGELES, SOUTH  
COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM

GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **FRIEDMAN, RICK**

Provider ID: 299529

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982708558

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIH  
HEALTH GOOD SAMARITAN  
HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES, SOUTH  
COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM

GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,

### D3. Specialist Provider Directory

CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OTOLARYNGOLOGY**

##### **FRIEDMAN, RICK**

Provider ID: 299528  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1982708558  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIH HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL MEDICAL CENTER INC, CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA JOHN SALLY THORNTON,

UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OTOLARYNGOLOGY**

##### **FRIEDMAN, RICK**

Provider ID: 299533  
Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1982708558  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIH HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL MEDICAL CENTER INC, CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL

CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OTOLARYNGOLOGY**

##### **GILANI, SAPIDEH**


Provider ID: 299562  
Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1003825571  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A


#### **OTOLARYNGOLOGY**

##### **GILANI, SAPIDEH**

Provider ID: 299563  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR LA JOLLA, CA 92037

### D3. Specialist Provider Directory


 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### OTOLARYNGOLOGY


##### **GILANI, SAPIDEH**

Provider ID: 299558

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Website: N/A


#### OTOLARYNGOLOGY


##### **GILANI, SAPIDEH**

Provider ID: 299557

Board Certified Specialty: Yes

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### OTOLARYNGOLOGY


##### **GREENE, JACQUELINE**


Provider ID: 298398

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093


 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144583931

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### OTOLARYNGOLOGY


##### **GREENE, JACQUELINE**

Provider ID: 298395

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144583931


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### OTOLARYNGOLOGY


##### **GREENE, JACQUELINE**

Provider ID: 298394

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

### D3. Specialist Provider Directory

NPI: 1144583931

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### OTOLARYNGOLOGY

##### **GREENE, JACQUELINE**

Provider ID: 272958

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1144583931


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### OTOLARYNGOLOGY

##### **HARRIS, JEFFREY**

Provider ID: 299578

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1417988783

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### OTOLARYNGOLOGY

##### **HARRIS, JEFFREY**

Provider ID: 299574

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1417988783

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Website: N/A


#### OTOLARYNGOLOGY

##### **HARRIS, JEFFREY**

Provider ID: 299573

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1417988783

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### OTOLARYNGOLOGY

##### **HARRIS, JEFFREY**


Provider ID: 299577

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1417988783

 Provider English Spoken: Y

### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*


#### **OTOLARYNGOLOGY**

##### **HOM, DAVID**

*Provider ID: 299517*

*Board Certified Specialty: No*

 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1659305027*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


 *Website: N/A*

#### **OTOLARYNGOLOGY**

##### **HOM, DAVID**

*Provider ID: 299513*

*Board Certified Specialty: No*  
 *9350 CAMPUS POINT DR  
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1659305027*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*


#### **OTOLARYNGOLOGY**

##### **HOM, DAVID**

*Provider ID: 299512*

*Board Certified Specialty: No*

 *9400 CAMPUS POINT DR  
LA JOLLA, CA 92093*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1659305027*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


 *Website: N/A*

#### **OTOLARYNGOLOGY**


##### **HOM, DAVID**

*Provider ID: 299516*

*Board Certified Specialty: No*

 *3855 HEALTH SCIENCES  
DR*

*LA JOLLA, CA 92093*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1659305027*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

#### **OTOLARYNGOLOGY**





##### **HUSSEMAN, JACOB**

*Provider ID: 301051*

*Board Certified Specialty: No*





 *9350 CAMPUS POINT DR  
LA JOLLA, CA 92037*

### D3. Specialist Provider Directory

 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1124034053  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OTOLARYNGOLOGY**







##### **KARI, ELINA**

Provider ID: 294828  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (858) 857-8590  
 After Hours Phone: (858) 857-8590  
Provider Gender: Female  
NPI: 1780860536  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **OTOLARYNGOLOGY**

##### **KARI, ELINA**

Provider ID: 299448  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1780860536  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OTOLARYNGOLOGY**

##### **KARI, ELINA**

Provider ID: 299442  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (858) 857-8590  
 After Hours Phone: (858) 857-8590  
Provider Gender: Female  
NPI: 1780860536  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OTOLARYNGOLOGY**

##### **KARI, ELINA**

Provider ID: 299444  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

### D3. Specialist Provider Directory

Provider Gender: Female

NPI: 1780860536

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### OTOLARYNGOLOGY

##### **KARI, ELINA**

Provider ID: 299447

Board Certified Specialty: No

📍 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780860536

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### OTOLARYNGOLOGY

##### **MAGIT, ANTHONY**

Provider ID: 299484

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1891858379

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### OTOLARYNGOLOGY

##### **MAGIT, ANTHONY**

Provider ID: 299479

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1891858379

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### OTOLARYNGOLOGY

##### **MAGIT, ANTHONY**

Provider ID: 299478

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1891858379

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER



### D3. Specialist Provider Directory

 **PROVIDER**  
 Website: N/A

#### **OTOLARYNGOLOGY**


##### **MAGIT, ANTHONY**

Provider ID: 299483

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **MATSUOKA, AKIHIRO**

Provider ID: 299594

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **MATSUOKA, AKIHIRO**

Provider ID: 299589

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1669630653


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **MATSUOKA, AKIHIRO**

Provider ID: 299588

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

#### **OTOLARYNGOLOGY**

##### **MATSUOKA, AKIHIRO**

Provider ID: 299593

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**


##### **NGUYEN, QUYEN**

Provider ID: 299608

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

### D3. Specialist Provider Directory

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1477524452

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

##### **NGUYEN, QUYEN**

Provider ID: 299609

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1477524452

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): ☎ After Hours Phone: (800) 926-8273

N  
♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

##### **NGUYEN, QUYEN**

Provider ID: 299604

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (858) 657-8590

☎ After Hours Phone: (858) 657-8590

Provider Gender: Female

NPI: 1477524452

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

##### **NGUYEN, QUYEN**

Provider ID: 299605

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

##### **VAHABZADEH-HAGH,**

##### **ANDREW**

Provider ID: 299504

Board Certified Specialty: No

📍 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

☎ Phone: (858) 822-6197

☎ After Hours Phone: (858) 822-6197

Provider Gender: Male

NPI: 1346506920

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RONALD

REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED

CTR, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **VAHABZADEH-HAGH, ANDREW**

Provider ID: 299510

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **VAHABZADEH-HAGH, ANDREW**

Provider ID: 299506

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **VAHABZADEH-HAGH, ANDREW**

Provider ID: 299505

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**


##### **WATSON, DEBORAH**

Provider ID: 299643

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **WATSON, DEBORAH**

### D3. Specialist Provider Directory

Provider ID: 299644

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346270816

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### OTOLARYNGOLOGY

#### **WATSON, DEBORAH**

Provider ID: 299638

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 657-8590

Fax: (858) 657-8682

After Hours Phone: (858)  
657-8590

Provider Gender: Female

NPI: 1346270816

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OTOLARYNGOLOGY

#### **WATSON, DEBORAH**

Provider ID: 299640

Board Certified Specialty: Yes

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346270816

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### OTOLARYNGOLOGY

#### **WEISSBROD, PHILIP**

Provider ID: 299616

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366590853

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### OTOLARYNGOLOGY

#### **WEISSBROD, PHILIP**

Provider ID: 299611

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 657-8590

After Hours Phone: (858)  
657-8590

Provider Gender: Male

NPI: 1366590853

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OTOLARYNGOLOGY

### D3. Specialist Provider Directory

#### **WEISSBROD, PHILIP**

Provider ID: 299613

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366590853

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

#### **WEISSBROD, PHILIP**

Provider ID: 299612

Board Certified Specialty: No

📍 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

☎ Phone: (858) 657-8590

🕒 After Hours Phone: (858)  
657-8590

Provider Gender: Male

NPI: 1366590853

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

#### **YAN, CAROL**

Provider ID: 298416

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1619237260

🗣 Provider English Spoken: Y  
Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

#### **YAN, CAROL**

Provider ID: 298411

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1619237260

🗣 Provider English Spoken: Y  
Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

#### **YAN, CAROL**

Provider ID: 298415

Board Certified Specialty: No

📍 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273



Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273



Provider Gender: Female

NPI: 1619237260

### D3. Specialist Provider Directory




 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese  
Cultural Competency: N  
Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### OTOLARYNGOLOGY

##### **YAN, CAROL**

Provider ID: 242138  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
STELLA  
LA JOLLA, CA 92037  
 Phone: (858) 657-8590  
 After Hours Phone: (858)  
657-8590

Provider Gender: Female  
NPI: 1619237260




 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese  
Cultural Competency: N  
Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### PATHOLOGY ANATOMIC

##### CLINICAL

##### **AISAGBONHI, OMONIGHO**



Provider ID: 201304  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1043571045

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS GREEN HOSPITAL,  
SCRIPPS GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999




American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### PATHOLOGY ANATOMIC CLINICAL




##### **AISAGBONHI, OMONIGHO**

Provider ID: 275750  
Board Certified Specialty: No  
 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1043571045

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS GREEN HOSPITAL,  
SCRIPPS GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### PATHOLOGY ANATOMIC

### D3. Specialist Provider Directory

#### CLINICAL

##### **ALLEN, ELIZABETH**

Provider ID: 275757

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174814065

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

UCSD MEDICAL CTR, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### PATHOLOGY ANATOMIC

#### CLINICAL

##### **BROOME, HELEN**

Provider ID: 275722

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184674145

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### PATHOLOGY ANATOMIC

#### CLINICAL

##### **BUI, JACK**

Provider ID: 275746

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942529821

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### PATHOLOGY ANATOMIC

#### CLINICAL

##### **DON, MICHELLE**

Provider ID: 275816

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1205288396

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### D3. Specialist Provider Directory

#### **PATHOLOGY ANATOMIC CLINICAL**

##### **DON, MICHELLE**

Provider ID: 247149

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 249-4410

After Hours Phone: (858)  
249-4410

Provider Gender: Female

NPI: 1205288396

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PATHOLOGY ANATOMIC CLINICAL**

##### **ELKIND, JAE**

Provider ID: 284903

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1922497700

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PATHOLOGY ANATOMIC CLINICAL**

##### **HU, JINGJING**

Provider ID: 243965

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538574744

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PATHOLOGY ANATOMIC CLINICAL**

##### **HU, JINGJING**

Provider ID: 243966

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538574744

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PATHOLOGY ANATOMIC CLINICAL**

##### **ROMA, ANDRES**

Provider ID: 275827

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781



### D3. Specialist Provider Directory

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1295912657

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PATHOLOGY ANATOMIC**

#### **CLINICAL**

#### **SHABAIK, AHMED**

Provider ID: 275782

Board Certified Specialty: No

📍 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679521579

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PATHOLOGY ANATOMIC**

#### **CLINICAL**

#### **VAVINSKAYA, VERA**

Provider ID: 275840

Board Certified Specialty: No

📍 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174757181

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PATHOLOGY ANATOMIC**

#### **CLINICAL**

#### **ZARE, SOMAYE**

Provider ID: 275814

📍 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1700334802

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PATHOLOGY ANATOMIC**

#### **CLINICAL**

#### **ZARE, SOMAYE**

Provider ID: 203172

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273




Provider Gender: Female

NPI: 1700334802

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Farsi





### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **PATHOLOGY ANATOMIC**

##### **CLINICAL**

##### **ZHANG, HAIYAN**






*Provider ID: 203176*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1457617110*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Chinese*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL,*

*SCRIPPS GREEN HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **PATHOLOGY ANATOMIC**

##### **CLINICAL**

##### **ZHANG, HAIYAN**




*Provider ID: 275841*  
*Board Certified Specialty: No*  
 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1457617110*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Chinese*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **PHYSICIANS ASSISTANT**

##### **AINSWORTH, DELISSA**

*Provider ID: 243366*  
*Board Certified Specialty: No*  
 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1750734893*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **PHYSICIANS ASSISTANT**

##### **ALBRIGHT, KELSEY**

### D3. Specialist Provider Directory

Provider ID: 284764

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235653148

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ALLERS, JENNA**

Provider ID: 301037

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730605486

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SALINAS  
VALLEY MEMORIAL HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ARMEEN, GARY**

Provider ID: 247036

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1760774863

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **BOYD, LISA**

Provider ID: 217650

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1871859421

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **BRUECKNER, TAMMIE**

Provider ID: 255557

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407212376

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM


 Website: N/A


#### **PHYSICIANS ASSISTANT**


##### **CHERRY, REENA**

Provider ID: 243349

Board Certified Specialty: No

 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689729683


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **CHERRY, REENA**

Provider ID: 269494

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689729683

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **COOKISH, DAVID**


Provider ID: 286591

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1215338884


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **CRIFE, TAYLOR**

Provider ID: 210983

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273


Provider Gender: Female


NPI: 1659827087

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **DEMASCO, MICHAEL**

Provider ID: 278969

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1467926295

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

### D3. Specialist Provider Directory


#### THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PHYSICIANS ASSISTANT


##### DEMOOR, PATRICIA

Provider ID: 212879

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1477721702


Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PHYSICIANS ASSISTANT


##### DOUGHERTY, CLARA

Provider ID: 269170

Board Certified Specialty: No

 9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

 Phone: (858) 453-5944

Fax: (858) 429-7925

 After Hours Phone: (858)  
453-5944

Provider Gender: Female

NPI: 1609987619

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PHYSICIANS ASSISTANT


##### DOUGHERTY, CLARA

Provider ID: 295925

Board Certified Specialty: No

 9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

 Phone: (858) 453-5944

Fax: (858) 429-7925

 After Hours Phone: (858)  
453-5944

Provider Gender: Female

NPI: 1609987619

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS


MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PHYSICIANS ASSISTANT


##### GOTTESFELD, STEVEN

Provider ID: 305278


Board Certified Specialty: No

 9850 GENESEE AVE STE  
650

LA JOLLA, CA 92037

 Phone: (858) 500-2480

Fax: (858) 216-1908

 After Hours Phone: (858)  
500-2480

Provider Gender: Male


NPI: 1427068972

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### PHYSICIANS ASSISTANT

##### HASEGAWA, CHRIS

Provider ID: 247205

Board Certified Specialty: No

 8939 VILLA LA JOLLA DR  
STE 110




LA JOLLA, CA 92037




### D3. Specialist Provider Directory

 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1225698962  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**








##### **HIGGINS, JOSHUA**

Provider ID: 287135  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR STE 200  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1861624181  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **HIGGINS, JOSHUA**

Provider ID: 287136  
Board Certified Specialty: No  
 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1861624181  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HUNTER, JACOB**

Provider ID: 298431  
Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1114459765  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HUNTER, JACOB**

Provider ID: 298432  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1114459765  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HUNTER, JACOB**

Provider ID: 298429

### D3. Specialist Provider Directory

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1114459765

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HUNTER, JACOB**

Provider ID: 287450

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1114459765

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HUNTER, JACOB**

Provider ID: 279334

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037

Phone: (800) 826-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
826-8273

Provider Gender: Male

NPI: 1114459765

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **LIN, JOYCE**

Provider ID: 265147

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Phone: (858) 554-1212

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1427681022

Provider English Spoken: Y

Provider Language(s)

Spoken: Taiwanese

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **LIN, JOYCE**

Provider ID: 265146

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 888-9268

Fax: (888) 539-8781

After Hours Phone: (800)  
888-9268

Provider Gender: Female

NPI: 1427681022

Provider English Spoken: Y

Provider Language(s)  
Spoken: Taiwanese

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### D3. Specialist Provider Directory

#### **PHYSICIANS ASSISTANT**

##### **LUONG, TRAN**

Provider ID: 279014

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1821532292

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **LUONG, TRAN**

Provider ID: 279015

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1821532292

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **MARTIN, HALEY**

Provider ID: 305025

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093440836

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **MARTIN, HALEY**

Provider ID: 305024

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093440836

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **MARTIN, HALEY**

Provider ID: 305027

Board Certified Specialty: No

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093440836

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **MCADAMS, JOSEPH**

Provider ID: 280612

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273



### D3. Specialist Provider Directory

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1104371251

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PHYSICIANS ASSISTANT

##### **MERRILL, COREY**

Provider ID: 258039

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1386032308

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PHYSICIANS ASSISTANT

##### **OKADA, MICHELLE**

Provider ID: 278017

Board Certified Specialty: No

📍 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1497129860

☑ Provider English Spoken: Y  
☑ Provider Language(s)

Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PHYSICIANS ASSISTANT

##### **OKADA, MICHELLE**

Provider ID: 278016

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1497129860

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PHYSICIANS ASSISTANT

##### **PELIO, DARREN**

Provider ID: 293440

Board Certified Specialty: No

📍 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

☎ Phone: (858) 822-7967

Fax: (858) 822-6395

☎ After Hours Phone: (858) 822-7967

Provider Gender: Male

NPI: 1386791028

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### PHYSICIANS ASSISTANT

### D3. Specialist Provider Directory

#### **PELIO, DARREN**

Provider ID: 293442

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8276

Fax: (888) 539-8784

After Hours Phone: (800)  
926-8276

Provider Gender: Male

NPI: 1386791028

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PHYSICIANS ASSISTANT**

#### **PERREAULT, MARK**

Provider ID: 283583

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1356749451

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

#### **PERREAULT, MARK**

Provider ID: 283584

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1356749451

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

#### **ROBERTS, AUDREY**

Provider ID: 253254

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (619) 543-5540

After Hours Phone: (619)  
543-5540

Provider Gender: Female

NPI: 1265960256

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

#### **ROBERTS, AUDREY**

Provider ID: 253255

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 657-7876

After Hours Phone: (858)  
657-7876

Provider Gender: Female

NPI: 1265960256

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

#### **SAIKHON, TALIA**

Provider ID: 293439

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

Phone: (800) 926-8273


Fax: (888) 539-8781

### D3. Specialist Provider Directory

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1699263905

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **SANCHEZ, MICHAEL**


Provider ID: 206907

Board Certified Specialty: No

 8939 VILLA LA JOLLA DR STE 110

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1184135006

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **SCHWARTZEL, KEVIN**

Provider ID: 214276

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR STE 100

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male


NPI: 1104277847


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 8:00AM-8:00PM  
M-F 8:00AM-5:00PM  
SA 8:00AM-8:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**


##### **SHAUL, SHERA**

Provider ID: 247976

Board Certified Specialty: No


 9300 CAMPUS POINT DR LA JOLLA, CA 92037

 Phone: (800) 926-8373

 After Hours Phone: (800) 926-8373

Provider Gender: Female

NPI: 1336659507


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**


##### **SHAUL, SHERA**

Provider ID: 247975

Board Certified Specialty: No

 9400 CAMPUS POINT DR LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1336659507


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**






##### **SPEH, BRIAN**

Provider ID: 305010

Board Certified Specialty: No








 9300 CAMPUS POINT DR LA JOLLA, CA 92037

### D3. Specialist Provider Directory

 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1124593926  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **TESFAI, HELEN**

Provider ID: 277072  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1942724042  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **WAHLIN, TAMARA**

Provider ID: 299602  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1083823322  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **PHYSICIANS ASSISTANT**







##### **WAHLIN, TAMARA**

Provider ID: 299597  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1083823322  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **WAHLIN, TAMARA**

Provider ID: 299596  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1083823322  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **WAHLIN, TAMARA**

Provider ID: 299601  
Board Certified Specialty: No  
 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1083823322  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

### D3. Specialist Provider Directory

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **WEIR, JACQUELINE**

Provider ID: 278202

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (800) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932494499

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A



#### **PSYCHOLOGIST**

##### **BAILIS, JESSICA**

Provider ID: 300043


Board Certified Specialty: No

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1760739049

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**


##### **BOOTH, CHRISTOPHER**

Provider ID: 209118

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568893162

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PSYCHOLOGIST**


##### **BOOTH, CHRISTOPHER**


Provider ID: 209117

Board Certified Specialty: No

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568893162

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PSYCHOLOGIST**


##### **BOUTELLE, KERRI**


Provider ID: 258988

Board Certified Specialty: No

 8950 VILLA LA JOLLA DR  
STE C212

LA JOLLA, CA 92037

 Phone: (858) 246-1654

 After Hours Phone: (858)  
246-1654

Provider Gender: Male

NPI: 1780620906

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR




Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

### D3. Specialist Provider Directory

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **PSYCHOLOGIST**


##### **BOUTELLE, KERRI**

Provider ID: 240034

Board Certified Specialty: No

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780620906

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PSYCHOLOGIST**

##### **BOUTELLE, KERRI**

Provider ID: 302876

Board Certified Specialty: No

 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780620906

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **CHESHER, NICHOLAS**

Provider ID: 273812

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124539697

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **CLAUDAT, KIMBERLY**

Provider ID: 285237

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1699200949

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PSYCHOLOGIST**


##### **CRANDAL, BRENT**

Provider ID: 291463

Board Certified Specialty: No

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781


 After Hours Phone: (800)

### D3. Specialist Provider Directory

926-8372

Provider Gender: Male

NPI: 1588739452

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### PSYCHOLOGIST


##### **DUARTE, KRISTEN**

Provider ID: 255479

Board Certified Specialty: No

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093119364

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PSYCHOLOGIST


##### **DUARTE, KRISTEN**

Provider ID: 255480

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093119364

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PSYCHOLOGIST

##### **EICHEN, DAWN**

Provider ID: 259524

Board Certified Specialty: No

 8950 VILLA LA JOLLA DR  
STE C212  
LA JOLLA, CA 92037

 Phone: (858) 246-1654

Fax: (858) 246-3181

 After Hours Phone: (858)  
246-1654

Provider Gender: Female

NPI: 1861043366

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PSYCHOLOGIST

##### **EICHEN, DAWN**

Provider ID: 245715

Board Certified Specialty: No

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1861043366

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **PSYCHOLOGIST**

##### **EICHEN, DAWN**

Provider ID: 302888

Board Certified Specialty: No

📍 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1861043366

🗃 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **LASSWELL, EVE**

Provider ID: 208260

Board Certified Specialty: No

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1013483635

🗃 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **LINKE, SARAH**

Provider ID: 273640

Board Certified Specialty: No

📍 8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1487026415

🗃 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **MAGINOT-CHESSER, TAMARA**

Provider ID: 273224

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (858) 534-7792

Fax: (619) 471-9017

🕒 After Hours Phone: (858)  
534-7792

Provider Gender: Female

NPI: 1043441165

🗃 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **MENDEZ, ANDRES**

Provider ID: 279058

Board Certified Specialty: No

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841482692

🗃 Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD



### D3. Specialist Provider Directory

MEDICAL CTR, UCSD LA JOLLA Fax: (888) 539-8781


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **REED, KRISTIE**

Provider ID: 291395

Board Certified Specialty: No

 8950 VILLA LA JOLLA DR  
STE C212  
LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1679869556


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A


#### **PSYCHOLOGIST**

##### **REED, KRISTIE**

Provider ID: 302867

Board Certified Specialty: No

 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1679869556

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A


#### **PSYCHOLOGIST**

##### **TARLE, STEPHANIE**

Provider ID: 303116

Board Certified Specialty: No

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1659920403


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **ZLATAR, ZVINKA**

Provider ID: 272712

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037



 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497139059

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PULMONARY DISEASES**

##### **BAILEY, JACOB**

Provider ID: 299925

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598150039



 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999






American Sign Language (ASL):




### D3. Specialist Provider Directory

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### PULMONARY DISEASES

##### **JOSHUA, JISHA**

Provider ID: 238060  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1023436417  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi, Malayalam  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### PULMONARY DISEASES

##### **MCGUIRE, WILLIAM**

Provider ID: 299987  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1841684081  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

 Website: N/A


#### PULMONARY DISEASES

##### **PEARCE, ALEX**

Provider ID: 300054  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1265896856

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999


American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

 Website: N/A

#### RADIOLOGY DIAGNOSTIC BERMAN, ZACHARY


Provider ID: 269319  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1033521190

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### RADIOLOGY DIAGNOSTIC BRANCH, CODY

Provider ID: 283676  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273  
Provider Gender: Male

NPI: 1851770622


 Provider English Spoken: Y


### D3. Specialist Provider Directory

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **CARSWELL, AIMEE**

Provider ID: 303056

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 554-1212

Fax: (858) 795-1195

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1619156635

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **CHENG, KAREN**

Provider ID: 283227

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427430511

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **FAZELI, SOUDABEH**

Provider ID: 299993

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639553613

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **FORCIER, NANCY**

Provider ID: 286955

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497721724

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL,

Providence Mission Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**


##### **FOWLER, KATHRYN**

Provider ID: 201290

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255457941

### D3. Specialist Provider Directory

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS GREEN HOSPITAL,  
SCRIPPS GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **GRISSOM, MURRAY**

Provider ID: 271568  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1720465396  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
Stanford Health Care,

STANFORD HEALTH CARE  
TRI-VALLEY  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **HANNSUN, GEMMY**

Provider ID: 282790  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1992120026

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Khmer, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

#### **HORKY, LAURA**

Provider ID: 241854  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1598967812  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **HORKY, LAURA**

Provider ID: 241855  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1598967812  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **JAFFRAY, PAUL**

Provider ID: 299959

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275700999

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Los Angeles  
General Medical Center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **JAZBEH, SAMMER**

Provider ID: 271128

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1770825457

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **KONDILI, DHIMITER**

Provider ID: 283144

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699125450

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **MARKS, ROBERT**

Provider ID: 300066

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952389934

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST MARY  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **RITCHIE, DAVID**

Provider ID: 300033

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407201916

 Provider English Spoken: Y

### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **RADIOLOGY DIAGNOSTIC**


##### **SADAT, SAYED**

*Provider ID: 299967*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1679000806*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **RADIOLOGY DIAGNOSTIC**


##### **SCHULTZ, HEATHER**

*Provider ID: 240343*

*Board Certified Specialty: No*


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1871910810*

 *Provider English Spoken: Y*


*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA JOLLA*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


#### **RADIOLOGY DIAGNOSTIC**

##### **SEARLEMAN, ADAM**

*Provider ID: 299950*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1134570641*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

#### **RADIOLOGY DIAGNOSTIC**


##### **SLATER, JERRY**

*Provider ID: 283311*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1851746382*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA JOLLA*


*JOHN SALLY THORNTON,*  
*LOMA LINDA UNIVERSITY*  
*MED CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


#### **RADIOLOGY DIAGNOSTIC**

##### **SPENGLER, NATHAN**


*Provider ID: 303050*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1992919666*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*  
*UNIVERSITY OF CALIFORNIA*  
*IRVINE MED CTR*

### D3. Specialist Provider Directory


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**


##### **TADDONIO, MICHAEL**

Provider ID: 240406

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386987261

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **TADROS, ANTHONY**

Provider ID: 268545

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037



 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1306112057

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **THOMPSON, COLE**

Provider ID: 299990

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1700315264


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **UNSDORFER, KYLE**

Provider ID: 300036

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285165183


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**


##### **VAHDOT, NOUSHIN**

Provider ID: 300069

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396700852



 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes




Min/Max Age: 0\999


American Sign Language (ASL):

### D3. Specialist Provider Directory




N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **YORK, VINCENT**




Provider ID: 283518  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1790146611  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A





#### **REGISTERED PHYSICAL** **THERAPIST**


**BERGERON, PATRICK**  
Provider ID: 258296  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male

NPI: 1285061390  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A





#### **REGISTERED PHYSICAL** **THERAPIST**




**BERGERON, PATRICK**  
Provider ID: 206533  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1285061390  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A






#### **REGISTERED PHYSICAL** **THERAPIST**

**BUNOSKY, ABIGAIL**  
Provider ID: 246021  
Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1780018416  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **REGISTERED PHYSICAL** **THERAPIST**


**CHIEN, PEI**  
Provider ID: 214699  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1891260238  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):



### D3. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **REGISTERED PHYSICAL**


#### **THERAPIST**

**CHIEN, PEI**

*Provider ID: 258324*

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1891260238*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Chinese*

*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **REGISTERED PHYSICAL**


#### **THERAPIST**

**HOUSELY, ALEXIS**

*Provider ID: 299971*

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1689321416*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

#### **REGISTERED PHYSICAL**


#### **THERAPIST**

**MAROLLA, ALICE**

*Provider ID: 241145*

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1477018729*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA JOLLA*

*JOHN SALLY THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **REGISTERED PHYSICAL**


#### **THERAPIST**


**NUTHALL, KAITLIN**

*Provider ID: 202327*

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1992210090*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL, UCSD*

*LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL*


*CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **REGISTERED PHYSICAL**


#### **THERAPIST**

**NUTHALL, KAITLIN**

*Provider ID: 258431*

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

### D3. Specialist Provider Directory

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1992210090

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL**

##### **THERAPIST**

#### **RUDD, CHRISTOPHER**

Provider ID: 258372

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037

☎ Phone: (855) 543-0333

Fax: (858) 657-6873

☎ After Hours Phone: (855)  
543-0333

Provider Gender: Male

NPI: 1831539337

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL**

##### **THERAPIST**

#### **RUDD, CHRISTOPHER**

Provider ID: 207559

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1831539337

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL**

##### **THERAPIST**

#### **SKINNER, NICOLE**

Provider ID: 206546

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1386964997

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL**

##### **THERAPIST**

#### **TRIMM, CASSIDY**

Provider ID: 258442

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (855) 543-0333

Fax: (858) 657-6873

☎ After Hours Phone: (855)  
543-0333

Provider Gender: Male

NPI: 1740708478

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

### D3. Specialist Provider Directory


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### REGISTERED PHYSICAL


#### THERAPIST

TRIMM, CASSIDY

Provider ID: 258443

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037

 Phone: (855) 543-0333

Fax: (858) 657-6873

 After Hours Phone: (855)  
543-0333

Provider Gender: Male

NPI: 1740708478

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### REGISTERED PHYSICAL


#### THERAPIST


VASQUEZ, BENJAMIN

Provider ID: 200968

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568938413

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### REGISTERED PHYSICAL


#### THERAPIST

VASQUEZ, BENJAMIN


Provider ID: 258480

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037


 Phone: (858) 657-6879

Fax: (858) 657-6873

 After Hours Phone: (858)  
657-6879

Provider Gender: Male

NPI: 1568938413

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### REGISTERED PHYSICAL

#### THERAPIST

WILLIAMS, STACY


Provider ID: 258496

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037


 Phone: (858) 657-6879

Fax: (858) 657-6873

 After Hours Phone: (858)  
657-6879

Provider Gender: Female

NPI: 1689962169

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### REGISTERED PHYSICAL

### D3. Specialist Provider Directory

#### **THERAPIST**


##### **YU, AUDRINE**

Provider ID: 258481

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037

 Phone: (858) 657-6879

Fax: (858) 657-6873

 After Hours Phone: (858)  
657-6879

Provider Gender: Female

NPI: 1639271208


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SPEECH PATHOLOGIST**

##### **SCHIEDERMAYER, BENJAMIN**

Provider ID: 288938

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164979837

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SPEECH PATHOLOGIST**

##### **SCHIEDERMAYER, BENJAMIN**

Provider ID: 288939


Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164979837

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SPEECH PATHOLOGIST**

##### **UNGER, LINDSEY**

Provider ID: 265338

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1972936813

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY COLON SURGERY**

##### **LIU, SHANGLEI**

Provider ID: 273364

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1043558653

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UNIVERSITY HSP  
OF SAN DIEGO CO




Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

### D3. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **SURGERY COLON SURGERY**


##### **LOPEZ, NICOLE**


*Provider ID: 286388*

*Board Certified Specialty: No*

 3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093

 *Phone: (858) 822-6100*

 *After Hours Phone: (858) 822-6100*

*Provider Gender: Female*

*NPI: 1518163005*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*


*MEDICAL CTR, UCSD LA JOLLA*

*JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

#### **SURGERY COLON SURGERY**


##### **PARRY, LISA**

*Provider ID: 278551*

*Board Certified Specialty: No*

 3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1235369067*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA JOLLA*

*JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*


#### **SURGERY COLON SURGERY**

##### **RAMAMOORTHY, SONIA**

*Provider ID: 286371*

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1801812656*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD*

*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*

#### **SURGERY GENERAL**


##### **AL-NOURI, OMAR**


*Provider ID: 211904*

*Board Certified Specialty: No*

 9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1770742264*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Arabic*

*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*


*JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*


#### **SURGERY GENERAL**


##### **AL-NOURI, OMAR**

*Provider ID: 211905*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

### D3. Specialist Provider Directory

NPI: 1770742264

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **SURGERY GENERAL**


##### **ARMANI, AVA**

Provider ID: 282142

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (858) 822-6100

 After Hours Phone: (858)  
822-6100

Provider Gender: Female

NPI: 1861759383

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: MEDICAL  
CTR AT UCSF, UCSF Medical  
Center At Mission Bay, UCSF  
MEDICAL CENTER AT MOUNT  
ZION, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **SURGERY GENERAL**


##### **CLARY, BRYAN**

Provider ID: 202568

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982787131

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY GENERAL**


##### **HORGAN, SANTIAGO**

Provider ID: 286380

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (619) 471-0755

 After Hours Phone: (619)  
471-0755

Provider Gender: Male

NPI: 1932297231

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY GENERAL**


##### **JACOBSEN, GARTH**

Provider ID: 201728

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (619) 471-0755

 After Hours Phone: (619)  
471-0755

Provider Gender: Male

NPI: 1265649966

 Provider English Spoken: Y  
Cultural Competency: N




Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

### D3. Specialist Provider Directory

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **SURGERY GENERAL**

##### **SANTORELLI, JARRETT**

Provider ID: 272304

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033529201

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY GENERAL**


##### **VASCULAR**

##### **BARLEBEN, ANDREW**

Provider ID: 275373

Board Certified Specialty: No

 9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497936900

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY GENERAL**



##### **VASCULAR**

##### **BARLEBEN, ANDREW**

Provider ID: 275371

Board Certified Specialty: Yes

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497936900

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY GENERAL**


##### **VASCULAR**

##### **GAFFEY, ANN**

Provider ID: 287012

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1316232010


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY GENERAL**

##### **VASCULAR**







##### **HOWE, STEVEN**

Provider ID: 206760

Board Certified Specialty: No




 9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037




### D3. Specialist Provider Directory

 Phone: (858) 657-7777  
Fax: (858) 657-5058  
 After Hours Phone: (858) 657-7777  
Provider Gender: Male  
NPI: 1497702740  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON, TRI  
CITY MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY NEUROLOGICAL**





##### **BARBA, DAVID**

Provider ID: 275678  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
STE 2A  
LA JOLLA, CA 92037  
 Phone: (619) 543-5540  
Fax: (619) 287-7663  
 After Hours Phone: (619) 543-5540  
Provider Gender: Male  
NPI: 1093730251  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY  
THORNTON, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY NEUROLOGICAL**

##### **BEAUMONT, THOMAS**

Provider ID: 214126  
Board Certified Specialty: No  
 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
 Phone: (858) 657-8540  
 After Hours Phone: (858) 657-8540  
Provider Gender: Male  
NPI: 1497067573  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A





#### **SURGERY NEUROLOGICAL**

##### **BEN-HAIM, SHARONA**

Provider ID: 244070  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1942469663  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hebrew, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY NEUROLOGICAL**

##### **BLASKIEWICZ, DONALD**

Provider ID: 270282  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1215176839  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA



### D3. Specialist Provider Directory

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):  
N

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY NEUROLOGICAL**


##### **MARSHALL, LAWRENCE**

Provider ID: 244149

Board Certified Specialty: No


 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1750306171

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):  
N

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY NEUROLOGICAL**

##### **MURTHY, NIKHIL**

Provider ID: 299994

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1710371273

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **SURGERY NEUROLOGICAL**

##### **MURTHY, NIKHIL**


Provider ID: 299995

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1710371273

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **SURGERY NEUROLOGICAL**


##### **OSORIO, JOSEPH**

Provider ID: 242005

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY NEUROLOGICAL**


##### **OSORIO, JOSEPH**

Provider ID: 242006

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


### D3. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY NEUROLOGICAL**


##### **PHAM, MARTIN**

Provider ID: 244159

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1609130921


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY NEUROLOGICAL**


##### **U, HOI**

Provider ID: 244133

Board Certified Specialty: Yes

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164468146

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY ORTHOPEDIC**


##### **ANDRY, JAMES**

Provider ID: 302085

Board Certified Specialty: No

 9834 GENESEE AVE STE  
228

LA JOLLA, CA 92037


 Phone: (858) 824-1703

Fax: (858) 455-6473

 After Hours Phone: (858)  
824-1703

Provider Gender: Male

NPI: 1679726103

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS MERCY

HOSPITAL, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **SURGERY ORTHOPEDIC**

##### **BLAIS, MICAH**

Provider ID: 299945

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1972867562

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### D3. Specialist Provider Directory

#### **SURGERY ORTHOPEDIC**

##### **BLAIS, MICAH**

Provider ID: 299944

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1972867562

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **BUKATA, SUSAN**

Provider ID: 277947

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932140639

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **CHIARAPPA, FRANK**

Provider ID: 244460

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932536828

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **CHOI, JIHOON**

Provider ID: 284786

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8181

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285097741

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **CHOI, JIHOON**

Provider ID: 284787

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285097741

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **SURGERY ORTHOPEDIC**


##### **FLINT, JAMES**

Provider ID: 203177

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1629239140

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY ORTHOPEDIC**

##### **GOEB, YANNICK**

Provider ID: 284793

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1730542747

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY ORTHOPEDIC**

##### **GOEB, YANNICK**

Provider ID: 284792

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093



 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1730542747

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: German, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY ORTHOPEDIC**


##### **KUSNEZOV, NICHOLAS**

Provider ID: 303194


Board Certified Specialty: No

 9834 GENESEE AVE STE  
228

LA JOLLA, CA 92037

 Phone: (858) 455-9942

Fax: (858) 455-6473

 After Hours Phone: (858)  
455-9942

Provider Gender: Male

NPI: 1396185161

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TWIN  
CITIES COMMUNITY

HOSPITAL, PARADISE VALLEY  
HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL  
ENCINITAS, SHARP CHULA

VISTA MED CTR, SHARP  
CORONADO HOSP AND


HEALTHCARE CTR, Sharp  
Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL



Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### D3. Specialist Provider Directory

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY ORTHOPEDIC**


##### **PALLIA, CHRISTOPHER**

Provider ID: 302103

Board Certified Specialty: No

 9834 GENESEE AVE STE  
228

LA JOLLA, CA 92037

 Phone: (858) 455-9942

Fax: (858) 455-6473

 After Hours Phone: (858)  
455-9942

Provider Gender: Male

NPI: 1497751457

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY ORTHOPEDIC**


##### **SULLIVAN, THOMAS**

Provider ID: 285246

Board Certified Specialty: No

 9300 CAMPUS POINT DR

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437565488

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY ORTHOPEDIC**


##### **SULLIVAN, THOMAS**

Provider ID: 285245

Board Certified Specialty: No

 9400 CAMPUS POINT DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437565488

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY ORTHOPEDIC**

##### **TAYLOR, MARIO**

Provider ID: 299908

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407380512

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **SURGERY ORTHOPEDIC**

##### **TAYLOR, MARIO**

Provider ID: 299910

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

### D3. Specialist Provider Directory

Provider Gender: Male

NPI: 1407380512

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **SURGERY PLASTIC**

##### **HINCHCLIFF, KATHARINE**

Provider ID: 277289

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346674561

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY PLASTIC**


##### **REID, CHRISTOPHER**

Provider ID: 224796

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982964276

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY THORACIC**


##### **BOYS, JOSHUA**

Provider ID: 243533

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-7777

 After Hours Phone: (858)  
657-7777

Provider Gender: Male

NPI: 1114368990

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY THORACIC**


##### **GRAMINS, DANIEL**

Provider ID: 210047

Board Certified Specialty: Yes

 9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164495750


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY THORACIC**

##### **KEARNS, MARK**

Provider ID: 274297

Board Certified Specialty: No

 9434 MEDICAL CENTER DR  
FL 1

### D3. Specialist Provider Directory

LA JOLLA, CA 92037  
☎ Phone: (858) 647-8817  
☎ Fax: (858) 853-9878  
📞 After Hours Phone: (858) 647-8817  
Provider Gender: Male  
NPI: 1033683719  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: CEDARS  
SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **SURGERY THORACIC**

##### **KEARNS, MARK**

Provider ID: 274296  
Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (858) 657-8817  
☎ Fax: (888) 539-8781  
📞 After Hours Phone: (858) 657-8817  
Provider Gender: Male  
NPI: 1033683719  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: CEDARS  
SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **SURGERY THORACIC**

##### **POLLEMA, TRAVIS**

Provider ID: 210576  
Board Certified Specialty: No  
📍 9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1871752956

☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **SURGERY THORACIC**

##### **RAMIREZ, ALFREDO**

Provider ID: 256390  
Board Certified Specialty: No  
📍 9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1003829417

☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
UNIVERSITY HSP OF SAN  
DIEGO CO, UCSD MEDICAL  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **SURGERY THORACIC**


##### **ZANDER, ASHLEY**

Provider ID: 291382  
Board Certified Specialty: No  
📍 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1780940031  
☑ Provider English Spoken: Y

### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **SURGERY THORACIC**

##### **ZANDER, ASHLEY**

*Provider ID: 291383*

*Board Certified Specialty: No*

 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*


*NPI: 1780940031*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **SURGERY THORACIC**

##### **ZANDER, ASHLEY**


*Provider ID: 291381*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1780940031*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **UROLOGY**

##### **CRAWFORD, ELWARD**

*Provider ID: 244131*

*Board Certified Specialty: No*

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 *Phone: (858) 657-7876*

*Fax: (888) 539-8781*

 *After Hours Phone: (858) 657-7876*

*Provider Gender: Male*


*NPI: 1902814379*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*


#### **UROLOGY**

##### **HSIEH, TUNG CHIN**

*Provider ID: 294878*

*Board Certified Specialty: No*

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 *Phone: (858) 249-3534*

 *After Hours Phone: (858) 249-3534*

*Provider Gender: Male*

*NPI: 1073758652*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*


#### **UROLOGY**

##### **KATZ, JONATHAN**

*Provider ID: 299917*

*Board Certified Specialty: No*

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*


*NPI: 1952756207*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*



### D3. Specialist Provider Directory

#### **UROLOGY**

##### **WANG, LUKE**

Provider ID: 299934

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033630173

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **LA MESA**

#### **CARDIOVASCULAR DISEASE**

##### **KOTHA, PURUSHOTHAM**

Provider ID: 32053

Board Certified Specialty: Yes

8860 CENTER DR STE 400  
LA MESA, CA 91942

Phone: (619) 229-1995

Fax: (619) 229-1109

After Hours Phone: (619)  
229-1995

Provider Gender: Male

NPI: 1093730814

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish,  
Telugu

Cultural Competency: N

Hospital Affiliation: ALVARADO

HOSPITAL LLC, GROSSMONT  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **CARDIOVASCULAR DISEASE**

##### **REDDY, REDDIWANDLA**

Provider ID: 265393

Board Certified Specialty: No

5565 GROSSMONT  
CENTER DR STE 202  
LA MESA, CA 91942

Phone: (619) 461-6130

Fax: (619) 461-3108

After Hours Phone: (619)  
461-6130

Provider Gender: Male

NPI: 1710996384

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Kannada, Spanish,  
Telugu

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

#### **CARDIOVASCULAR DISEASE**

##### **SHEREV, DIMITRI**

Provider ID: 290704

Board Certified Specialty: Yes

8851 CENTER DR STE 304  
LA MESA, CA 91942

Phone: (619) 867-0557

Fax: (619) 867-0558

After Hours Phone: (619)  
867-0557

Provider Gender: Male

NPI: 1154323996

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Bulgarian, Russian,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL,  
ALVARADO COMMUNITY  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,

ALVARADO HOSPITAL LLC,

SHARP CHULA VISTA MED

CTR, SHARP CHULA VISTA

MED CTR, TRI CITY MEDICAL

CTR, SCRIPPS MERCY

HOSPITAL CHULA VISTA, Sharp

Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

### D3. Specialist Provider Directory

#### **CERTIFIED NURSE PRACTITIONER**

##### **LANE, KIMBERLY**

Provider ID: 295955

Board Certified Specialty: No

8851 CENTER DR STE 501  
LA MESA, CA 91942

Phone: (619) 697-2456

Fax: (858) 429-7930

After Hours Phone: (619)  
697-2456

Provider Gender: Female

NPI: 1457670119

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **RESELLI, LYNDSEY**

Provider ID: 217692

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)  
464-6434

Provider Gender: Female

NPI: 1558854000

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **RESELLI, LYNDSEY**

Provider ID: 217693

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
205

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)  
464-6434

Provider Gender: Female

NPI: 1558854000

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **EMERGENCY MEDICINE BELLOMO, THOMAS**

Provider ID: 205600

Board Certified Specialty: No

5565 GROSSMONT  
CENTER DR STE 2 STE 2  
LA MESA, CA 91942

Phone: (619) 713-5375

Fax: (619) 713-5379

After Hours Phone: (619)  
713-5375

Provider Gender: Male

NPI: 1700926698

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

##### **LOVEJOY, AMY**

Provider ID: 206106

Board Certified Specialty: No

5565 GROSSMONT  
CENTER DR STE 2 STE 2  
LA MESA, CA 91942

Phone: (619) 713-5375

Fax: (619) 713-5379

After Hours Phone: (619)  
713-5375

Provider Gender: Female

NPI: 1790856557

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

### D3. Specialist Provider Directory

#### DIEGO, CHILDRENS HOSPITAL OF ORANGE COUNTY


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL): Provider ID: 268693

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### EMERGENCY MEDICINE

##### QUINONES-PEREZ, BIANCA

Provider ID: 206948

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR STE 2 STE 2  
LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619)  
713-5375

Provider Gender: Female

NPI: 1124360565

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

 Website: N/A


#### HEARING AID DEALER / SUPPLIER

##### ANDERSON, ELAINE

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR

LA MESA, CA 91942


 Phone: (619) 589-5414

Fax: (619) 589-7391

 After Hours Phone: (619)  
589-5414

Provider Gender: Female

NPI: 1063558856

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### HEMATOLOGY / ONCOLOGY


##### BATRA, REEMA

Provider ID: 295692

Board Certified Specialty: No

 5555 GROSSMONT  
CENTER DR

LA MESA, CA 91942


 Phone: (619) 644-3030

Fax: (619) 644-3638

 After Hours Phone: (619)  
644-3030

Provider Gender: Female

NPI: 1629286505

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hindi, Mandarin  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A

#### HEMATOLOGY / ONCOLOGY


##### BATRA, REEMA

Provider ID: 58612

Board Certified Specialty: No

 5555 GROSSMONT  
CENTER DR

LA MESA, CA 91942

 Phone: (619) 644-3030


Fax: (619) 644-3638

 After Hours Phone: (619)  
644-3030

Provider Gender: Female

NPI: 1629286505

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hindi, Mandarin

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **HEMATOLOGY / ONCOLOGY** **MEDIC, IGOR**

Provider ID: 295654

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (619) 644-3030

Fax: (619) 644-3638

After Hours Phone: (619)  
644-3030

Provider Gender: Male

NPI: 1154618593

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Serbian,  
Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

#### **HEMATOLOGY / ONCOLOGY** **MEDIC, IGOR**

Provider ID: 119509

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (619) 644-3030

Fax: (619) 644-3638

After Hours Phone: (619)

644-3030

Provider Gender: Male

NPI: 1154618593

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Serbian,  
Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

#### **HEMATOLOGY / ONCOLOGY** **ZU, KAI**

Provider ID: 295711

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (619) 644-3030

Fax: (619) 644-3638

After Hours Phone: (619)  
644-3030

Provider Gender: Male

NPI: 1164583639

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

#### **HEMATOLOGY / ONCOLOGY** **ZU, KAI**

Provider ID: 43199

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (619) 644-3030

Fax: (619) 644-3638

After Hours Phone: (619)  
644-3030

Provider Gender: Male

NPI: 1164583639

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

#### **INTERVENTIONAL** **CARDIOLOGY**

**TAGHIZADEH, BEHZAD**

### D3. Specialist Provider Directory

Provider ID: 269161

Board Certified Specialty: No

8851 CENTER DR STE 405  
LA MESA, CA 91942

Phone: (619) 582-2404

Fax: (619) 582-2915

After Hours Phone: (619)  
582-2404

Provider Gender: Male

NPI: 1275514986

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERVENTIONAL

#### CARDIOLOGY

#### **YELLEN, LAURENCE**

Provider ID: 269173

Board Certified Specialty: No

8851 CENTER DR STE 405  
LA MESA, CA 91942

Phone: (619) 582-2404

Fax: (619) 582-2915

After Hours Phone: (619)  
582-2404

Provider Gender: Male

NPI: 1477680551

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Farsi, Spanish  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC,

USC Arcadia Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### MATERNAL AND FETAL

#### MEDICINE

#### **ADAMI, REBECCA**

Provider ID: 272676

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992149447

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### MATERNAL AND FETAL MEDICINE

#### **MCCULLOUGH, DEIRDRE**

Provider ID: 244873

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1639153018

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,

Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,

RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### MATERNAL AND FETAL MEDICINE

#### **MELBER, DORA**

### D3. Specialist Provider Directory

Provider ID: 296997

Board Certified Specialty: No

8851 CENTER DR STE 201  
LA MESA, CA 91942

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hungarian, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **REIMERS, REBECCA**

Provider ID: 294654

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **REIMERS, REBECCA**

Provider ID: 294656

Board Certified Specialty: No

8851 CENTER DR STE 201  
LA MESA, CA 91942

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **RICHARDSON, ALVIE**

Provider ID: 277317

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1154305977

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Sharp Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **SCHWENDEMANN, WADE**

Provider ID: 277305

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR

### D3. Specialist Provider Directory

LA MESA, CA 91942  
☎ Phone: (858) 966-6710  
Fax: (858) 966-6711  
🕒 After Hours Phone: (858) 966-6710  
Provider Gender: Male  
NPI: 1477563302  
🗑 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, TRI CITY MEDICAL CTR, Sharp Grossmont Hospital, Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **WILLIAMS, KRISTIN**

Provider ID: 277384  
Board Certified Specialty: No  
📍 5555 GROSSMONT CENTER DR  
LA MESA, CA 91942  
☎ Phone: (858) 966-6710  
Fax: (858) 966-6711  
🕒 After Hours Phone: (858)

966-6710  
Provider Gender: Female  
NPI: 1992847131  
🗑 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, SAN MATEO MEDICAL CTR, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, TRI CITY MEDICAL CTR, CALIFORNIA PACIFIC MED CTR, CALIFORNIA PACIFIC MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **NEPHROLOGY**

##### **LEININGER, DANIEL**

Provider ID: 293480  
Board Certified Specialty: No  
📍 8851 CENTER DR STE 505  
LA MESA, CA 91942  
☎ Phone: (619) 461-3880  
Fax: (619) 461-3895  
🕒 After Hours Phone: (619) 461-3880  
Provider Gender: Male  
NPI: 1164956264  
🗑 Provider English Spoken: Y




Cultural Competency: N  
Hospital Affiliation: Sharp Grossmont Hospital, GROSSMONT HOSPITAL, ALVARADO HOSPITAL LLC, ALVARADO COMMUNITY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 9:00AM-5:00PM  
🌐 Website: N/A

#### **NEPHROLOGY**

##### **LEININGER, DANIEL**

Provider ID: 295640  
Board Certified Specialty: No  
📍 8851 CENTER DR STE 505  
LA MESA, CA 91942  
☎ Phone: (619) 461-3880  
Fax: (619) 461-3895  
🕒 After Hours Phone: (619) 461-3880  
Provider Gender: Male  
NPI: 1164956264  
🗑 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp Grossmont Hospital, GROSSMONT HOSPITAL, ALVARADO HOSPITAL LLC, ALVARADO COMMUNITY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N

### D3. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
9:00AM-5:00PM*  
 *Website: N/A*


#### **NEUROLOGY**

##### **MOHAMMAD, AHMAD SHAH**

*Provider ID: 39868*

*Board Certified Specialty: No*

 *8851 CENTER DR STE 307  
LA MESA, CA 91942*


 *Phone: (619) 337-7900*


*Fax: (619) 337-7902*

 *After Hours Phone: (619)  
337-7900*

*Provider Gender: Male*

*NPI: 1902973472*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Arabic, Farsi,  
French, German, Pushto,  
Spanish*

*Cultural Competency: N*

*Hospital Affiliation:*


*GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL, SHARP CHULA  
VISTA MED CTR*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*


 *Website: N/A*


#### **OPHTHALMOLOGY**

##### **CHIU, STEPHAN**


*Provider ID: 297585*

*Board Certified Specialty: No*

 *5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942*

 *Phone: (619) 465-2020*

*Fax: (619) 698-1189*

 *After Hours Phone: (619)  
465-2020*

*Provider Gender: Male*

*NPI: 1053846956*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Mandarin, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: RONALD*

*REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED*

*CTR, SCRIPPS MEMORIAL  
HOSPITAL*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **OPHTHALMOLOGY**

##### **HAIGHT, BRUCE**


*Provider ID: 269112*

*Board Certified Specialty: No*

 *5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551  
LA MESA, CA 91942*

 *Phone: (800) 898-2020*

*Fax: (844) 897-3788*

 *After Hours Phone: (800)  
898-2020*

*Provider Gender: Male*

*NPI: 1427029628*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Hospital Affiliation:*


*GROSSMONT HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*


*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8:00AM-4:00PM  
TU-W 8:30AM-4:00PM*

*TH 8:00AM-4:00PM*

*F 8:00AM-0:00PM*

 *Website: N/A*

#### **OPHTHALMOLOGY**

##### **HAIGHT, BRUCE**


*Provider ID: 305885*

*Board Certified Specialty: No*

 *5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551  
LA MESA, CA 91942*


 *Phone: (800) 898-2020*

*Fax: (844) 897-3788*

 *After Hours Phone: (800)  
898-2020*

*Provider Gender: Male*

*NPI: 1427029628*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation:*


*GROSSMONT HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*



### D3. Specialist Provider Directory

 Hours: M 8:00AM-4:00PM  
TU-W 8:30AM-4:00PM  
TH 8:00AM-4:00PM  
F 8:00AM-0:00PM  
 Website: N/A


#### **OPHTHALMOLOGY**

##### **HAIGHT, BRUCE**

Provider ID: 295984

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR STE 2-3  
LA MESA, CA 91942

 Phone: (619) 463-0331

Fax: (619) 463-0138

 After Hours Phone: (619)  
463-0331

Provider Gender: Male

NPI: 1427029628

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:30AM-4:00PM  
F 8:00AM-0:00PM


 Website: N/A


#### **OPHTHALMOLOGY**

##### **HAIGHT, BRUCE**

Provider ID: 288660

Board Certified Specialty: No

 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460

Provider Gender: Male

NPI: 1427029628

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **OPHTHALMOLOGY**

##### **HUDSON, HENRY**

Provider ID: 297577

Board Certified Specialty: Yes

 5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942



 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)  
465-2020

Provider Gender: Male

NPI: 1851349195

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-4:30PM

 Website: N/A

#### **OPHTHALMOLOGY**


##### **HUDSON, HENRY**

Provider ID: 297578

Board Certified Specialty: No

 7339 EL CAJON BLVD STE J  
AND K

LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460

Provider Gender: Male

NPI: 1851349195

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes



Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### D3. Specialist Provider Directory


 Hours: M-F  
8:00AM-4:30PM  
 Website: N/A


#### **OPTOMETRIST**

##### **AOTO, KIM**

Provider ID: 288652

Board Certified Specialty: No

 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **OTOLARYNGOLOGY**

##### **MOSHTAGHI, OMID**

Provider ID: 302380

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

 Phone: (619) 464-3353

Fax: (619) 464-6720

 After Hours Phone: (619)  
464-3353

Provider Gender: Male

NPI: 1730675927

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, Sharp


Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **OTOLARYNGOLOGY**

##### **SAEZ, NEIL**

Provider ID: 302431

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942


 Phone: (619) 464-3353


Fax: (619) 464-6720

 After Hours Phone: (619)  
464-3353

Provider Gender: Male

NPI: 1518456508

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**

##### **BETTY, MARYANN**

Provider ID: 245753

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619)  
713-5375

Provider Gender: Female

NPI: 1285014498


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**







##### **GROSS, MATTHEW**

Provider ID: 297177

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR STE 2 STE 2  
LA MESA, CA 91942





### D3. Specialist Provider Directory




 Phone: (619) 713-5375  
Fax: (619) 713-5379  
 After Hours Phone: (619) 713-5375  
Provider Gender: Male  
NPI: 1942223664  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **JOSHI, WEENA**


Provider ID: 262233  
Board Certified Specialty: No  
 5565 GROSSMONT CENTER DR STE 2 STE 2 LA MESA, CA 91942  
 Phone: (619) 713-5375  
Fax: (619) 713-5379  
 After Hours Phone: (619) 713-5375  
Provider Gender: Female  
NPI: 1376862177  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR HEALTH  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A




#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **MINKA, GENEVIEVE**

Provider ID: 205335  
Board Certified Specialty: No  
 5565 GROSSMONT CENTER DR STE 2 LA MESA, CA 91942  
 Phone: (619) 713-5375  
Fax: (619) 713-5379  
 After Hours Phone: (619) 713-5375  
Provider Gender: Female  
NPI: 1689646689  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French

Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19



American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A




#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **OZAKI, YOSHIHIRO**

Provider ID: 241925  
Board Certified Specialty: No  
 5565 GROSSMONT CENTER DR STE 2 LA MESA, CA 91942  
 Phone: (619) 713-5375  
Fax: (619) 713-5379  
 After Hours Phone: (619) 713-5375

Provider Gender: Male  
NPI: 1467898239  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Japanese  
Cultural Competency: N  
Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **PARKER, SHERINE**

Provider ID: 205786  
Board Certified Specialty: No  
 5565 GROSSMONT CENTER DR STE 2 LA MESA, CA 91942  
 Phone: (619) 713-5375  
Fax: (619) 713-5379

### D3. Specialist Provider Directory

📞 After Hours Phone: (619) 713-5375

Provider Gender: Female

NPI: 1477626513

🗨️ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: GLENDALE ADVENTIST MED CTR, GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **VARGAS, JACLYN**

Provider ID: 285936

Board Certified Specialty: No

📍 5555 GROSSMONT CENTER DR  
LA MESA, CA 91942

📞 Phone: (858) 966-6710  
Fax: (858) 966-6711

📞 After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1619359718

🗨️ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, Los Angeles General Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **WANG, EMILY**

Provider ID: 265955

Board Certified Specialty: No

📍 5565 GROSSMONT CENTER DR STE 2 BLDG 2  
LA MESA, CA 91942

📞 Phone: (619) 713-5375  
Fax: (619) 713-5379

📞 After Hours Phone: (619) 713-5375

Provider Gender: Female

NPI: 1427142363

🗨️ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PEDIATRICS**

##### **CLAY, CORRIE**

Provider ID: 278807

Board Certified Specialty: No

📍 8881 FLETCHER PKWY STE 200  
LA MESA, CA 91942

📞 Phone: (619) 464-6434  
Fax: (619) 464-5109

📞 After Hours Phone: (619) 464-6434

Provider Gender: Female

NPI: 1437207750

🗨️ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-6:00PM  
SA 11:30AM-3:30PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **DOUGHERTY, CLARA**

Provider ID: 301590

Board Certified Specialty: No

📍 8851 CENTER DR STE 501

### D3. Specialist Provider Directory

LA MESA, CA 91942  
☎ Phone: (619) 697-2456  
Fax: (858) 429-7930  
🕒 After Hours Phone: (619) 697-2456  
Provider Gender: Female  
NPI: 1609987619  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ELO, KRISTIN**

Provider ID: 295736  
Board Certified Specialty: No  
📍 5555 GROSSMONT CENTER DR LA MESA, CA 91942  
☎ Phone: (619) 644-3030  
Fax: (619) 644-3083  
🕒 After Hours Phone: (619) 644-3030  
Provider Gender: Female  
NPI: 1164664306  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp Grossmont Hospital,

GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:30AM-5:00PM  
🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ELO, KRISTIN**

Provider ID: 241862  
Board Certified Specialty: No  
📍 5555 GROSSMONT CENTER DR LA MESA, CA 91942  
☎ Phone: (619) 644-3030  
Fax: (619) 644-3083  
🕒 After Hours Phone: (619) 644-3030  
Provider Gender: Female  
NPI: 1164664306  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp Grossmont Hospital,

GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:30AM-5:00PM  
🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **FERRARA, SAMANTHA**

Provider ID: 306005

Board Certified Specialty: No  
📍 7339 EL CAJON BLVD STE I LA MESA, CA 91942  
☎ Phone: (619) 698-0606  
Fax: (619) 698-0609  
🕒 After Hours Phone: (619) 698-0606  
Provider Gender: Female  
NPI: 1437822434  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: EISENHOWER MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:30AM-5:30PM  
🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HINKLE, CORINNE**


Provider ID: 305425  
Board Certified Specialty: No  
📍 7339 EL CAJON BLVD STE I LA MESA, CA 91942  
☎ Phone: (619) 698-0606  
Fax: (619) 698-0609  
🕒 After Hours Phone: (619) 698-0606  
Provider Gender: Female  
NPI: 1508451949  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: Valleywise Health Medical Center  
Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **RAYMOND, ALAIN**

Provider ID: 269057

Board Certified Specialty: No

 8851 CENTER DR STE 505  
LA MESA, CA 91942

 Phone: (619) 461-3880

Fax: (619) 461-3895

 After Hours Phone: (619)  
461-3880

Provider Gender: Male

NPI: 1164729125

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **VAWTER, ERIN**


Provider ID: 295755

Board Certified Specialty: No

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942


 Phone: (619) 644-3030

Fax: (619) 644-3638

 After Hours Phone: (619)  
644-3030

Provider Gender: Female

NPI: 1376988691

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:00PM


 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **WHITE, KYLE**


Provider ID: 302382

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942


 Phone: (619) 464-3353

Fax: (619) 464-7509

 After Hours Phone: (619)  
464-3353

Provider Gender: Male

NPI: 1922768860

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **RADIATION ONCOLOGY**

##### **CARMONA, RUBEN**


Provider ID: 303099

Board Certified Specialty: No

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

 Phone: (619) 740-4500

Fax: (619) 740-8499

 After Hours Phone: (619)  
740-4500

Provider Gender: Male

NPI: 1275929242

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp

Grossmont Hospital, SHARP


MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIATION ONCOLOGY**

##### **COLEMAN, LORI**

Provider ID: 221089

Board Certified Specialty: No




 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

 Phone: (619) 740-4500

Fax: (619) 740-8499

 After Hours Phone: (619)




### D3. Specialist Provider Directory

740-4500  
Provider Gender: Female  
NPI: 1053348920  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 19\100  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **RADIATION ONCOLOGY**



##### **VOLPP, PAUL**

Provider ID: 221104  
Board Certified Specialty: No  
 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
 Phone: (619) 740-4500  
Fax: (619) 740-8499  
 After Hours Phone: (619)  
740-4500  
Provider Gender: Male  
NPI: 1225186232  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,  
GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 19\100  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **RADIATION ONCOLOGY**

##### **WEINSTEIN, GEOFFREY**


Provider ID: 220040  
Board Certified Specialty: No  
 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
 Phone: (619) 740-4500  
Fax: (619) 740-8499  
 After Hours Phone: (619)  
740-4500  
Provider Gender: Male  
NPI: 1841233947

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SHARP CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 19\100  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**




##### **MOORE, BRIAN**

Provider ID: 243960  
Board Certified Specialty: No  
 8860 CENTER DR STE 100  
LA MESA, CA 91942  
 Phone: (619) 460-2770  
Fax: (619) 460-2774  
 After Hours Phone: (619)  
460-2770

Provider Gender: Male




NPI: 1831144005

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
7:00AM-5:00PM  
 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **MOORE, BRIAN**





Provider ID: 243959  
Board Certified Specialty: No  
 8881 FLETCHER PKWY STE  
102  
LA MESA, CA 91942  
 Phone: (619) 460-2770  
Fax: (619) 460-2774  
 After Hours Phone: (619)  
460-2770  
Provider Gender: Male  
NPI: 1831144005  
 Provider English Spoken: Y

### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Hospital Affiliation:*  
GROSSMONT HOSPITAL  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 7:00AM-5:00PM*  
 *Website: N/A*

#### **RADIOLOGY DIAGNOSTIC**




##### **VENKATESH, VIJAY**

*Provider ID: 269659*  
*Board Certified Specialty: No*  
 8860 CENTER DR STE 100  
LA MESA, CA 91942  
 *Phone: (619) 460-2770*  
*Fax: (619) 460-2774*  
 *After Hours Phone: (619) 460-2770*  
*Provider Gender: Male*  
*NPI: 1689627085*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*  
GROSSMONT HOSPITAL  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **RADIOLOGY DIAGNOSTIC**






##### **VENKATESH, VIJAY**


*Provider ID: 269660*  
*Board Certified Specialty: No*  
 8881 FLETCHER PKWY STE 102  
LA MESA, CA 91942  
 *Phone: (619) 460-2770*  
*Fax: (619) 460-2774*  
 *After Hours Phone: (619) 460-2770*  
*Provider Gender: Male*  
*NPI: 1689627085*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*  
GROSSMONT HOSPITAL  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **RHEUMATOLOGY**









##### **KOTHA, ROSHAN**

*Provider ID: 63454*  
*Board Certified Specialty: No*  
 8860 CENTER DR STE 400  
LA MESA, CA 91942  
 *Phone: (619) 229-1995*  
*Fax: (619) 229-1109*  
 *After Hours Phone: (619) 229-1995*  
*Provider Gender: Female*  
*NPI: 1417117839*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hindi, Spanish, Telugu*  
*Cultural Competency: N*

*Hospital Affiliation:*  
GROSSMONT HOSPITAL  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:00PM*  
 *Website: N/A*

#### **SURGERY ORTHOPEDIC**

##### **BALLARD, BROOKE**

*Provider ID: 262205*  
*Board Certified Specialty: No*  
 8860 CENTER DR STE 350  
LA MESA, CA 91942  
 *Phone: (619) 286-9480*  
*Fax: (619) 286-4568*  
 *After Hours Phone: (619) 286-9480*  
*Provider Gender: Female*  
*NPI: 1841447950*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: French, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: ALVARADO HOSPITAL LLC, SHARP CORONADO HOSP AND HEALTHCARE CTR, SHARP MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9:00AM-5:00PM*  
 *Website: N/A*



### D3. Specialist Provider Directory

Email:  
tracy@alvaradoortho.com

#### UROLOGY

##### **SALMASI, AMIRALI**

Provider ID: 129643

Board Certified Specialty: No

8851 CENTER DR STE 501  
LA MESA, CA 91942

Phone: (619) 697-2456

Fax: (858) 429-7930

After Hours Phone: (619)  
697-2456

Provider Gender: Male

NPI: 1609187962

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **LAKE ELSINORE**

#### OBSTETRICS / GYNECOLOGY

##### **FRANCIS, LARRY**

Provider ID: 290293

Board Certified Specialty: No

30195 FRASER DR  
LAKE ELSINORE, CA 92530

Phone: (951) 252-2720

Fax: (760) 414-3892

After Hours Phone: (951)  
252-2720

Provider Gender: Male

NPI: 1215008552

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SHARP MEMORIAL HOSPITAL,

POMONA VALLEY HOSP MED

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OPTOMETRIST

##### **GEE, JENNIFER**

Provider ID: 290211

Board Certified Specialty: No

30195 FRASER DR  
LAKE ELSINORE, CA 92530

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1336589332

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC

MEDICAL CENTER - D P APH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### OPTOMETRIST

##### **MORA, WENDY**

Provider ID: 290239

Board Certified Specialty: No

30195 FRASER DR  
LAKE ELSINORE, CA 92530

Phone: (951) 252-2720

Fax: (760) 414-3892

After Hours Phone: (951)  
252-2720

Provider Gender: Female

NPI: 1376958389

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### OPTOMETRIST


##### **TAM, EMILY**

Provider ID: 290319

Board Certified Specialty: No

30195 FRASER DR  
LAKE ELSINORE, CA 92530

### D3. Specialist Provider Directory


 Phone: (951) 525-2720

Fax: (760) 414-3892

 After Hours Phone: (951) 525-2720

Provider Gender: Female

NPI: 1497161236

 Provider English Spoken: Y

 Provider Language(s) Spoken: Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### LAKESIDE


#### CHIROPRACTOR

##### CASTRO, DAVID

Provider ID: 305617

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040


 Phone: (858) 218-3000

Fax: (360) 462-2744

 After Hours Phone: (858) 218-3000

Provider Gender: Male

NPI: 1841557733

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### CHIROPRACTOR

##### FULKS, ZACKARY

Provider ID: 303813

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040


 Phone: (619) 390-9975

Fax: (360) 462-2744

 After Hours Phone: (619) 390-9975

Provider Gender: Male

NPI: 1407562531

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### CHIROPRACTOR

##### FULKS, ZACKARY

Provider ID: 301145

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (619) 390-9975

Fax: (360) 462-2744

 After Hours Phone: (619) 390-9975

Provider Gender: Male

NPI: 1407562531

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM


 Website: N/A


#### CHIROPRACTOR

##### HOURIHAN, KEITH

Provider ID: 257549

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (619) 390-9975

Fax: (858) 633-4690

 After Hours Phone: (619) 390-9975

Provider Gender: Male

NPI: 1306916994

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### CHIROPRACTOR

##### MCCOWN, BARRY

Provider ID: 303816

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (619) 390-9975

Fax: (360) 462-2744

### D3. Specialist Provider Directory

 After Hours Phone: (619) 390-9975

Provider Gender: Male


NPI: 1487781035


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CHIROPRACTOR**

##### **MCCOWN, BARRY**

Provider ID: 301344

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (619) 390-9975

Fax: (360) 462-2744

 After Hours Phone: (619) 390-9975

Provider Gender: Male


NPI: 1487781035


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **BRUNETTO, HEIDI**

Provider ID: 290407

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (619) 390-9975

Fax: (858) 633-4690

 After Hours Phone: (619) 390-9975

Provider Gender: Female

NPI: 1023250453


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-5:00PM

 Website: N/A


#### **MENIFEE**


#### **PHYSICIANS ASSISTANT**


##### **SMITH, KELLI**

Provider ID: 272954

Board Certified Specialty: No

 30420 HAUN RD  
MENIFEE, CA 92584

 Phone: (951) 676-4193

 After Hours Phone: (951) 676-4193

Provider Gender: Female

NPI: 1841771664

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **MURRIETA**


#### **ANESTHESIOLOGY**


##### **HYLTON, DIANA**

Provider ID: 241738

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1932527751

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **ANESTHESIOLOGY**

##### **KRAUSE, MARTIN**


Provider ID: 287655

### D3. Specialist Provider Directory

*Board Certified Specialty: No*

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 Phone: (951) 696-6000

Fax: (951) 677-9757

 After Hours Phone: (951)  
696-6000

Provider Gender: Male

NPI: 1417243239

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **HEAD, KRISTIN**


Provider ID: 268658

*Board Certified Specialty: No*

 25170 HANCOCK AVE STE 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1699078923

 Provider English Spoken: Y

Cultural Competency: N

*Hospital Affiliation: RADY*


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **KLEMENCIC, TAHNEE**

Provider ID: 302627

*Board Certified Specialty: No*

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562


 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1134802283

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **MIRACLE, ANGELYN**

Provider ID: 300259

*Board Certified Specialty: No*

 25170 HANCOCK AVE STE  
200

MURRIETA, CA 92562

 Phone: (951) 461-9300

Fax: (951) 461-9399

 After Hours Phone: (951)  
461-9300

Provider Gender: Female

NPI: 1144539842

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 8:30AM-0:00PM  
M-F 8:00AM-5:00PM

SA 8:30AM-0:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **SNYDER, MICHELLE**

Provider ID: 210676

*Board Certified Specialty: No*

 41011 CALIFORNIA OAKS  
RD STE 104

MURRIETA, CA 92562

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1851561054


 Provider English Spoken: Y

### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*


 *Website: N/A*


#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **STEVENSON, REHEIA**

*Provider ID: 210794*  
*Board Certified Specialty: No*

 41011 CALIFORNIA OAKS RD STE 104  
MURRIETA, CA 92562

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*


*Provider Gender: Female*  
*NPI: 1346696044*



 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*



 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **EMERGENCY MEDICINE**


#### **LI, JINGHONG**

*Provider ID: 255941*  
*Board Certified Specialty: No*

 25500 MEDICAL CENTER DR  
MURRIETA, CA 92562

 *Phone: (951) 696-6000*  
 *After Hours Phone: (951) 696-6000*


*Provider Gender: Female*  
*NPI: 1619014479*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*


 *Website: N/A*


#### **INTERVENTIONAL**

#### **CARDIOLOGY**

#### **AL KHIAMI, BELAL**

*Provider ID: 275994*  
*Board Certified Specialty: No*

 28062 BAXTER RD  
MURRIETA, CA 92563

 *Phone: (951) 290-4000*  
*Fax: (888) 539-8781*

 *After Hours Phone: (951) 290-4000*

*Provider Gender: Male*  
*NPI: 1861623506*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic*

*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, PIONEERS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, LOMA LINDA UNIVERSITY MED CTR MURRIETA, TEMECULA VALLEY HOSPITAL INC*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*


 *Website: N/A*


#### **INTERVENTIONAL**

#### **CARDIOLOGY**

#### **WETTERSTEN, NICHOLAS**

*Provider ID: 210605*  
*Board Certified Specialty: No*

 41011 CALIFORNIA OAKS RD STE 104  
MURRIETA, CA 92562

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*




*Provider Gender: Male*  
*NPI: 1063701068*

 *Provider English Spoken: Y*

### D3. Specialist Provider Directory


Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



#### **MATERNAL AND FETAL MEDICINE**

##### **MELBER, DORA**

Provider ID: 296988  
Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (858) 966-6710  
Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
Provider Gender: Female  
NPI: 1124413026  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hungarian, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19




American Sign Language (ASL):  
N



 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A




#### **MATERNAL AND FETAL MEDICINE**

##### **MELBER, DORA**

Provider ID: 296992  
Board Certified Specialty: No  
 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
 Phone: (858) 966-6710  
Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
Provider Gender: Female  
NPI: 1124413026

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hungarian, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19




American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **MATERNAL AND FETAL MEDICINE**

##### **REIMERS, REBECCA**




Provider ID: 294652

Board Certified Specialty: No  
 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
 Phone: (858) 966-6710  
Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710

Provider Gender: Female  
NPI: 1801207634

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **REIMERS, REBECCA**

Provider ID: 294649  
Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (858) 966-6710  
Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710

Provider Gender: Female  
NPI: 1801207634

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

### D3. Specialist Provider Directory


#### DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

##### NYMAN, KATHERINE

Provider ID: 301820

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

 Phone: (951) 696-6000

Fax: (951) 696-6105

 After Hours Phone: (951)  
696-6000

Provider Gender: Female

NPI: 1003260951

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

#### WEISS, KATHERINE

Provider ID: 264676

Board Certified Specialty: Yes

 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

 Phone: (951) 696-6000

Fax: (951) 696-6105

 After Hours Phone: (951)  
696-6000

Provider Gender: Female

NPI: 1053541862

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

##### WEST, JULIE

Provider ID: 297071

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

 Phone: (951) 696-6000

Fax: (951) 696-6105

 After Hours Phone: (951)  
696-6000

Provider Gender: Female

NPI: 1811151848

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY


#### CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### NEUROLOGY

##### GOLD, JEFFREY

Provider ID: 283334

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1568773984


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SHARP MEMORIAL  
HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory


#### **NEUROLOGY**

##### **JINDAL, ANUJA**


Provider ID: 215521

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1194046581

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEUROLOGY**

##### **SAHAGIAN, MICHELLE**


Provider ID: 283166

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1275604035

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEUROLOGY CHILD**


##### **GOLD, JEFFREY**

Provider ID: 215691

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1568773984

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF


CHILDREN'S HOSPITAL  
OAKLAND, SHARP MEMORIAL  
HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEUROLOGY CHILD**

##### **GUIDO-ESTRADA, NATALIE**

Provider ID: 215442

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1528353521

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEUROLOGY CHILD**


##### **KIM MCMANUS, OLIVIA**

Provider ID: 215666

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1174870067

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:



### D3. Specialist Provider Directory


UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, CHILDRENS  
HOSPITAL OF ORANGE  
COUNTY, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**


##### **BINDER, PRATIBHA**

Provider ID: 273227

Board Certified Specialty: No

 25405 HANCOCK AVE STE  
217

MURRIETA, CA 92562

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174758031

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **OPHTHALMOLOGY**


##### **BANSAL, PREETI**

Provider ID: 215606

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1871664631

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT

HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL, TRI CITY MEDICAL

CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **BHATIA, SHAGUN**

Provider ID: 267317

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1104237353

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL


CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **HENNEIN, LAUREN**

Provider ID: 297010

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1699216010

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**


##### **MOLL, ANGELA**

Provider ID: 215687

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1861648602

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MEMORIAL


HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**


##### **MOVAGHAR, MANSOOR**

Provider ID: 216415

Board Certified Specialty: No


 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (858) 309-7702

 After Hours Phone: (858)  
309-7702

Provider Gender: Male

NPI: 1497792220

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**


##### **OHALLORAN, HENRY**

Provider ID: 215685

Board Certified Specialty: No


 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1235287947

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL  
CHULA VISTA


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **BLISS, MORGAN**

Provider ID: 215684

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1760707657

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **CARVALHO, DANIELA**

### D3. Specialist Provider Directory

Provider ID: 215332

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1154492916

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OTOLARYNGOLOGY**

#### **FRIESEN, TZYYNONG**

Provider ID: 244898

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1400

After Hours Phone: (951)  
600-1400

Provider Gender: Female

NPI: 1952740177

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OTOLARYNGOLOGY**

#### **JIANG, WEN**

Provider ID: 215564

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1659305753

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OTOLARYNGOLOGY**

#### **KARI, ELINA**

Provider ID: 254089

Board Certified Specialty: No

25170 HANCOCK AVE

MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OTOLARYNGOLOGY**

#### **KARI, ELINA**

Provider ID: 254296

Board Certified Specialty: No

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS


### D3. Specialist Provider Directory


ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### OTOLARYNGOLOGY

##### **PATEL, VIJAY**

Provider ID: 297034

Board Certified Specialty: No

 25170 HANCOCK AVE STE 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1508250747

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC ALLERGY / IMMUNOLOGY

##### **COLLINS, CATHLEEN**


Provider ID: 215733

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1205128089

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: LUCILE  
SALTER PACKARD CHILDRENS  
HOSP, Stanford Health Care,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC CARDIOLOGY

##### **BORQUEZ, ALEJANDRO**

Provider ID: 284119

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1114277787

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC CARDIOLOGY


##### **DAVIS, CHRISTOPHER**

Provider ID: 215743

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1760691950

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**


##### **DUMMER, KIRSTEN**

Provider ID: 215645

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1780642280

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**

##### **MCCANDLESS, RACHEL**

Provider ID: 215601

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1487821815

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**


##### **NARAYAN, HARI**

Provider ID: 239114

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1376705707

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**


##### **SAH, SERENA**

Provider ID: 215643

Board Certified Specialty: No



 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (858) 966-5855

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1295042653

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, Mandarin


Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**


##### **SILVA SEPULVEDA, JOSE**

Provider ID: 215679

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640






 After Hours Phone: (951)



### D3. Specialist Provider Directory

600-1640  
Provider Gender: Male  
NPI: 1417222472  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC CARDIOLOGY**


##### **WILLIAMS, MATTHEW**





Provider ID: 215678  
Board Certified Specialty: No  
 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Male  
NPI: 1831423250  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**



##### **DEVERA, GEMMIE**





Provider ID: N/A  
Board Certified Specialty: No  
 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
 Phone: (951) 696-6124  
 After Hours Phone: (951)  
696-6124  
Provider Gender: Female  
NPI: 1366622078

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**





##### **DO, STEPHANIE**

Provider ID: 216969  
Board Certified Specialty: No  
 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
 Phone: (951) 696-6124




Fax: (951) 696-6293  
 After Hours Phone: (951)  
696-6124  
Provider Gender: Female  
NPI: 1750513644  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Martin  
Luther King Jr Community  
Hospital, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **GROSS, MATTHEW**




Provider ID: 297173  
Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (858) 966-7800  
Fax: (858) 966-8231  
 After Hours Phone: (858)  
966-7800  
Provider Gender: Male  
NPI: 1942223664  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N


### D3. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM*  
 *Website: N/A*



#### **PEDIATRIC EMERGENCY MEDICINE**

##### **INDRA, SEAN**

*Provider ID: 302626*  
*Board Certified Specialty: No*  
 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
 *Phone: (951) 696-6124*  
*Fax: (951) 696-6293*  
 *After Hours Phone: (951)  
696-6124*

*Provider Gender: Male*  
*NPI: 1427349091*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL*

*Medi-Cal Open Panel: No*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):  
N*



 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*

#### **PEDIATRIC EMERGENCY MEDICINE**




##### **KINGDON, JOANNA**

*Provider ID: 302318*  
*Board Certified Specialty: No*  
 25170 HANCOCK AVE STE  
150

MURRIETA, CA 92562  
 *Phone: (858) 966-7800*  
*Fax: (858) 966-8231*  
 *After Hours Phone: (858)  
966-7800*  
*Provider Gender: Female*  
*NPI: 1609495399*




 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*


*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM*  
 *Website: N/A*




#### **PEDIATRIC EMERGENCY MEDICINE**

##### **MESIWALA, ADNAN**

*Provider ID: 275655*  
*Board Certified Specialty: No*  
 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
 *Phone: (951) 696-6161*  
*Fax: (951) 696-6105*  
 *After Hours Phone: (951)  
696-6161*




*Provider Gender: Male*  
*NPI: 1528483955*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*


*CHILDRENS HOSPITAL SAN  
DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*



#### **PEDIATRIC EMERGENCY MEDICINE**

##### **MILLS, DAVID**

*Provider ID: 302147*  
*Board Certified Specialty: No*  
 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
 *Phone: (951) 696-6124*  
*Fax: (951) 696-6293*  
 *After Hours Phone: (951)  
696-6124*

*Provider Gender: Male*  
*NPI: 1194145946*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*

#### **PEDIATRIC EMERGENCY MEDICINE**

### D3. Specialist Provider Directory

#### **OZCAN, ALI**

Provider ID: 287924

Board Certified Specialty: No

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Phone: (951) 696-6124

Fax: (951) 696-6293

After Hours Phone: (951)  
696-6124

Provider Gender: Male

NPI: 1265867683

Provider English Spoken: Y

Provider Language(s)  
Spoken: Turkish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, LOMA LINDA  
UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

#### **PARK, BRIAN**

Provider ID: 302353

Board Certified Specialty: No

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Phone: (951) 696-6124

Fax: (951) 696-6293

After Hours Phone: (951)  
696-6124

Provider Gender: Male

NPI: 1710418744

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

#### **RANASURIYA, DUNISHA**

Provider ID: 216972

Board Certified Specialty: No

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Phone: (951) 696-6161

After Hours Phone: (951)  
696-6161

Provider Gender: Female

NPI: 1740468057

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

#### **SCHROTER, STEPHANIE**

Provider ID: 243831

Board Certified Specialty: No

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Phone: (951) 696-6124

After Hours Phone: (951)  
696-6124

Provider Gender: Female

NPI: 1073951828

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

#### **SHETH, SARIKA**

Provider ID: 248172

Board Certified Specialty: No

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Phone: (951) 696-6124

Fax: (951) 696-6293

After Hours Phone: (951)  
696-6124



### D3. Specialist Provider Directory

Provider Gender: Female

NPI: 1336503234


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### PEDIATRIC EMERGENCY


#### MEDICINE

#### **SOUDER, CHRISTOPHER**

Provider ID: 301634

Board Certified Specialty: Yes

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1851540199

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S


HOSPITAL OAKLAND

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY

#### MEDICINE


#### **SYED-UDDIN, SUMIYAH**

Provider ID: 297771


Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562


 Phone: (951) 696-6124

Fax: (951) 696-6293

 After Hours Phone: (951)  
696-6124

Provider Gender: Female

NPI: 1225606478

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hindi, Urdu

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE


RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### PEDIATRIC EMERGENCY

#### MEDICINE


#### **TANG, ANDREW**

Provider ID: 294678


Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 Phone: (951) 696-6124

Fax: (951) 696-6293

 After Hours Phone: (951)  
696-6124

Provider Gender: Male

NPI: 1184071516

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY

#### MEDICINE


#### **TRAN, THERESA**

Provider ID: 301835


Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 Phone: (951) 696-6124


Fax: (951) 696-6293

 After Hours Phone: (951)  
696-6124

Provider Gender: Female

NPI: 1417496985

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST


HEALTHCARE RANCHO

SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

### D3. Specialist Provider Directory

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **PEDIATRIC ENDOCRINOLOGY**

##### **SINGH, PUJA**

Provider ID: 302819

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1841721172

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC**


#### **GASTROENTEROLOGY**

##### **CHU, CHRISTOPHER**

Provider ID: 301640

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562


 Phone: (951) 600-1640


Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1912369273

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC PULMONOLOGY**

##### **LENHART-PENDERGRASS, PATRICIA**


Provider ID: 294382

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1144615659

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC PULMONOLOGY**

##### **RAO, APARNA**

Provider ID: 215528

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1649222340

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Hindi

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRICS**

##### **LOPEZ, XIMENA**

Provider ID: 302857

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1

### D3. Specialist Provider Directory

MURRIETA, CA 92562  
☎ Phone: (951) 600-1640  
Fax: (951) 600-1760  
📞 After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1740316405  
☑ Provider English Spoken: Y  
☑ Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **PEDIATRICS**

##### **NGO, MAI**

Provider ID: 302112  
Board Certified Specialty: No  
📍 25170 HANCOCK AVE STE 1 MURRIETA, CA 92562  
☎ Phone: (951) 600-1640  
Fax: (951) 600-1760  
📞 After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1508910787  
☑ Provider English Spoken: Y  
☑ Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, MEDICAL CTR AT UCSF, RADY CHILDRENS HOSPITAL SAN

DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **PEDIATRICS**

##### **PATTERSON, MARY**

Provider ID: 215677  
Board Certified Specialty: No  
📍 25170 HANCOCK AVE MURRIETA, CA 92562  
☎ Phone: (951) 600-1640  
📞 After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1912112020  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **PEDIATRICS**

##### **VARGAS TRUJILLO, MARCELA**

Provider ID: 215602  
Board Certified Specialty: No

📍 25170 HANCOCK AVE MURRIETA, CA 92562  
☎ Phone: (951) 600-1640  
📞 After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1952534091  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **PHYSICAL MEDICINE / REHABILITATION**

##### **ALGRA, JEFFREY**


Provider ID: 215644  
Board Certified Specialty: No  
📍 25170 HANCOCK AVE MURRIETA, CA 92562  
☎ Phone: (951) 600-1640  
Fax: (951) 600-1760  
📞 After Hours Phone: (951) 600-1640  
Provider Gender: Male  
NPI: 1457664518  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory

Min/Max Age: 0\19

American Sign Language (ASL):  25170 HANCOCK AVE

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICAL MEDICINE / REHABILITATION**

##### **BIFFL, SUSAN**

Provider ID: 283113

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640  
Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1366589640

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  Provider ID: 275662

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICAL MEDICINE / REHABILITATION**

##### **DALAL, PRITHA**

Provider ID: 215665

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640  
Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1609017532

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICAL MEDICINE / REHABILITATION**

##### **RYAN, KYLE**

Provider ID: 275662

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640  
Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1447645742

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICAL MEDICINE / REHABILITATION**

##### **SCOTT-WYARD, PHOEBE**

Provider ID: 283086

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640  
Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1336356203

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):  N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICAL MEDICINE / REHABILITATION**

##### **SKALSKY, ANDREW**

### D3. Specialist Provider Directory

Provider ID: 215522

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1487635272

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ANWAR, YASMIN**

Provider ID: 300845

Board Certified Specialty: Yes

25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562

Phone: (951) 304-7546

Fax: (951) 696-5872

After Hours Phone: (951)  
304-7546

Provider Gender: Female

NPI: 1588602247

Provider English Spoken: Y

Provider Language(s)  
Spoken: Persian, Spanish  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **KIVIAT, ANNETTE**

Provider ID: 302453

Board Certified Specialty: No

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1205381845

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PULMONARY DISEASES**

##### **KUMAR, AVNEE**

Provider ID: 300014

Board Certified Specialty: No

25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1750745394

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PULMONARY DISEASES**

##### **SURI, RAJAT**

Provider ID: 283350

Board Certified Specialty: No

25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

Phone: (951) 677-1111

Fax: (951) 677-9757

After Hours Phone: (951)  
677-1111

Provider Gender: Male

NPI: 1144615337

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **SURGERY GENERAL**


##### **FAIRBANKS, TIMOTHY**

*Provider ID: 246979*

*Board Certified Specialty: No*

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 *Phone: (951) 600-1640*

 *After Hours Phone: (951)  
600-1640*

*Provider Gender: Male*

*NPI: 1407010556*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **SURGERY GENERAL**


##### **KLING, KAREN**

*Provider ID: 215583*

*Board Certified Specialty: No*

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 *Phone: (951) 600-1640*

 *After Hours Phone: (951)  
600-1640*

*Provider Gender: Female*

*NPI: 1982775144*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND*


*NEWBORNS, NATIONAL  
NAVAL MED CTR, SHARP  
MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **SURGERY GENERAL**


##### **VASCULAR**


##### **HOWE, STEVEN**

*Provider ID: 206761*

*Board Certified Specialty: No*

 28062 BAXTER RD  
MURRIETA, CA 92563

 *Phone: (877) 558-6248*

 *After Hours Phone: (877)  
558-6248*

*Provider Gender: Male*

*NPI: 1497702740*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON, TRI  
CITY MEDICAL CTR*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **SURGERY ORTHOPEDIC**

##### **CHENG, YU TSUN**

*Provider ID: 301902*

*Board Certified Specialty: No*

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 *Phone: (951) 600-1640*

*Fax: (951) 600-1760*

 *After Hours Phone: (951)  
600-1640*

*Provider Gender: Male*

*NPI: 1992982854*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND VALLEY*


*HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL*

*Medi-Cal Open Panel: Yes*



*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### D3. Specialist Provider Directory


 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **UPASANI, VIDYADHAR**


Provider ID: 283160  
Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Male

NPI: 1548417652

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY PEDIATRIC**

##### **THANGARAJAH, HARIHARAN**

Provider ID: 215420  
Board Certified Specialty: No  
 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Male  
NPI: 1598979593

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY THORACIC**


##### **GRAMINS, DANIEL**

Provider ID: 210049  
Board Certified Specialty: No  
 41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1164495750

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY THORACIC**

##### **HOWE, STEVEN**

Provider ID: 210169  
Board Certified Specialty: No  
 41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1497702740

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON, TRI  
CITY MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY THORACIC**

##### **POLLEMA, TRAVIS**

Provider ID: 210577  
Board Certified Specialty: No  
 41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male

### D3. Specialist Provider Directory

NPI: 1871752956


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NATIONAL CITY


#### CERTIFIED NURSE PRACTITIONER

#### **CUNNINGHAM, ISIS**


Provider ID: 302115

Board Certified Specialty: No

 655 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

 Phone: (619) 470-1945

Fax: (619) 475-5048

 After Hours Phone: (619)  
470-1945

Provider Gender: Female

NPI: 1770124927


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


#### CERTIFIED NURSE PRACTITIONER

#### **DE CASTRO, SHARLENE**

Provider ID: 299158

Board Certified Specialty: No

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

Fax: (619) 339-5657

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1750019824


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-6:00PM  
F 8:00AM-5:00PM

 Website: N/A


#### CERTIFIED NURSE PRACTITIONER

#### **DRISCOLL, SUSAN**


Provider ID: 301775

Board Certified Specialty: No

 330 E 8TH ST  
NATIONAL CITY, CA 91950


 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1477755684

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

 Website: N/A


#### CERTIFIED NURSE PRACTITIONER

#### **DRISCOLL, SUSAN**

Provider ID: 301774

Board Certified Specialty: No

 340 E 8TH ST  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1477755684

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

 Website: N/A



### D3. Specialist Provider Directory

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **GULLY, MICHELLE**

Provider ID: 299422

Board Certified Specialty: No

📍 1428 HIGHLAND AVE  
NATIONAL CITY, CA 91950

☎ Phone: (844) 200-2426

Fax: (619) 434-1613

📞 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1801557947

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **LIM, IMELDA**

Provider ID: 294308

Board Certified Specialty: No

📍 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

☎ Phone: (844) 200-2426

Fax: (619) 474-3919

📞 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1093130395

🗣 Provider English Spoken: Y  
🗣 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TU  
8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MIDORO, ABEGAILLE**

Provider ID: 303830

Board Certified Specialty: No

📍 2835 HIGHLAND AVE STE A  
NATIONAL CITY, CA 91950

☎ Phone: (844) 200-2426

Fax: (619) 477-1286

📞 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1952925851

🗣 Provider English Spoken: Y

🗣 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TU  
8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MIDORO, ABEGAILLE**

Provider ID: 303827

Board Certified Specialty: No

📍 2835 HIGHLAND AVE STE B  
NATIONAL CITY, CA 91950

☎ Phone: (844) 200-2426

Fax: (619) 477-2628

📞 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1952925851

🗣 Provider English Spoken: Y

🗣 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TU  
8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **NOVENO, HILARIO**

Provider ID: 297836

Board Certified Specialty: No

📍 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

☎ Phone: (844) 200-2426

Fax: (619) 474-4008

📞 After Hours Phone: (844)  
200-2426

Provider Gender: Male

NPI: 1124486865

🗣 Provider English Spoken: Y

### D3. Specialist Provider Directory

 *Provider Language(s)  
Spoken: Tagalog*


*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-6:00PM*

 *Website: N/A*


#### **CHIROPRACTOR**

##### **GILIBERTO, JOSEPH**

*Provider ID: 291548*

*Board Certified Specialty: No*

 2835 HIGHLAND AVE  
NATIONAL CITY, CA 91950


 *Phone: (844) 200-2426*

*Fax: (619) 399-5959*

 *After Hours Phone: (844)  
200-2426*

*Provider Gender: Male*

*NPI: 1821463159*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **FAMILY PRACTICE**

##### **DILLON, MAYRA**

*Provider ID: 305287*

*Board Certified Specialty: No*

 1136 D AVE  
NATIONAL CITY, CA 91950


 *Phone: (619) 662-4100*

*Fax: (619) 336-2323*

 *After Hours Phone: (619)  
662-4100*

*Provider Gender: Female*

*NPI: 1629232715*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL CHULA  
VISTA*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **FAMILY PRACTICE**

##### **NAVARRO, VANESSA**


*Provider ID: 301784*

*Board Certified Specialty: No*

 2400 E 8TH ST  
NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*


*Fax: (619) 259-2807*

 *After Hours Phone: (619)  
662-4100*

*Provider Gender: Female*

*NPI: 1952563421*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL CHULA*

*VISTA, SHARP CHULA VISTA*


*MED CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **FAMILY PRACTICE**

##### **ROBERTS, POMAI**

*Provider ID: 301278*

*Board Certified Specialty: No*

 1136 D AVE  
NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*

*Fax: (619) 474-3722*

 *After Hours Phone: (619)  
662-4100*

*Provider Gender: Female*

*NPI: 1023278314*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


*MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM*

### D3. Specialist Provider Directory


 Website: N/A

#### **INTERVENTIONAL** **CARDIOLOGY**


##### **CAMACHO, BENJAMIN**

Provider ID: 290137

Board Certified Specialty: No

 1615 SWEETWATER RD STE D

NATIONAL CITY, CA 91950


 Phone: (619) 474-2233

Fax: (619) 474-2211

 After Hours Phone: (619) 474-2233

Provider Gender: Male

NPI: 1699759936

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


#### **INTERVENTIONAL** **CARDIOLOGY**

##### **CAMACHO, BENJAMIN**

Provider ID: 269129

Board Certified Specialty: No

 1615 SWEETWATER RD  
NATIONAL CITY, CA 91950


 Phone: (619) 474-2233


Fax: (619) 474-2211

 After Hours Phone: (619) 474-2233

Provider Gender: Male

NPI: 1699759936

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-6:00PM

 Website: N/A

Email:

BCAMACHOMD@SBCGLOBAL.NET


#### **INTERVENTIONAL** **CARDIOLOGY**

##### **CAMACHO, BENJAMIN**

Provider ID: 35045

Board Certified Specialty: No

 1615 SWEETWATER RD  
NATIONAL CITY, CA 91950


 Phone: (619) 474-2233


Fax: (619) 474-2211

 After Hours Phone: (619) 474-2233

Provider Gender: Male

NPI: 1699759936

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,


ALVARADO HOSPITAL LLC

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-6:00PM

 Website: N/A

Email:

BCAMACHOMD@SBCGLOBAL.NET


#### **INTERVENTIONAL** **CARDIOLOGY**

##### **DAMANI, SAMIR**

Provider ID: 303098

Board Certified Specialty: No

 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950

 Phone: (858) 800-2480

Fax: (858) 216-1908

 After Hours Phone: (858) 800-2480

Provider Gender: Male

NPI: 1457379372

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### INTERVENTIONAL

#### CARDIOLOGY

#### **PANDHI, JAY**

Provider ID: 269087

Board Certified Specialty: No

655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950

Phone: (619) 512-1915

Fax: (619) 512-1913

After Hours Phone: (619)  
512-1915

Provider Gender: Male

NPI: 1407997406

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERVENTIONAL

#### CARDIOLOGY

#### **ROUGH, STEVEN**

Provider ID: 302043

Board Certified Specialty: No

1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950

Phone: (619) 434-4288

Fax: (619) 434-4315

After Hours Phone: (619)

434-4288

Provider Gender: Male

NPI: 1386821460

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
ALVARADO HOSP MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERVENTIONAL

#### CARDIOLOGY

#### **ROUGH, STEVEN**

Provider ID: 301320

Board Certified Specialty: No

1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950

Phone: (619) 434-4288

Fax: (619) 434-4315

After Hours Phone: (619)  
434-4288

Provider Gender: Male

NPI: 1386821460

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
ALVARADO HOSP MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERVENTIONAL

#### CARDIOLOGY

#### **ROUGH, STEVEN**

Provider ID: 302044

Board Certified Specialty: No

1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950

Phone: (619) 434-4288

Fax: (619) 434-4315

After Hours Phone: (619)  
434-4288

Provider Gender: Male

NPI: 1386821460

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
ALVARADO HOSP MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### NEPHROLOGY

### D3. Specialist Provider Directory

#### **COMUNALE, RODERICK**

Provider ID: 290784

Board Certified Specialty: No

502 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

Phone: (858) 551-0276

Fax: (858) 454-8796

After Hours Phone: (858)  
551-0276

Provider Gender: Male

NPI: 1568462109

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, PARADISE  
VALLEY HOSPITAL,

ALVARADO HOSPITAL LLC,  
SCRIPPS MERCY HOSPITAL,

ALVARADO HOSP MED CTR,  
KINDRED HOSPITAL SAN

DIEGO, KINDRED HOSPITAL  
SAN DIEGO, SELECT

SPECIALTY HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 21\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **ASLIAN, AZITA**

Provider ID: 301797

Board Certified Specialty: No

1136 D AVE  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 336-2323

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1851667661

Provider English Spoken: Y

Provider Language(s)  
Spoken: Fataleka

Cultural Competency: N

Hospital Affiliation: Hemet

Global Medical Center, Menifee

Global Medical Center,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DEL ROSARIO, GELEN**

Provider ID: 206092

Board Certified Specialty: No

502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950

Phone: (619) 475-1261

Fax: (619) 475-1267

After Hours Phone: (619)  
475-1261

Provider Gender: Female

NPI: 1255643474

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

Email:

pquiroz\_80@hotmail.com

#### **OBSTETRICS / GYNECOLOGY**

##### **DEL ROSARIO, GELEN**

Provider ID: 257478

Board Certified Specialty: No

502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950

Phone: (619) 475-1261

Fax: (619) 475-1267

After Hours Phone: (619)  
475-1261

Provider Gender: Female

NPI: 1255643474

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
9:00AM-5:00PM*

 *Website: N/A*

*Email:*

*pquiroz\_80@hotmail.com*


#### **OBSTETRICS / GYNECOLOGY**

##### **DEL ROSARIO, GELEN**

*Provider ID: 269247*

*Board Certified Specialty: No*

 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950


 *Phone: (619) 475-1261*


*Fax: (619) 475-1267*

 *After Hours Phone: (619)  
475-1261*

*Provider Gender: Female*

*NPI: 1255643474*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 16\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
9:00AM-5:00PM*

 *Website: N/A*

*Email:*

*pquiroz\_80@hotmail.com*


#### **OBSTETRICS / GYNECOLOGY**

##### **WINESBURG, JENNIFER**

*Provider ID: 302451*

*Board Certified Specialty: No*

 2400 E 8TH ST STE 8  
NATIONAL CITY, CA 91950


 *Phone: (619) 662-4100*

*Fax: (619) 259-2807*

 *After Hours Phone: (619)  
662-4100*

*Provider Gender: Female*

*NPI: 1811162456*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SHARP*

*CORONADO HOSP AND*

*HEALTHCARE CTR,*

*GROSSMONT HOSPITAL,*

*DESERT REGIONAL MED CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **OPHTHALMOLOGY**

##### **HAIGHT, BRUCE**


*Provider ID: 269113*

*Board Certified Specialty: No*

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 *Phone: (800) 898-2020*

*Fax: (844) 897-3788*

 *After Hours Phone: (800)  
898-2020*

*Provider Gender: Male*

*NPI: 1427029628*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*

*GROSSMONT HOSPITAL*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **OPTOMETRIST**


##### **AOTO, KIM**

*Provider ID: 268722*

*Board Certified Specialty: No*

 2240 E PLAZA BLVD STE  
F-G

NATIONAL CITY, CA 91950

 *Phone: (800) 898-2020*

*Fax: (844) 897-3788*

 *After Hours Phone: (800)  
898-2020*

*Provider Gender: Female*

*NPI: 1780935650*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Vietnamese*

*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **OPTOMETRIST**

### D3. Specialist Provider Directory

#### **KOO, ANITA**

Provider ID: 304538

Board Certified Specialty: No

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619)  
425-7755

Provider Gender: Female

NPI: 1669825667

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PODIATRIST**

##### **ATMAR, AKMAL**

Provider ID: 269784

Board Certified Specialty: No

2345 E 8TH ST STE 105  
NATIONAL CITY, CA 91950

Phone: (929) 287-4511

Fax: (877) 671-6835

After Hours Phone: (929)  
287-4511

Provider Gender: Male

NPI: 1558656637

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Urdu

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **PODIATRIST**

##### **DAVIDSON, JOHN**

Provider ID: 129542

Board Certified Specialty: No

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Phone: (619) 427-3481

Fax: (619) 420-7807

After Hours Phone: (619)  
427-3481

Provider Gender: Male

NPI: 1689069874

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-4:30PM

Website: N/A

#### **PULMONARY DISEASES**

##### **LIM, ROSEMARIE**

Provider ID: 262224

Board Certified Specialty: No  
610 EUCLID AVE STE 202  
NATIONAL CITY, CA 91950

Phone: (619) 472-4900

Fax: (619) 479-9468

After Hours Phone: (619)  
472-4900

Provider Gender: Female

NPI: 1841303419

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-4:30PM

Website: N/A

#### **REGISTERED PHYSICAL**

##### **THERAPIST**

##### **CHENG, BRANDON**

Provider ID: 304531

Board Certified Specialty: No

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619)

### D3. Specialist Provider Directory

482-3000

Provider Gender: Male


NPI: 1336894724


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
7:00AM-7:00PM  
F 7:00AM-5:00PM  
SA 8:00AM-1:00PM

 Website: N/A


#### **REGISTERED PHYSICAL THERAPIST**

##### **JIMENEZ, ANDREA**

Provider ID: 299888

Board Certified Specialty: No

 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950


 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1407440670

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7:00AM-7:00PM

 Website: N/A


#### **REGISTERED PHYSICAL THERAPIST**

##### **KARANDE, PRACHI**

Provider ID: 287102

Board Certified Specialty: No

 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1699357525


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
7:00AM-6:00PM

 Website: N/A


#### **REGISTERED PHYSICAL THERAPIST**

##### **NGUYEN, TIA**

Provider ID: 305011

Board Certified Specialty: No

 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

 Phone: (619) 482-3000

Fax: (619) 695-0050

 After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
7:00AM-7:00PM  
F 7:00AM-4:00PM

 Website: N/A


#### **REGISTERED PHYSICAL THERAPIST**

##### **NGUYEN, TIA**

Provider ID: 305012

Board Certified Specialty: No

 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

 Phone: (619) 482-3000

Fax: (619) 695-0050

 After Hours Phone: (619)  
482-3000

Provider Gender: Female


NPI: 1457136269


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
7:00AM-7:00PM  
F 7:00AM-4:00PM

 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **NOVENCIDO, ANDREW**

Provider ID: 301996

Board Certified Specialty: No

 3400 E 8TH ST STE 108



### D3. Specialist Provider Directory

NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1447723937

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **NOVENCIDO, ANDREW**

Provider ID: 286784

Board Certified Specialty: No

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1447723937

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **SPARKS, TODD**

Provider ID: 301110

Board Certified Specialty: No

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1265481139

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M 7:00AM-7:00PM  
TU 7:00AM-0:00PM

W-TH 7:00AM-7:00PM

F 7:00AM-0:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **SUGGS, SARAH**

Provider ID: 298366

Board Certified Specialty: No

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1083353650

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 7:00AM-7:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **SUGGS, SARAH**

Provider ID: 301430

Board Certified Specialty: No

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1083353650

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 7:00AM-7:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**


##### **VILLANUEVA, GIOVANNI**

Provider ID: 301533

### D3. Specialist Provider Directory

*Board Certified Specialty: No*

 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

 Phone: (619) 482-3000

*Fax: (619) 695-0050*

 After Hours Phone: (619)  
482-3000

*Provider Gender: Male*

*NPI: 1063046878*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 7:00AM-7:00PM*

 *Website: N/A*

#### OCEANSIDE


#### ANESTHESIOLOGY PAIN MANAGEMENT


#### **DAIRO, BRANDON**

*Provider ID: 299882*

*Board Certified Specialty: No*

 3231 WARING CT STE K  
OCEANSIDE, CA 92056

 Phone: (760) 607-5350

 After Hours Phone: (760)  
607-5350

*Provider Gender: Male*

*NPI: 1689092470*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: TRI CITY*

*MEDICAL CTR, SCRIPPS*

*MERCY HOSPITAL, SCRIPPS*

*MERCY HOSPITAL CHULA*


VISTA

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\100*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### CERTIFIED NURSE


#### PRACTITIONER

#### **BAE, JINYI**

*Provider ID: 298197*

*Board Certified Specialty: No*

 619 CROUCH ST STE 100  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

*Fax: (760) 736-8740*

 After Hours Phone: (760)  
736-6767

*Provider Gender: Female*

*NPI: 1871154526*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\64*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:30PM*

 *Website: N/A*

#### CERTIFIED NURSE


#### PRACTITIONER

#### **BALDWIN, ANDREA**


*Provider ID: 294937*

*Board Certified Specialty: No*

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

*Fax: (760) 414-3892*

 After Hours Phone: (760)  
631-5000

*Provider Gender: Female*

*NPI: 1497202121*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 2\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-TU  
8:00AM-5:00PM  
W 8:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-6:00PM*

 *Website: N/A*

#### CERTIFIED NURSE


#### PRACTITIONER

#### **BINETTE, DONYA**

*Provider ID: 303861*

*Board Certified Specialty: No*

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054



 Phone: (760) 736-6767

*Fax: (760) 736-8740*

 After Hours Phone: (760)  
736-6767

*Provider Gender: Female*

*NPI: 1427325166*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\19*

### D3. Specialist Provider Directory

American Sign Language (ASL): Fax: (760) 414-3892

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:30PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **CARLSON, KATHLEEN**

Provider ID: 300217

Board Certified Specialty: No

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1629180161

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **CHILAKA, SAMUEL**

Provider ID: 301314

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679140644

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **CHILAKA, SAMUEL**

Provider ID: 301315

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679140644

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM

F 8:00AM-5:00PM

SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **CHILAKA, SAMUEL**

Provider ID: 301313

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679140644


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **CHIRIBOGA, MEGAN ELISE**

Provider ID: 295492

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

### D3. Specialist Provider Directory

Provider Gender: Female

NPI: 1942931589

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

#### **CHOI, JI**

Provider ID: 299765

Board Certified Specialty: No

 3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058


 Phone: (760) 736-6767

Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1891207668

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

#### **CHOI, JI**

Provider ID: 299766

Board Certified Specialty: No

 605 CROUCH ST STE C  
OCEANSIDE, CA 92054


 Phone: (760) 736-6767

Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1891207668

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

#### **CHRISTY, TYLER**

Provider ID: 303930

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1689094971

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

#### **CHRISTY, TYLER**

Provider ID: 303931

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1689094971

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

#### **CISZEK, ALEXANDRA**

Provider ID: 306002

Board Certified Specialty: No

 605 CROUCH ST  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

### D3. Specialist Provider Directory

Fax: (760) 736-8740

☎ After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1578220612

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 2\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**GENOVESE, KELLY**

Provider ID: 301304

Board Certified Specialty: No

📍 2210 MESA DR STE 5  
OCEANSIDE, CA 92054

☎ Phone: (760) 736-6767

Fax: (760) 736-8740

☎ After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1326052457

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**HARRIS, PAMELA**

Provider ID: 302290

Board Certified Specialty: No

📍 517 N HORNE ST  
OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1407545221

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**HARRIS, PAMELA**

Provider ID: 302289

Board Certified Specialty: No

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1407545221

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER HEAD, KRISTIN**

Provider ID: 268660

Board Certified Specialty: No

📍 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

☎ Phone: (760) 547-1020

Fax: (760) 547-1021

☎ After Hours Phone: (760) 547-1020

Provider Gender: Female

NPI: 1699078923

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**


**HERNANDEZ, JESSICA**

Provider ID: 302299

Board Certified Specialty: No

### D3. Specialist Provider Directory

 4700 N RIVER RD  
OCEANSIDE, CA 92057


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013668680


 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

#### **HERNANDEZ, JESSICA**

Provider ID: 302300

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013668680


 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

#### **HERNANDEZ, JESSICA**

Provider ID: 302298

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013668680

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

#### **HERNANDEZ, JESSICA**


Provider ID: 304494

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013668680

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

#### **HERNANDEZ, JESSICA**

Provider ID: 304495

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013668680


 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A




#### **CERTIFIED NURSE PRACTITIONER**

#### **KELLEHER, BRIDGET**



Provider ID: 298081

Board Certified Specialty: No

### D3. Specialist Provider Directory

 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000



Provider Gender: Female  
NPI: 1245695006

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **CERTIFIED NURSE**



#### **PRACTITIONER**

#### **KELLEHER, BRIDGET**

Provider ID: 298082  
Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000

Provider Gender: Female  
NPI: 1245695006

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER




 Website: N/A

#### **CERTIFIED NURSE**



#### **PRACTITIONER**

#### **KELLEHER, BRIDGET**

Provider ID: 298084  
Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000

Provider Gender: Female  
NPI: 1245695006

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **MONTGOMERY, KEITH ALLEN**

Provider ID: 295287  
Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892


 After Hours Phone: (760)  
631-5000

Provider Gender: Male  
NPI: 1790978617

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 6\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:00AM-5:00PM  
W 10:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM



 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **MONTGOMERY, KEITH ALLEN**

Provider ID: 295286  
Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892


 After Hours Phone: (760)  
631-5000

Provider Gender: Male  
NPI: 1790978617

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 6\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:00AM-5:00PM  
W 10:00AM-7:00PM  
TH-F 8:00AM-5:00PM

### D3. Specialist Provider Directory

SA 9:00AM-4:00PM  
Website: N/A

#### **CERTIFIED NURSE** **PRACTITIONER**

##### **MONTGOMERY, KEITH ALLEN**

Provider ID: 295285  
Board Certified Specialty: No  
517 N HORNE ST  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Provider Gender: Male  
NPI: 1790978617

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 6\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TU  
8:00AM-5:00PM  
W 10:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

#### **CERTIFIED NURSE** **PRACTITIONER**

##### **PRITZKER, JOELY**

Provider ID: 239772  
Board Certified Specialty: No  
4700 N RIVER RD  
OCEANSIDE, CA 92057  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000

Provider Gender: Female  
NPI: 1619384351

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

#### **CERTIFIED NURSE** **PRACTITIONER**

##### **RAYTA, NICOLE**

Provider ID: 304682  
Board Certified Specialty: No  
517 N HORNE ST  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Female  
NPI: 1689027542

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE** **PRACTITIONER**

##### **RONCAROLO DE VRIES, ROXANE**

Provider ID: 298765  
Board Certified Specialty: No  
2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Phone: (760) 736-6767  
Fax: (760) 736-8740

After Hours Phone: (760) 736-6767

Provider Gender: Male  
NPI: 1497402184

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE** **PRACTITIONER**

##### **SANTIAGO, AMANDA**

Provider ID: 242607  
Board Certified Specialty: No  
4700 N RIVER RD  
OCEANSIDE, CA 92057  
Phone: (760) 631-5000  
Fax: (760) 414-3892




After Hours Phone: (760) 631-5000

Provider Gender: Female  
NPI: 1619488731

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish





### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**








##### **SHAHBAZ, LINNAE**

*Provider ID: 304822*  
*Board Certified Specialty: No*  
 *4700 N RIVER RD*  
*OCEANSIDE, CA 92057*  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Female*  
*NPI: 1427712215*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\18*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: TU-W*  
*0:00PM-8:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**







##### **SHAHBAZ, LINNAE**


*Provider ID: 304821*  
*Board Certified Specialty: No*

 *517 N HORNE ST*  
*OCEANSIDE, CA 92054*  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Female*  
*NPI: 1427712215*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\18*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: TU-W*  
*0:00PM-8:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**








##### **TAYLOR, CHRISTOPHER**

*Provider ID: 295506*  
*Board Certified Specialty: No*  
 *818 PIER VIEW WAY*  
*OCEANSIDE, CA 92054*  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Male*  
*NPI: 1851747166*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 12\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*

*8:00AM-2:00PM*  
*SA 9:00AM-4:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**

##### **TAYLOR, CHRISTOPHER**

*Provider ID: 295503*  
*Board Certified Specialty: No*  
 *517 N HORNE ST*  
*OCEANSIDE, CA 92054*  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Male*  
*NPI: 1851747166*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 12\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
*8:00AM-2:00PM*  
*SA 9:00AM-4:00PM*  
 *Website: N/A*


#### **CERTIFIED NURSE PRACTITIONER**

##### **TAYLOR, CHRISTOPHER**

*Provider ID: 295505*  
*Board Certified Specialty: No*  
 *4700 N RIVER RD*  
*OCEANSIDE, CA 92057*  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Male*

### D3. Specialist Provider Directory

NPI: 1851747166




 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-2:00PM  
SA 9:00AM-4:00PM  
 Website: N/A


#### CERTIFIED NURSE



#### PRACTITIONER

#### **WINDHAM, SUZONNE**

Provider ID: 303722  
Board Certified Specialty: No  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000

Provider Gender: Female  
NPI: 1679926208



 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM  
 Website: N/A


#### CERTIFIED NURSE

#### PRACTITIONER

#### **WINDHAM, SUZONNE**

Provider ID: 303841  
Board Certified Specialty: No  
 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1679926208



 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM  
 Website: N/A


#### CERTIFIED NURSE

#### PRACTITIONER

#### **WINDHAM, SUZONNE**

Provider ID: 303723  
Board Certified Specialty: No  
 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1679926208

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\999  
American Sign Language (ASL):



N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM  
 Website: N/A


#### CERTIFIED NURSE

#### PRACTITIONER



#### **WINDHAM, SUZONNE**

Provider ID: 303725  
Board Certified Specialty: No  
 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1679926208

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\999



American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM  
 Website: N/A

#### CERTIFIED REGISTERED


#### NURSE MIDWIFE

#### **KELLY, KATHERINE**

Provider ID: 290312  
Board Certified Specialty: No  
 2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
 Phone: (760) 757-5841


### D3. Specialist Provider Directory

Fax: (760) 736-8740

 After Hours Phone: (760) 757-5841

Provider Gender: Female

NPI: 1801134275

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED REGISTERED**


#### **NURSE MIDWIFE**

#### **PERLMAN, TAMARA**


Provider ID: 290733

Board Certified Specialty: No

 2210 MESA DR STE 5 OCEANSIDE, CA 92054


 Phone: (760) 757-5841

Fax: (760) 736-8740

 After Hours Phone: (760) 757-5841

Provider Gender: Female

NPI: 1730274374

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED REGISTERED**


#### **NURSE MIDWIFE**

#### **SCHROEDER, MARY**

Provider ID: 290688

Board Certified Specialty: No

 2210 MESA DR STE 5 OCEANSIDE, CA 92054


 Phone: (760) 757-5841

Fax: (760) 736-8740

 After Hours Phone: (760) 757-5841

Provider Gender: Female

NPI: 1164431664

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: TRI CITY MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **CHIROPRACTOR**

#### **ANDREWS, BRAD**

Provider ID: 290542

Board Certified Specialty: No

 619 CROUCH ST OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760) 736-6767

Provider Gender: Male


NPI: 1750791745


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **CHIROPRACTOR**

#### **JU, NATHANIEL**

Provider ID: 290221

Board Certified Specialty: No

 517 N HORNE ST OCEANSIDE, CA 92054

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1972883882

 Provider English Spoken: Y


 Provider Language(s) Spoken: Chinese


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **EMERGENCY MEDICINE**

#### **PHAM, LILY**

Provider ID: 304934

Board Certified Specialty: No

 3605 VISTA WAY STE 172

### D3. Specialist Provider Directory

OCEANSIDE, CA 92056  
☎ Phone: (760) 547-1000  
Fax: (760) 547-1021  
🕒 After Hours Phone: (760) 547-1000  
Provider Gender: Female  
NPI: 1811423072  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
🌐 Website: N/A

#### **FAMILY PRACTICE**

##### **MARTINEZ, LESLY**

Provider ID: 298005  
Board Certified Specialty: No  
📍 4700 N RIVER RD  
OCEANSIDE, CA 92057  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
🕒 After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1629509260  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **FAMILY PRACTICE**

##### **MARTINEZ, LESLY**

Provider ID: 298004  
Board Certified Specialty: No  
📍 517 N HORNE ST  
OCEANSIDE, CA 92054  
☎ Phone: (766) 315-0000  
Fax: (760) 414-3892  
🕒 After Hours Phone: (766) 315-0000  
Provider Gender: Female  
NPI: 1629509260  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **FAMILY PRACTICE**

##### **MARTINEZ, LESLY**

Provider ID: 298006  
Board Certified Specialty: No  
📍 818 PIER VIEW WAY

OCEANSIDE, CA 92054  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
🕒 After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1629509260  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **FAMILY PRACTICE**

##### **NGUYEN, DANIELA**

Provider ID: 305349  
Board Certified Specialty: No  
📍 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
🕒 After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1891069662  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

### D3. Specialist Provider Directory

 Hours: M-TU  
8:00AM-5:00PM  
W 8:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A


#### **FAMILY PRACTICE**

##### **NGUYEN, DANIELA**

Provider ID: 305348

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1891069662


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **FAMILY PRACTICE**

##### **NGUYEN, DANIELA**

Provider ID: 305350

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1891069662


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


#### **FAMILY PRACTICE**

##### **SALAMANCA, OMAR**

Provider ID: 295469

Board Certified Specialty: No

 605 CROUCH ST  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1083000947

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: KERN  
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 14\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:30PM

 Website: N/A


#### **FAMILY PRACTICE**

##### **VIDAL, MONICA**

Provider ID: 293352

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1871791749

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **FAMILY PRACTICE**

##### **VIDAL, MONICA**


Provider ID: 293350

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054



 Phone: (844) 308-5003

Fax: (760) 414-3763




 After Hours Phone: (844)  
308-5003

Provider Gender: Female

NPI: 1871791749






 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **FAMILY PRACTICE**

##### **VIDAL, MONICA**








*Provider ID: 293353*  
*Board Certified Specialty: No*  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Female*  
*NPI: 1871791749*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **MATERNAL AND FETAL MEDICINE**





##### **MELBER, DORA**




*Provider ID: 296991*  
*Board Certified Specialty: No*

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 *Phone: (858) 966-6710*  
*Fax: (858) 966-6711*  
 *After Hours Phone: (858) 966-6710*  
*Provider Gender: Female*  
*NPI: 1124413026*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hungarian, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **MATERNAL AND FETAL MEDICINE**






##### **REIMERS, REBECCA**

*Provider ID: 294651*  
*Board Certified Specialty: No*  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 *Phone: (858) 966-6710*  
*Fax: (858) 966-6711*  
 *After Hours Phone: (858) 966-6710*  
*Provider Gender: Female*  
*NPI: 1801207634*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **MATERNAL AND FETAL MEDICINE**

##### **RICHARDSON, ALVIE**

*Provider ID: 264686*  
*Board Certified Specialty: No*  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 *Phone: (858) 966-6710*  
*Fax: (858) 966-6711*  
 *After Hours Phone: (858) 966-6710*  
*Provider Gender: Male*  
*NPI: 1154305977*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, Sharp Grossmont Hospital*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*

### D3. Specialist Provider Directory

 Website: N/A


#### **MATERNAL AND FETAL MEDICINE**

##### **SCHWENDEMANN, WADE**

Provider ID: 205437

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1477563302

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, TRI CITY  
MEDICAL CTR, Sharp

Grossmont Hospital, Sharp  
Grossmont Hospital


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **MATERNAL AND FETAL MEDICINE**

##### **WESTERMANN, MELISSA**

Provider ID: 255793

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female


NPI: 1760730758

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **MATERNAL AND FETAL MEDICINE**

##### **WILLIAMS, KRISTIN**

Provider ID: 206230

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (858) 966-6710  
Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992847131

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
SAN MATEO MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, TRI CITY  
MEDICAL CTR, CALIFORNIA  
PACIFIC MED CTR,  
CALIFORNIA PACIFIC MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEPHROLOGY**

##### **LIU, ANDREW**

Provider ID: 305443

Board Certified Specialty: No

 3300 VISTA WAY STE B  
OCEANSIDE, CA 92056

 Phone: (760) 967-9900

Fax: (760) 967-6769

 After Hours Phone: (760)  
967-9900

### D3. Specialist Provider Directory

Provider Gender: Male  
NPI: 1710481866  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
9:00AM-5:00PM  
🌐 Website: N/A

#### **NEPHROLOGY**

##### **LIU, ANDREW**

Provider ID: 301573  
Board Certified Specialty: No  
📍 3300 VISTA WAY  
OCEANSIDE, CA 92056  
☎ Phone: (760) 967-9900  
Fax: (760) 967-6769  
🕒 After Hours Phone: (760)  
967-9900  
Provider Gender: Male  
NPI: 1710481866  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
9:00AM-5:00PM  
🌐 Website: N/A

#### **NEUROLOGY**

##### **JINDAL, ANUJA**

Provider ID: 206266  
Board Certified Specialty: No  
📍 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
☎ Phone: (760) 547-1020  
Fax: (760) 547-1021  
🕒 After Hours Phone: (760)  
547-1020  
Provider Gender: Female  
NPI: 1194046581

☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **NEUROLOGY CHILD**

##### **SAHAGIAN, MICHELLE**

Provider ID: 206075  
Board Certified Specialty: No  
📍 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
☎ Phone: (760) 547-1020  
Fax: (760) 547-1021

🕒 After Hours Phone: (760)  
547-1020  
Provider Gender: Female  
NPI: 1275604035  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **BINDER, PRATIBHA**

Provider ID: 273226  
Board Certified Specialty: No  
📍 4002 VISTA WAY  
OCEANSIDE, CA 92056  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1174758031  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT



### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **OPHTHALMOLOGY**

##### **BANSAL, PREETI**

Provider ID: 205619  
Board Certified Specialty: No  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
Phone: (960) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (960)  
547-1020

Provider Gender: Female  
NPI: 1871664631  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL, TRI CITY MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **OPHTHALMOLOGY**

##### **BHATIA, SHAGUN**

Provider ID: 267318  
Board Certified Specialty: No  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
Phone: (760) 547-1020  
Fax: (760) 547-1021

After Hours Phone: (760)  
547-1020  
Provider Gender: Female  
NPI: 1104237353  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **OPHTHALMOLOGY**

##### **HENNEIN, LAUREN**

Provider ID: 297013  
Board Certified Specialty: No  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
Phone: (760) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (760)  
547-1020

Provider Gender: Female  
NPI: 1699216010  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **OPHTHALMOLOGY**

##### **JACOBSEN, BRADLEY**

Provider ID: 302868  
Board Certified Specialty: Yes  
3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Phone: (760) 631-6144  
Fax: (760) 724-3920  
After Hours Phone: (760)  
631-6144  
Provider Gender: Male  
NPI: 1760845184  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **OPHTHALMOLOGY**


##### **MOLL, ANGELA**

Provider ID: 205509

### D3. Specialist Provider Directory

*Board Certified Specialty: No*

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1861648602

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MEMORIAL

HOSPITAL, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**


##### **MOVAGHAR, MANSOOR**

Provider ID: 216416

*Board Certified Specialty: No*


 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

 After Hours Phone: (760)  
547-1020

Provider Gender: Male

NPI: 1497792220

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **OHALLORAN, HENRY**

Provider ID: 205887

*Board Certified Specialty: No*

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056


 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Male

NPI: 1235287947

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **SHEILS, CATHERINE**

Provider ID: 305308

*Board Certified Specialty: No*

 3637 VISTA WAY  
OCEANSIDE, CA 92056

 Phone: (760) 758-2008

Fax: (760) 758-2004

 After Hours Phone: (760)  
758-2008

Provider Gender: Female

NPI: 1932605649

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-TU

8:30AM-4:00PM

W-F 8:30AM-1:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **SONG, DELU**


Provider ID: 302871

*Board Certified Specialty: No*

 3231 WARING CT STE S  
OCEANSIDE, CA 92056

 Phone: (760) 631-6144

Fax: (760) 724-3920

 After Hours Phone: (760)  
631-6144

Provider Gender: Male





NPI: 1437689536



### D3. Specialist Provider Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OPTOMETRIST**

##### **GEE, JENNIFER**


Provider ID: 290927  
Board Certified Specialty: No  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1336589332  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **OPTOMETRIST**

##### **GEE, JENNIFER**

Provider ID: 290210  
Board Certified Specialty: No  
 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (951) 252-2720  
Fax: (760) 414-3892  
 After Hours Phone: (951)  
252-2720  
Provider Gender: Female  
NPI: 1336589332

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Website: N/A




#### **OPTOMETRIST**

##### **KIM, MICHAEL**

Provider ID: 290904  
Board Certified Specialty: No  
 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Male

NPI: 1164546313


 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 8:00AM-5:00PM  
M-F 8:00AM-5:00PM  
 Website: N/A

#### **OPTOMETRIST**

##### **KIM, MICHAEL**


Provider ID: 290902  
Board Certified Specialty: No  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Male  
NPI: 1164546313

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N







 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 8:00AM-5:00PM  
M-F 8:00AM-5:00PM  
 Website: N/A

#### **OPTOMETRIST**

##### **MORA, WENDY**

Provider ID: 290237  
Board Certified Specialty: No  
 517 N HORNE ST

### D3. Specialist Provider Directory

OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1376958389  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A









#### **OPTOMETRIST**

##### **MORA, WENDY**

Provider ID: 290929  
Board Certified Specialty: No  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1376958389  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A






#### **OPTOMETRIST**


##### **RING, ROBERT**

Provider ID: 269380  
Board Certified Specialty: No  
 3998 VISTA WAY STE 204  
OCEANSIDE, CA 92056  
 Phone: (760) 726-9383  
Fax: (760) 726-9897  
 After Hours Phone: (760) 726-9383  
Provider Gender: Male  
NPI: 1336228840  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 10:00AM-7:00PM  
TU-TH 9:00AM-5:00PM  
F 9:00AM-0:00PM  
 Website: N/A

#### **OPTOMETRIST**

##### **TAM, EMILY**

Provider ID: 290318  
Board Certified Specialty: No  
 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1497161236  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Mandarin  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A



#### **OPTOMETRIST**

##### **TAM, EMILY**

Provider ID: 290317  
Board Certified Specialty: No  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1497161236  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Mandarin  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OPTOMETRIST**

##### **TRAN, JESSICA**


Provider ID: 303732  
Board Certified Specialty: No  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

### D3. Specialist Provider Directory

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1457922957

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 5\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **TRAN, JESSICA**

Provider ID: 304887

Board Certified Specialty: No

 4700 N RIVER RD

OCEANSIDE, CA 92057


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1457922957

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **TRAN, JESSICA**

Provider ID: 303730

Board Certified Specialty: No

 818 PIER VIEW WAY

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1457922957

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 5\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **TRAN, JESSICA**

Provider ID: 303731

Board Certified Specialty: No

 517 N HORNE ST

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1457922957

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 5\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **TRAN, JESSICA**

Provider ID: 304886

Board Certified Specialty: No

 517 N HORNE ST

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1457922957

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OTOLARYNGOLOGY**


##### **BLISS, MORGAN**

Provider ID: 206086

Board Certified Specialty: No

 3605 VISTA WAY STE 172

OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760) 547-1020

Provider Gender: Female

NPI: 1760707657

 Provider English Spoken: Y

Cultural Competency: N


### D3. Specialist Provider Directory

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### OTOLARYNGOLOGY


##### **FRIESEN, TZYYNONG**

Provider ID: 244899

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1952740177


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### OTOLARYNGOLOGY

##### **LEUIN, SHELBY**

Provider ID: 206111

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1124230909

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF


CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### OTOLARYNGOLOGY

##### **PATEL, VIJAY**

Provider ID: 297036

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Male

NPI: 1508250747

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


##### MEDICINE

##### **AGHILI, ROXANA**

Provider ID: 303781

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1851927883

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N


Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN  
DIEGO, RADY CHILDRENS


HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **BELLOMO, THOMAS**

Provider ID: 205603

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)  
547-1020

Provider Gender: Male

NPI: 1700926698

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **BETTY, MARYANN**

Provider ID: 245755

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (760) 547-1000

Fax: (760) 547-1021

After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1285014498

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **CHOO, SUN**

Provider ID: 296537

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (760) 547-1000

Fax: (760) 547-1021

After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1700047628

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **GORHAM, LAURA**

Provider ID: 275786

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (760) 547-1000

Fax: (760) 547-1021

After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1316162324

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **GROSS, MATTHEW**

Provider ID: 297175

Board Certified Specialty: No

### D3. Specialist Provider Directory

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Male

NPI: 1942223664

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


#### MEDICINE

#### **JOSHI, WEENA**

Provider ID: 262236

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1376862177

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


#### MEDICINE

#### **KINGDON, JOANNA**

Provider ID: 302319

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056


 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1609495399

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


#### MEDICINE

#### **LOVEJOY, AMY**


Provider ID: 206109

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1790856557

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSPITAL  
OF ORANGE COUNTY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


#### MEDICINE

#### **PARK, RONALD**

Provider ID: 295456

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000

Fax: (760) 547-1021



 After Hours Phone: (760)  
547-1000

Provider Gender: Male


NPI: 1881695914





### D3. Specialist Provider Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**

##### **PARKER, SHERINE**

Provider ID: 205787

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056


 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1477626513

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: GLENDALE  
ADVENTIST MED CTR,  
GLENDALE MEMORIAL HOSP  
AND HEALTH CTR, TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS


HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**

##### **QUINONES-PEREZ, BIANCA**

Provider ID: 206951

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1124360565

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**

##### **RUSSELL, SAMUEL**

Provider ID: 301251

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Male

NPI: 1215564265

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**

##### **SANACORA, RACHEL**


Provider ID: 297730

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000


Fax: (760) 547-1021




 After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1548987985

### D3. Specialist Provider Directory

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **TODD, SARAH**

Provider ID: 302801  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
Fax: (760) 547-1021  
 After Hours Phone: (760)  
547-1000  
Provider Gender: Female  
NPI: 1407299787


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A




#### **PEDIATRIC EMERGENCY MEDICINE**

##### **VAIDYA, KAMALA**

Provider ID: 205813  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
Fax: (760) 547-1021  
 After Hours Phone: (760)  
547-1000  
Provider Gender: Female  
NPI: 1083840920

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19



American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A




#### **PEDIATRIC EMERGENCY MEDICINE**

##### **VARGAS, JACLYN**

Provider ID: 296485  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172

OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
Fax: (760) 547-1021  
 After Hours Phone: (760)  
547-1000  
Provider Gender: Female  
NPI: 1619359718


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Los Angeles General  
Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **WANG, EMILY**

Provider ID: 265953  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
Fax: (760) 547-1021  
 After Hours Phone: (760)  
547-1020  
Provider Gender: Female  
NPI: 1427142363


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL


### D3. Specialist Provider Directory


HOSPITAL ENCINITAS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC


#### GASTROENTEROLOGY

#### **CHU, CHRISTOPHER**

Provider ID: 301642

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056


 Phone: (760) 547-1020


Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Male

NPI: 1912369273

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC PULMONOLOGY

#### **LENHART-PENDERGRASS, PATRICIA**

Provider ID: 294643

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1144615659

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PHYSICAL MEDICINE / REHABILITATION

#### **RICHARDSON, HENRY**

Provider ID: 295852

Board Certified Specialty: No

 3231 WARING CT STE K  
OCEANSIDE, CA 92056

 Phone: (760) 607-5350

Fax: (760) 607-5365

 After Hours Phone: (760)

607-5350

Provider Gender: Male

NPI: 1407052459

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PHYSICAL MEDICINE / REHABILITATION

#### **RYAN, KYLE**

Provider ID: 275661

Board Certified Specialty: No

 3605 VISTA WAY  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Male


NPI: 1447645742

 Provider English Spoken: Y  
Cultural Competency: N



Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### D3. Specialist Provider Directory

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **BASIN, NATALIE**

Provider ID: 302864

Board Certified Specialty: No

 3629 VISTA WAY  
OCEANSIDE, CA 92056


 Phone: (760) 757-7546

Fax: (760) 547-2311

 After Hours Phone: (760)  
757-7546

Provider Gender: Female

NPI: 1477196897

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **BASIN, NATALIE**

Provider ID: 304442

Board Certified Specialty: No

 3629 VISTA WAY  
OCEANSIDE, CA 92056


 Phone: (760) 757-7546

Fax: (760) 547-2311

 After Hours Phone: (760)  
757-7546

Provider Gender: Female

NPI: 1477196897

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **KIVIAT, ANNETTE**

Provider ID: 302455

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056


 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1205381845

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL, SHARP MEMORIAL

HOSPITAL


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **RAMOS, ELENA**

Provider ID: 301307

Board Certified Specialty: No

 605 CROUCH ST BLDG C  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1306489570

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 2\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **WRIGHT, DEREK**

Provider ID: 305530

Board Certified Specialty: No

 3231 WARING CT STE K  
OCEANSIDE, CA 92056

 Phone: (760) 607-5350

Fax: (760) 607-5365

 After Hours Phone: (760)  
607-5350

### D3. Specialist Provider Directory

Provider Gender: Male

NPI: 1629674858

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **COOK, SHERYL**

Provider ID: 304924

Board Certified Specialty: No

📍 619 CROUCH ST STE 100  
OCEANSIDE, CA 92054

☎ Phone: (760) 736-6767

Fax: (760) 736-8740

🕒 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1750420816

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 9:00AM-6:15PM  
W 9:00AM-6:00PM

🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **JENSEN, BRIAN**

Provider ID: 290775

Board Certified Specialty: No

📍 619 CROUCH ST

OCEANSIDE, CA 92054

☎ Phone: (760) 566-1620

Fax: (760) 433-4040

🕒 After Hours Phone: (760)  
566-1620

Provider Gender: Male

NPI: 1518138049

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **KRAPES, MICHAEL**

Provider ID: 290097

Board Certified Specialty: No

📍 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

☎ Phone: (760) 736-6767

Fax: (760) 566-1501

🕒 After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1215233028

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **MAUHILI, KENNA**

Provider ID: 298272

Board Certified Specialty: No

📍 619 CROUCH ST STE 100  
OCEANSIDE, CA 92054

☎ Phone: (760) 736-6767

Fax: (760) 736-8740

🕒 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1386949360

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **FARRAR, COURTNEY**

Provider ID: 295874

Board Certified Specialty: No

📍 3231 WARING CT STE K  
OCEANSIDE, CA 92056

☎ Phone: (760) 607-5350

Fax: (760) 607-5365

🕒 After Hours Phone: (760)  
607-5350

Provider Gender: Male

NPI: 1124577952

☐ Provider English Spoken: Y  
Cultural Competency: N



Medi-Cal Open Panel: Yes

Min/Max Age: 13\999

American Sign Language (ASL):  
N


♿ Accessibility: CONTACT  
PROVIDER

### D3. Specialist Provider Directory

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



#### **SURGERY COLON SURGERY** **NASSERY, KRISTEN**

Provider ID: 300122  
Board Certified Specialty: No  
 3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056  
 Phone: (760) 724-5352  
Fax: (760) 724-5447  
 After Hours Phone: (760)  
724-5352  
Provider Gender: Female  
NPI: 1396059440

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
8:00AM-5:00PM  
F 8:00AM-4:30PM  
 Website: N/A

#### **SURGERY ORTHOPEDIC** **CIDAMBI, EMILY**

Provider ID: 246469  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (858) 966-6789  
Fax: (858) 966-8519


 After Hours Phone: (858)  
966-6789


Provider Gender: Female  
NPI: 1659634699

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY ORTHOPEDIC** **PRUSS, ERIKA**


Provider ID: 303798  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
Fax: (760) 547-1021  
 After Hours Phone: (760)  
547-1020  
Provider Gender: Female  
NPI: 1538402441

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **SURGERY ORTHOPEDIC** **UPASANI, VIDYADHAR**

Provider ID: 260954  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020


Provider Gender: Male  
NPI: 1548417652

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY PEDIATRIC** **FAIRBANKS, TIMOTHY**

Provider ID: 205498  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Male  
NPI: 1407010556


 Provider English Spoken: Y  
Cultural Competency: N


### D3. Specialist Provider Directory

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY PEDIATRIC**

##### **KLING, KAREN**

Provider ID: 206129

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1982775144

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND


NEWBORNS, NATIONAL  
NAVAL MED CTR, SHARP  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY THORACIC**

##### **GRAMINS, DANIEL**

Provider ID: 210048

Board Certified Specialty: No

 3998 VISTA WAY STE A  
OCEANSIDE, CA 92056

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164495750

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PERRIS**

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

##### **BLAND, JACELIS**


Provider ID: 296767

Board Certified Specialty: No

 1675 N PERRIS BLVD STE G1  
PERRIS, CA 92571

 Phone: (760) 736-7676

Fax: (760) 566-1501

 After Hours Phone: (760)  
736-7676

Provider Gender: Female

NPI: 1801522859

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

SA 8:00AM-4:30PM

 Website: N/A

#### **POWAY**

#### **CARDIOVASCULAR DISEASE**


##### **ZAKOV, KAMEN**

Provider ID: 122539

Board Certified Specialty: Yes

 15611 POMERADO RD STE  
400

POWAY, CA 92064

 Phone: (858) 675-3110

Fax: (858) 613-2937

 After Hours Phone: (858)  
675-3110

Provider Gender: Male

NPI: 1518933613

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German

Cultural Competency: N

### D3. Specialist Provider Directory

Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

**JOHNSON, CHRISTINE**

Provider ID: 295458

Board Certified Specialty: No

 13010 POWAY RD  
POWAY, CA 92064

 Phone: (858) 218-3000

Fax: (360) 462-2742

 After Hours Phone: (858)  
218-3000

Provider Gender: Female

NPI: 1295049229

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PARADISE VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 13\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### CERTIFIED NURSE


#### PRACTITIONER


**WOLFE, AMANDA**

Provider ID: 243582

Board Certified Specialty: No


 15525 POMERADO RD STE  
B1  
POWAY, CA 92064

 Phone: (858) 457-8333

 After Hours Phone: (858)  
457-8333

Provider Gender: Female

NPI: 1063813475

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### CERTIFIED NURSE


#### PRACTITIONER

**WRIGHT, KIMBERLY**

Provider ID: 256378

Board Certified Specialty: No

 15611 POMERADO RD STE  
400  
POWAY, CA 92064


 Phone: (858) 675-3200

Fax: (858) 673-1587

 After Hours Phone: (858)  
675-3200

Provider Gender: Female

NPI: 1811400708

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### FAMILY PRACTICE


**FLINN, SCOTT**

Provider ID: 270054

Board Certified Specialty: No

 15611 POMERADO RD STE  
400

POWAY, CA 92064


 Phone: (858) 675-3100

Fax: (858) 613-2938

 After Hours Phone: (858)  
675-3100

Provider Gender: Male

NPI: 1184694598


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR HEALTH


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### FAMILY PRACTICE

**NAJAND, SADAF**

Provider ID: 270055

Board Certified Specialty: No



### D3. Specialist Provider Directory

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Phone: (858) 675-3200  
Fax: (858) 613-2938

After Hours Phone: (858)  
675-3200

Provider Gender: Female  
NPI: 1669769717

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

##### **WHITE, KERI**

Provider ID: 269491

Board Certified Specialty: No

15611 POMERADO RD STE  
400  
POWAY, CA 92064

Phone: (858) 675-3200  
Fax: (858) 613-2938

After Hours Phone: (858)  
675-3200

Provider Gender: Female  
NPI: 1295701159

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **INTERNAL MEDICINE**

##### **CHEN, ANDREW**

Provider ID: 269315

Board Certified Specialty: No

15611 POMERADO RD STE  
400  
POWAY, CA 92064

Phone: (858) 675-3100  
Fax: (858) 613-2937

After Hours Phone: (858)  
675-3100

Provider Gender: Male  
NPI: 1134357007

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, PALOMAR  
HEALTH, PALOMAR MEDICAL

CENTER

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **INTERNAL MEDICINE**

##### **MANSOUR, DAVID**

Provider ID: 291544

Board Certified Specialty: No

13010 POWAY RD  
POWAY, CA 92064

Phone: (858) 218-3000

Fax: (360) 462-2742

After Hours Phone: (858)  
218-3000

Provider Gender: Male  
NPI: 1689164949

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Arabic

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 14\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **INTERNAL MEDICINE**

##### **THAPER, MOHINDERPAL**

Provider ID: 270016

Board Certified Specialty: No

15611 POMERADO RD STE  
575  
POWAY, CA 92064

Phone: (760) 489-1458  
Fax: (760) 489-1246

After Hours Phone: (760)  
489-1458

Provider Gender: Male  
NPI: 1295795037

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hindi, Punjabi

Cultural Competency: N  
Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER


Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### INTERVENTIONAL

#### CARDIOLOGY


#### **BAYAT, HAMED**

Provider ID: 269450

Board Certified Specialty: No

 15611 POMERADO RD STE 400

POWAY, CA 92064


 Phone: (858) 675-3110

Fax: (858) 675-3110

 After Hours Phone: (858) 675-3110

Provider Gender: Male

NPI: 1356344196

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N


Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

#### INTERVENTIONAL

#### CARDIOLOGY


#### **SERRY, ROD**

Provider ID: 269471

Board Certified Specialty: No

 15611 POMERADO RD STE 400

POWAY, CA 92064


 Phone: (858) 592-2696


Fax: (760) 743-8837

 After Hours Phone: (858) 592-2696

Provider Gender: Male

NPI: 1912945130

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Portuguese, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, PALOMAR HEALTH, PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NEONATAL / PERINATAL


#### MEDICINE

#### **SAUER, CHARLES**

Provider ID: 206164

Board Certified Specialty: No

 15615 POMERADO RD  
POWAY, CA 92064

 Phone: (858) 613-4143

Fax: (858) 613-4539

 After Hours Phone: (858) 613-4143

Provider Gender: Male

NPI: 1538388988

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N


Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

 Provider English Spoken: Y

Cultural Competency: N


### D3. Specialist Provider Directory


Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **COBB, DAMON**

Provider ID: 206030

Board Certified Specialty: No

 15706 POMERADO RD STE  
110  
POWAY, CA 92064


 Phone: (858) 485-0130

Fax: (858) 485-9424

 After Hours Phone: (858)  
485-0130

Provider Gender: Male

NPI: 1851435598

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, PALOMAR  
MEDICAL CENTER, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
9:00AM-4:30PM  
F 9:00AM-1:00PM

 Website: N/A

#### **OPHTHALMOLOGY**


##### **LOZIER, JEFFREY**

Provider ID: 270187

Board Certified Specialty: Yes

 15611 POMERADO RD STE  
400

POWAY, CA 92064


 Phone: (858) 675-3100

Fax: (858) 618-1523

 After Hours Phone: (858)  
675-3100

Provider Gender: Male

NPI: 1225004450

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **KIM, MICHELLE**

Provider ID: 270014

Board Certified Specialty: No

 15611 POMERADO RD STE  
400

POWAY, CA 92064

 Phone: (858) 675-3140

Fax: (858) 613-2936

 After Hours Phone: (858)  
675-3140

Provider Gender: Female

NPI: 1457328825

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM


 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **CHATFIELD, ALEXANDRA**

Provider ID: 276715

Board Certified Specialty: No

 15611 POMERADO RD STE  
525

POWAY, CA 92064

 Phone: (858) 485-0050

Fax: (858) 673-5187

 After Hours Phone: (858)  
485-0050

Provider Gender: Female


NPI: 1215584628

 Provider English Spoken: Y  
Cultural Competency: N



Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER


### D3. Specialist Provider Directory




 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PODIATRIST**

##### **HAN, KYOUNG**

Provider ID: 296326  
Board Certified Specialty: No  
 15706 POMERADO RD STE  
102  
POWAY, CA 92064  
 Phone: (858) 485-1494  
Fax: (858) 485-1515  
 After Hours Phone: (858)  
485-1494  
Provider Gender: Female  
NPI: 1083954671

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
SADDLEBACK MEMORIAL  
MED CTR, PALOMAR HEALTH,  
PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
9:00AM-5:00PM  
 Website: N/A



#### **PODIATRIST**

##### **READ, TRENTON**

Provider ID: 296656  
Board Certified Specialty: No  
 15706 POMERADO RD STE  
102  
POWAY, CA 92064  
 Phone: (858) 485-1494  
Fax: (858) 485-1515


 After Hours Phone: (858)  
485-1494

Provider Gender: Male  
NPI: 1952963431

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A



#### **PSYCHOLOGIST**

##### **VALLEZ-BARLAM, ANDREA**

Provider ID: 290629  
Board Certified Specialty: No  
 13010 POWAY RD  
POWAY, CA 92064  
 Phone: (858) 218-3000  
Fax: (858) 633-4688

 After Hours Phone: (858)  
218-3000


Provider Gender: Female  
NPI: 1710902143

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A



#### **RHEUMATOLOGY**

##### **RAO, SOUMYA**

Provider ID: 46060  
Board Certified Specialty: No  
 15611 POMERADO RD STE  
400  
POWAY, CA 92064  
 Phone: (858) 675-3150  
Fax: (858) 924-1775


 After Hours Phone: (858)  
675-3150

Provider Gender: Female  
NPI: 1033388616

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi, Kannada,  
Russian, Spanish, Tagalog

Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **RHEUMATOLOGY**

##### **REDDY, SMITHA**


Provider ID: 269402  
Board Certified Specialty: No  
 15725 POMERADO RD STE  
117  
POWAY, CA 92064  
 Phone: (858) 312-1717  
Fax: (858) 435-0207


### D3. Specialist Provider Directory

 After Hours Phone: (858) 312-1717

Provider Gender: Female

NPI: 1750534715

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Kannada,  
Telugu

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, PALOMAR

HEALTH, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SCRIPPS GREEN HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-4:00PM

 Website: N/A


#### **SURGERY GENERAL**

##### **GROVE, JAY**

Provider ID: 305851

Board Certified Specialty: No

 15611 POMERADO RD  
POWAY, CA 92064


 Phone: (858) 675-3100


Fax: (858) 673-5187

 After Hours Phone: (858)  
675-3100

Provider Gender: Male

NPI: 1912971334

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

HEALTH, PALOMAR MEDICAL

CENTER, TRI CITY MEDICAL

CTR, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS MERCY

HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **SURGERY ORTHOPEDIC**


##### **BALIKIAN, PHILIP**

Provider ID: 257485

Board Certified Specialty: Yes

 15611 POMERADO RD STE  
400

POWAY, CA 92064


 Phone: (858) 613-8900


Fax: (858) 618-1523

 After Hours Phone: (858)  
613-8900

Provider Gender: Male

NPI: 1407803687

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Armenian, Italian,  
Spanish, Vietnamese

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A

#### **SURGERY ORTHOPEDIC**


##### **BALIKIAN, PHILIP**

Provider ID: 119552

Board Certified Specialty: Yes

 15611 POMERADO RD STE  
400

POWAY, CA 92064

 Phone: (858) 613-8900


Fax: (858) 618-1523

 After Hours Phone: (858)  
613-8900

Provider Gender: Male

NPI: 1407803687

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Armenian, Italian,  
Spanish, Vietnamese

Cultural Competency: N


Hospital Affiliation: PALOMAR  
HEALTH


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **BRIED, JAMES**


Provider ID: 269500

Board Certified Specialty: No

 15611 POMERADO RD STE  
525

POWAY, CA 92064


## D3. Specialist Provider Directory

 Phone: (858) 485-0050  
Fax: (858) 485-5071

 After Hours Phone: (858) 485-0050

Provider Gender: Male

NPI: 1891809257

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR HEALTH


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### RAMONA

#### CERTIFIED NURSE


#### PRACTITIONER

#### **SALAS, JESSICA**

Provider ID: 269344

Board Certified Specialty: No

 211 13TH ST  
RAMONA, CA 92065

 Phone: (760) 789-5160

Fax: (760) 788-7962

 After Hours Phone: (760) 789-5160

Provider Gender: Female

NPI: 1356817431

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### FAMILY PRACTICE

#### **WELLS, TODD**

Provider ID: 299118

Board Certified Specialty: No

 211 13TH ST  
RAMONA, CA 92065


 Phone: (760) 789-5160


Fax: (760) 722-5292

 After Hours Phone: (760) 789-5160

Provider Gender: Male

NPI: 1952377806

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N


Hospital Affiliation: PALOMAR HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### SAN DIEGO

#### ADOLESCENT MEDICINE


#### **CHELVAKUMAR, GAYATHRI**

Provider ID: 296674

Board Certified Specialty: No

 8110 BIRMINGHAM WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-8493

Fax: (858) 966-8818

 After Hours Phone: (858) 966-8493

Provider Gender: Female

NPI: 1447473848

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### ALLERGY IMMUNOLOGY

#### **JAMES, CHRISTINE**

Provider ID: 284917

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1144589979

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 18\999

American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **ALLERGY IMMUNOLOGY**


##### **RIEDL, MARC**

*Provider ID: 255768*

*Board Certified Specialty: Yes*

 8899 UNIVERSITY CENTER  
LN STE 230  
SAN DIEGO, CA 92122

 *Phone: (858) 657-5350*

 *After Hours Phone: (858)  
657-5350*

*Provider Gender: Male*

*NPI: 1285654889*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **ANESTHESIOLOGY**

##### **ALEXANDER, BRENTON**

*Provider ID: 242303*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)*

926-8273

*Provider Gender: Male*

*NPI: 1811366644*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **ANESTHESIOLOGY**

##### **BECERRA SONGOLO, TOSHA**

*Provider ID: 300068*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1265938724*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

#### **ANESTHESIOLOGY**


##### **BRUNO, KELLY**

*Provider ID: 238903*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1891130993*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **ANESTHESIOLOGY**


##### **CANO, SARAH**

*Provider ID: 200959*

*Board Certified Specialty: No*


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1750517306*

 *Provider English Spoken: Y  
Cultural Competency: N*







*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,*


### D3. Specialist Provider Directory

SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS GREEN HOSPITAL,  
SCRIPPS GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **ANESTHESIOLOGY**








##### **CURRAN, BRIAN**

Provider ID: 239002  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1710373642  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F

8:00AM-5:00PM  
 Website: N/A





#### **ANESTHESIOLOGY**




##### **FEJLEH, ASHLEY**

Provider ID: 269502  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1609353465  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **ANESTHESIOLOGY**






##### **FUNDINGSLAND, BRENT**

Provider ID: 280468  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1831166560  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL  
ENCINITAS, SADDLEBACK  
MEMORIAL MED CTR, UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **ANESTHESIOLOGY**

##### **HYLTON, DIANA**

Provider ID: 241735  
Board Certified Specialty: Yes  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1932527751  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT



### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **ANESTHESIOLOGY**

##### **MEYER, MEGAN**

Provider ID: 239607  
Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1720473044  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **ANESTHESIOLOGY**

##### **MILLAR, MELISSA**

Provider ID: 201308  
Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (619) 543-5754  
After Hours Phone: (619)  
543-5754  
Provider Gender: Female  
NPI: 1417361981

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS GREEN HOSPITAL,  
SCRIPPS GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **ANESTHESIOLOGY**

##### **NGUYEN, QUOC SY**

Provider ID: 242188  
Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1871911644  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **ANESTHESIOLOGY**

##### **OSWALD, JESSICA**

Provider ID: 239600  
Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1427315118

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **ANESTHESIOLOGY**

##### **SHAW, SUSANNA**

Provider ID: 255316

### D3. Specialist Provider Directory

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1063685477

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **ANESTHESIOLOGY**

##### **SORIA, CLAIRE**

Provider ID: 243294

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1447516414

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **ANESTHESIOLOGY**

##### **SREJIC, UNA**

Provider ID: 206383

Board Certified Specialty: Yes

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1588723860

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, UCSF Medical  
Center At Mission Bay, UCSF  
MEDICAL CENTER AT MOUNT  
ZION, MEDICAL CTR AT UCSF,  
UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **ANESTHESIOLOGY**

##### **SUYDAM, STEVEN**

Provider ID: 286569

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1386856821

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
TRI CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, SHARP CORONADO  
HOSP AND HEALTHCARE CTR,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, SCRIPPS GREEN  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **ANESTHESIOLOGY**

##### **TRIVEDI, SURAJ**

Provider ID: 246749

### D3. Specialist Provider Directory

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1699057885

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### ANESTHESIOLOGY

##### **TSUDA, PAIGE**

Provider ID: 271682

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1003261595

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### ANESTHESIOLOGY

##### **TULLY, JEFFREY**

Provider ID: 283689

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1871912493

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UC DAVIS  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### ANESTHESIOLOGY

##### **TZENG, ERIC**

Provider ID: 284577

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1801258264

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### ANESTHESIOLOGY

##### **YODER, ANDREA**

Provider ID: 272804

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1629463104

Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**


#### **YOUNAN, LAWRENCE**

Provider ID: 240870

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1922432475

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **CASTELLANOS, JOEL**

Provider ID: 243553

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103



Phone: (800) 926-8273



After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1700296514

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **DAIRO, BRANDON**

Provider ID: 299880

Board Certified Specialty: No

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619)  
325-1161

Provider Gender: Male

NPI: 1689092470

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 18\100

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **DAIRO, BRANDON**

Provider ID: 300089

Board Certified Specialty: No

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619)  
325-1161

Provider Gender: Male

NPI: 1689092470

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CARDIOVASCULAR DISEASE**

#### **ALANI, ANAS**

### D3. Specialist Provider Directory

Provider ID: 201252

Board Certified Specialty: Yes

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1154633709

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, ARROWHEAD REGIONAL  
MEDICAL CENTER, LOMA  
LINDA UNIVERSITY MED CTR,  
RIVERSIDE COUNTY  
REGIONAL MED CTR, LAC  
RANCHO LOS AMIGOS  
NATIONAL REHAB CENTER,  
LOS ANGELES COUNTY  
HARBOR UCLA MEDICAL  
CENTER, LOS ANGELES  
COUNTY HARBOR UCLA  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CARDIOVASCULAR DISEASE**  
**CASTELLANOS, LUIS**

Provider ID: 211764

Board Certified Specialty: No

330 LEWIS ST FL 3  
SAN DIEGO, CA 92103

Phone: (858) 657-8530

Fax: (619) 543-2287

After Hours Phone: (858)  
657-8530

Provider Gender: Male

NPI: 1013059286

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, PIONEERS MEMORIAL  
HOSPITAL, EL CENTRO  
REGIONAL MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**CARDIOVASCULAR DISEASE**  
**CASTELLANOS, LUIS**

Provider ID: 211765

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1013059286

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, PIONEERS MEMORIAL  
HOSPITAL, EL CENTRO  
REGIONAL MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CARDIOVASCULAR DISEASE**  
**LERNER, JONATHAN**

Provider ID: 303447

Board Certified Specialty: No

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Phone: (619) 616-2100

Fax: (619) 616-2104

After Hours Phone: (619)  
616-2100

Provider Gender: Male

NPI: 1962899823

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### **CARDIOVASCULAR DISEASE**

##### **MIZZELL, ANNA**

Provider ID: 214020

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851561021

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **CARDIOVASCULAR DISEASE**

##### **PHREANER, NICHOLAS**

Provider ID: 239946

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1023373040

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **CARDIOVASCULAR DISEASE**

##### **PROHASKA, THOMAS**

Provider ID: 299912

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1861889644

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CARDIOVASCULAR DISEASE**

##### **YEANG, CALVIN**

Provider ID: 238822

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (858) 657-8530  
After Hours Phone: (858)  
657-8530

Provider Gender: Male

NPI: 1598011058

Provider English Spoken: Y

Provider Language(s)

Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **CERTIFIED ACUPUNCTURIST**

##### **ARELLANO, JACQUELINE**

Provider ID: 304137

Board Certified Specialty: No

4910 DIRECTORS PL  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT

### D3. Specialist Provider Directory


 *PROVIDER*  
*Website: N/A*


#### **CERTIFIED ACUPUNCTURIST**

##### **ARELLANO, JACQUELINE**

*Provider ID: 277968*

*Board Certified Specialty: No*

 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1104129485*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*


 *Website: N/A*


#### **CERTIFIED ACUPUNCTURIST**

##### **ARELLANO, JACQUELINE**

*Provider ID: 277967*

*Board Certified Specialty: No*

 9333 GENESEE AVE STE  
200  
SAN DIEGO, CA 92121


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1104129485*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*

#### **CERTIFIED ACUPUNCTURIST**

##### **ARELLANO, JACQUELINE**

*Provider ID: 277966*

*Board Certified Specialty: No*

 330 LEWIS ST  
SAN DIEGO, CA 92103


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1104129485*

 *Provider English Spoken: Y*


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*


#### **CERTIFIED ACUPUNCTURIST**

##### **ARELLANO, JACQUELINE**

*Provider ID: 304138*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1104129485*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*


#### **CERTIFIED ACUPUNCTURIST**

##### **CRAFT, KEVIN**


*Provider ID: 290942*

*Board Certified Specialty: No*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*

*Fax: (858) 633-4680*

 *After Hours Phone: (858)*  
*279-0925*

*Provider Gender: Male*

*NPI: 1659745610*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*

*8:30AM-5:30PM*

*SA 9:00AM-4:00PM*

 *Website: N/A*

### D3. Specialist Provider Directory

#### **CERTIFIED ACUPUNCTURIST**

##### **JULIAN, FIDES**

Provider ID: 277699

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED ACUPUNCTURIST**

##### **JULIAN, FIDES**

Provider ID: 304132

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED ACUPUNCTURIST**

##### **JULIAN, FIDES**

Provider ID: 277701

Board Certified Specialty: No

9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED ACUPUNCTURIST**

##### **JULIAN, FIDES**

Provider ID: 277700

Board Certified Specialty: No

9333 GENESEE AVE STE  
200

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED ACUPUNCTURIST**

##### **JULIAN, FIDES**

Provider ID: 304131

Board Certified Specialty: No

4910 DIRECTORS PL  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781


After Hours Phone: (800)  
926-8273



### D3. Specialist Provider Directory

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **CERTIFIED ACUPUNCTURIST**

**LAM, KHANH**


Provider ID: 295380

Board Certified Specialty: No

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619)  
325-1161

Provider Gender: Male

NPI: 1649594979

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese, French,  
Vietnamese


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **CERTIFIED ACUPUNCTURIST**

**SEITZ, GRETCHEN**

Provider ID: 246474

Board Certified Specialty: No

 9995 CARMEL MOUNTAIN  
RD STE B10-B11  
SAN DIEGO, CA 92129


 Phone: (844) 200-2426

Fax: (858) 240-6470

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1396876959

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:30AM-5:30PM

W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

 Website: N/A


#### **CERTIFIED NURSE**


**PRACTITIONER**

**AGUILA, YESENIA**

Provider ID: 304624

Board Certified Specialty: No

 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

 Phone: (619) 266-3332

Fax: (619) 266-6000

 After Hours Phone: (619)  
266-3332

Provider Gender: Female

NPI: 1245966092

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


**PRACTITIONER**

**ALBARRAN-SLOVIN, MELODY**

Provider ID: 299328

Board Certified Specialty: No

 1016 OUTER RD  
SAN DIEGO, CA 92154

 Phone: (619) 429-3733

Fax: (619) 628-5550

 After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1740953249

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ALSTEEN, STEPHANIE**

Provider ID: 291389

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1013680982

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **AMOS, MARIA**

Provider ID: 291439

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235891953

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BAKER, TANYA**

Provider ID: 255625

Board Certified Specialty: No

📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

☎ Phone: (858) 534-8019

🕒 After Hours Phone: (858)  
534-8019

Provider Gender: Female

NPI: 1699184259

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BELTRON, KIMBERLY**

Provider ID: 302309

Board Certified Specialty: No

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

☎ Phone: (619) 645-6405  
Fax: (619) 687-1067

🕒 After Hours Phone: (619)  
645-6405

Provider Gender: Female

NPI: 1871295493

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BENARD, ROBERT**

Provider ID: 268229

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184027724

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UNIVERSITY HSP  
OF SAN DIEGO CO, Highland  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):




### D3. Specialist Provider Directory

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE**



#### **PRACTITIONER**

#### **BILOTTA, NATALIE**

*Provider ID: 291418*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*  
*NPI: 1144809393*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RIVERSIDE  
COMMUNITY HOSP*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*


N  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*




#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BUENROSTRO, CHRISTINA**

*Provider ID: 243718*  
*Board Certified Specialty: No*  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*  
*NPI: 1851749253*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA*  
*JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE**



#### **PRACTITIONER**

#### **BUI, ANH**

*Provider ID: 304272*  
*Board Certified Specialty: No*  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858)  
810-8700*

*Provider Gender: Male*  
*NPI: 1184309684*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 14\999*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*


 *Website: N/A*

#### **CERTIFIED NURSE**



#### **PRACTITIONER**

#### **BUI, ANH**


*Provider ID: 304273*  
*Board Certified Specialty: No*  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*


 *After Hours Phone: (858)  
279-0925*

*Provider Gender: Male*  
*NPI: 1184309684*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 14\999*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CAMARGO-LOWTHERS, ANGELICA**


*Provider ID: 54944*  
*Board Certified Specialty: No*  
 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
 *Phone: (858) 637-4700*  
*Fax: (858) 637-4701*

 *After Hours Phone: (858)  
637-4700*

*Provider Gender: Female*

### D3. Specialist Provider Directory

NPI: 1912982539

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

**CAMARGO-LOWTHERS,  
ANGELICA**

Provider ID: 295914

Board Certified Specialty: No

 8010 FROST ST STE 220  
SAN DIEGO, CA 92123


 Phone: (858) 637-4700

Fax: (858) 637-4701

 After Hours Phone: (858)  
637-4700

Provider Gender: Female

NPI: 1912982539

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

**CAMARGO-LOWTHERS,  
ANGELICA**

Provider ID: 270981

Board Certified Specialty: No

 8010 FROST ST STE 510  
SAN DIEGO, CA 92123


 Phone: (858) 637-4700

Fax: (858) 637-4701

 After Hours Phone: (858)  
637-4700

Provider Gender: Female

NPI: 1912982539

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER


**CAPOZZI, JENNIFER**

Provider ID: 241031

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336258276

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

**CHANTALA, ELIZABETH**

Provider ID: 291305

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942430442


 Provider English Spoken: Y

Cultural Competency: N  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER


**CHAVEZ, ALEXANDRIA**


Provider ID: 243357

### D3. Specialist Provider Directory

*Board Certified Specialty: No*

 4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

*Provider Gender: Female*


*NPI: 1811543622*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*

#### **CERTIFIED NURSE** **PRACTITIONER**

#### **CHEATHAM, BRITTANY**

*Provider ID: 291461*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

*Fax: (888) 539-8781*

 After Hours Phone: (800)  
926-8273

*Provider Gender: Female*

*NPI: 1184111684*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*


#### **CERTIFIED NURSE** **PRACTITIONER**

#### **CHOATE, BERNADETTE**

*Provider ID: 286369*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

*Fax: (888) 539-8781*

 After Hours Phone: (800)  
926-8273

*Provider Gender: Female*

*NPI: 1104173558*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL*  
*CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*

#### **CERTIFIED NURSE** **PRACTITIONER**

#### **CHOATE, BERNADETTE**


*Provider ID: 286368*

*Board Certified Specialty: No*

 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273

*Fax: (888) 539-8781*

 After Hours Phone: (800)

926-8273

*Provider Gender: Female*

*NPI: 1104173558*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL*  
*CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*

#### **CERTIFIED NURSE** **PRACTITIONER**

#### **COLEMAN, PAGE**


*Provider ID: 304288*

*Board Certified Specialty: No*

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105


 Phone: (619) 280-2058

*Fax: (858) 633-4682*

 After Hours Phone: (619)  
280-2058

*Provider Gender: Female*

*NPI: 1871365312*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*



*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### D3. Specialist Provider Directory

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 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM  
 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **CONNER, PAMELA**

Provider ID: 299930

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770558967


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **CONNOR, CAROLINE**


Provider ID: 279835

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1609081710

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **CONNOR, CAROLINE**

Provider ID: 279836

Board Certified Specialty: No

 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1609081710

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**


##### **COSINO, ANJELICA**

Provider ID: 201309

Board Certified Specialty: No


 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295238749

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **DAVIES, SUMMER**

Provider ID: 253692

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN STE 220

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

### D3. Specialist Provider Directory

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1679850671

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **DAVIS, JANET**

Provider ID: 255796

Board Certified Specialty: No

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

☎ Phone: (619) 471-9250

Fax: (619) 471-9275

☎ After Hours Phone: (619)  
471-9250

Provider Gender: Female

NPI: 1164616280

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **DE DIOS, SARAH**

Provider ID: 300051

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528632742

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **DEL VECCHIO, MEGAN**

Provider ID: 301725

Board Certified Specialty: No

📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1437662863

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **DEL VECCHIO, MEGAN**

Provider ID: 301726

Board Certified Specialty: No

📍 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1437662863

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **DEUTSCH, KAREN**

Provider ID: 247981


Board Certified Specialty: No

📍 330 LEWIS ST  
SAN DIEGO, CA 92103




### D3. Specialist Provider Directory

 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1740517127  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A







**CERTIFIED NURSE**  
**PRACTITIONER**  
**DEUTSCH, KAREN**

Provider ID: 247980  
Board Certified Specialty: No  
 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1740517127  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999




American Sign Language (ASL): Provider Gender: Female  
NPI: 1639638968




 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**  
**PRACTITIONER**  
**DOAN, ANGELA**








Provider ID: 291425  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1639638968  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

**CERTIFIED NURSE**  
**PRACTITIONER**  
**DOAN, ANGELA**

Provider ID: 291426  
Board Certified Specialty: No  
 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8372  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8372

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

**CERTIFIED NURSE**  
**PRACTITIONER**  
**DRISCOLL, KARRIE**

Provider ID: 286345  
Board Certified Specialty: No  
 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1396085098  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**  
**PRACTITIONER**  
**DRISCOLL, SUSAN**



### D3. Specialist Provider Directory

Provider ID: 298968  
Board Certified Specialty: No  
1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 758-3384  
After Hours Phone: (619)  
662-4100  
Provider Gender: Female  
NPI: 1477755684

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM  
Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**DWYER, ERIN**  
Provider ID: 269863  
Board Certified Specialty: No  
4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Phone: (619) 297-4707  
Fax: (858) 429-7927  
After Hours Phone: (619)  
297-4707  
Provider Gender: Female  
NPI: 1003260894  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**ECLARINO, GALELEO**  
Provider ID: 296764  
Board Certified Specialty: No  
9995 CARMEL MOUNTAIN  
RD STE B1011  
SAN DIEGO, CA 92129  
Phone: (844) 200-2426  
Fax: (858) 240-6470  
After Hours Phone: (844)  
200-2426  
Provider Gender: Female  
NPI: 1518687748

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**ERICKSON, LISA**  
Provider ID: 278982  
Board Certified Specialty: No  
200 W ARBOR DR

SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1669442182  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**ERICKSON, LISA**  
Provider ID: 287444  
Board Certified Specialty: No  
4168 FRONT ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1669442182  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **FELD, KEREN**

Provider ID: 297672

Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619)  
563-0250

Provider Gender: Female

NPI: 1730835083

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**


##### **FISHER, SLOANE**

Provider ID: 301585

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1538807003

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSP OF  
LOS ANGELES

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **GARTH, MELISSA**

Provider ID: 274053

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689232977

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **GIORGI, ASHLEY**

Provider ID: 304877

Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619)  
563-0250

Provider Gender: Female

NPI: 1952174203


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **GOMEZ, LESLIE**

Provider ID: 299468

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273


Fax: (888) 539-8781

### D3. Specialist Provider Directory

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **GOMEZ, LESLIE**

Provider ID: 299467

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **GOMEZ, LESLIE**

Provider ID: 299466

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **GUADARRAMA, IGNACIO**

Provider ID: 262419

Board Certified Specialty: No

 995 GATEWAY CENTER  
WAY STE 105  
SAN DIEGO, CA 92102


 Phone: (619) 264-1934

Fax: (619) 264-1937

 After Hours Phone: (619)  
264-1934

Provider Gender: Male

NPI: 1821331174

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **HA, THU**


Provider ID: 293260

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1346443983

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HA, THU**



Provider ID: 293261

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


### D3. Specialist Provider Directory

---

 Phone: (858) 810-8700  
 Fax: (858) 633-4680

 After Hours Phone: (858) 810-8700

Provider Gender: Female  
NPI: 1346443983

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


#### **HARKNESS, RUMIKO**

Provider ID: 208841

Board Certified Specialty: No


 4168 FRONT ST  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1487785093

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


#### **HAROUSH, GAL**


Provider ID: 302475

Board Certified Specialty: No

 4973 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 279-0925

 Fax: (858) 633-4680

 After Hours Phone: (858) 279-0925

Provider Gender: Female

NPI: 1992461230

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


#### **HART, BECKY**


Provider ID: 305337

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101


 Phone: (619) 233-8500

 Fax: (619) 687-1067

 After Hours Phone: (619) 233-8500

Provider Gender: Female

NPI: 1316626344

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


#### **HEAD, KRISTIN**

Provider ID: 268656

Board Certified Specialty: No

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-7484

 Fax: (858) 966-4064

 After Hours Phone: (858) 966-7484

Provider Gender: Female

NPI: 1699078923

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HILL, GENIELYN**

### D3. Specialist Provider Directory

Provider ID: 299144

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

Fax: (619) 434-1613

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1710632435

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**HILLIARD, THESALONICA**

Provider ID: 284022

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

Fax: (858) 578-4417

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1861956724

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**HOOPER, BONNIE**

Provider ID: 275254

Board Certified Specialty: No

9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Phone: (858) 454-4300

Fax: (858) 454-5088

After Hours Phone: (858)  
454-4300

Provider Gender: Female

NPI: 1821062878

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**HOOPER, BONNIE**

Provider ID: 275255

Board Certified Specialty: No

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Phone: (619) 298-9809

Fax: (619) 298-9823

After Hours Phone: (619)  
298-9809

Provider Gender: Female

NPI: 1821062878

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**IBARRA, MARTHA**

Provider ID: 295392

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1114957289

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

### D3. Specialist Provider Directory

CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 14\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W 8:30AM-5:30PM

TH 8:30AM-8:30PM

F 8:30AM-5:30PM

SA 9:00AM-4:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

**IBARRA, MARTHA**

Provider ID: 295393

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1114957289

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL


CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 14\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W 8:30AM-5:30PM

TH 8:30AM-8:30PM

F 8:30AM-5:30PM

SA 9:00AM-4:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

**INSTONE, SUSAN**

Provider ID: 293255

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1710223268

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

**INSTONE, SUSAN**


Provider ID: 293254

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE

150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058

Provider Gender: Female

NPI: 1710223268

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

**JONES, CHRISTA**

Provider ID: 275563

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396371431

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

### D3. Specialist Provider Directory


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**KEMP, KATHRINE**

Provider ID: 301276

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101


 Phone: (619) 645-6405

Fax: (619) 687-1067

 After Hours Phone: (619)  
645-6405

Provider Gender: Female

NPI: 1316615313

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**KI, TRISH**


Provider ID: 293293

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1376840199

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**KI, TRISH**

Provider ID: 293294

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700


Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1376840199

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**KIDANE, ZINNIA**

Provider ID: 302426

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1780334110

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**KIDANE, ZINNIA**

Provider ID: 302427

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female


NPI: 1780334110


 Provider English Spoken: Y


### D3. Specialist Provider Directory

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*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  *N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **KLEMENCIC, TAHNEE**

*Provider ID: 302628*

*Board Certified Specialty: No*

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 *Phone: (858) 966-8974*  
*Fax: (858) 966-6721*

 *After Hours Phone: (858)  
966-8974*

*Provider Gender: Female*

*NPI: 1134802283*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: No*

*Min/Max Age: 0\19*

*American Sign Language (ASL):* *N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **CERTIFIED NURSE**



#### **PRACTITIONER**

#### **LAFORTEZA, JOZELLE**

*Provider ID: 202666*

*Board Certified Specialty: No*

 9333 GENESEE AVE STE  
200  
SAN DIEGO, CA 92121

 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1538578307*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):* *N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **CERTIFIED NURSE**


#### **PRACTITIONER**


#### **LANE, KIMBERLY**

*Provider ID: 301600*

*Board Certified Specialty: No*

 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

 *Phone: (858) 430-1101*  
*Fax: (858) 221-5049*

 *After Hours Phone: (858)  
430-1101*

*Provider Gender: Female*

*NPI: 1457670119*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\999*

*American Sign Language (ASL):* *N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **LANE, KIMBERLY**

*Provider ID: 301601*

*Board Certified Specialty: No*

 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

 *Phone: (858) 429-7646*  
*Fax: (858) 429-7929*

 *After Hours Phone: (858)  
429-7646*

*Provider Gender: Female*

*NPI: 1457670119*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\999*

*American Sign Language (ASL):* *N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **LANE, KIMBERLY**

*Provider ID: 301603*

*Board Certified Specialty: No*

 4060 4TH AVE STE 310



### D3. Specialist Provider Directory

SAN DIEGO, CA 92103  
☎ Phone: (619) 297-4707  
Fax: (858) 429-7927

🕒 After Hours Phone: (619) 297-4707

Provider Gender: Female  
NPI: 1457670119

🗒 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **LANE, KIMBERLY**

Provider ID: 301597

Board Certified Specialty: No

📍 11770 BERNARDO PLAZA  
CT STE 270

SAN DIEGO, CA 92128

☎ Phone: (858) 485-0554

Fax: (858) 429-7933

🕒 After Hours Phone: (858) 485-0554

Provider Gender: Female  
NPI: 1457670119

🗒 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MANZO, CORINA**

Provider ID: 304481

Board Certified Specialty: No

📍 2630 1ST AVE

SAN DIEGO, CA 92103

☎ Phone: (619) 234-2158

Fax: (619) 234-0206

🕒 After Hours Phone: (619) 234-2158

Provider Gender: Female

NPI: 1669087326

🗒 Provider English Spoken: Y

🗒 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MAROSOK, MICHELLE**

Provider ID: 305311

Board Certified Specialty: No

📍 16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

☎ Phone: (858) 649-5100

Fax: (858) 649-5099

🕒 After Hours Phone: (858) 649-5100

Provider Gender: Female

NPI: 1669166112

🗒 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 18\199

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MARTINEZ, CAROLYN**

Provider ID: 293345

Board Certified Specialty: No

📍 1016 OUTER RD  
SAN DIEGO, CA 92154

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

🕒 After Hours Phone: (619) 429-3733

Provider Gender: Female

NPI: 1609101997

🗒 Provider English Spoken: Y

🗒 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### D3. Specialist Provider Directory

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **MEDINA, RUBELETA**

Provider ID: 296673

Board Certified Specialty: No

 9995 CARMEL MOUNTAIN RD STE B1011

SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 240-6470

 After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1881153963


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **MENDOZA, GRETTEL MARIE**

Provider ID: 303202

Board Certified Specialty: No

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1245652387


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-6:00PM  
F 8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MICK, SHARON**

Provider ID: 299647

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MICK, SHARON**

Provider ID: 299649

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MICK, SHARON**

Provider ID: 299648

Board Certified Specialty: No

 8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female



NPI: 1891061966

 Provider English Spoken: Y

### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
**JOLLA JOHN SALLY**  
*THORNTON, UCSD MEDICAL*  
*CTR*


*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*

**CERTIFIED NURSE**  
**PRACTITIONER**  
**MIDORO, ABEGAILLE**



*Provider ID: 303828*  
*Board Certified Specialty: No*

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

 *Phone: (844) 200-2426*  
*Fax: (858) 536-8034*

 *After Hours Phone: (844)*  
*200-2426*


*Provider Gender: Female*  
*NPI: 1952925851*


 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Tagalog*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-TU*  
*8:30AM-5:30PM*  
*W 10:00AM-7:00PM*  
*TH-F 8:30AM-5:30PM*


 *Website: N/A*

**CERTIFIED NURSE**  
**PRACTITIONER**  
**MIDORO, ABEGAILLE**

*Provider ID: 303829*  
*Board Certified Specialty: No*

 10737 CAMINO RUIZ STE  
235


SAN DIEGO, CA 92126


 *Phone: (844) 200-2426*

*Fax: (858) 578-4417*

 *After Hours Phone: (844)*  
*200-2426*

*Provider Gender: Female*  
*NPI: 1952925851*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Tagalog*


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-TU*  
*8:30AM-5:30PM*


*W 10:00AM-7:00PM*  
*TH-F 8:30AM-5:30PM*


 *Website: N/A*

**CERTIFIED NURSE**  
**PRACTITIONER**  
**MILLER, EVA**


*Provider ID: 255833*  
*Board Certified Specialty: No*

 330 LEWIS ST  
SAN DIEGO, CA 92103

 *Phone: (619) 471-9210*


 *After Hours Phone: (619)*  
*471-9210*

*Provider Gender: Female*  
*NPI: 1043492523*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


**CERTIFIED NURSE**  
**PRACTITIONER**  
**MOHEBBI, ATHENA**

*Provider ID: 201325*  
*Board Certified Specialty: No*

 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*  
*NPI: 1952627176*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Farsi*

*Cultural Competency: N*


*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*

**CERTIFIED NURSE**

### D3. Specialist Provider Directory

#### **PRACTITIONER**

##### **MORAN, TIFFANY**

Provider ID: 304275

Board Certified Specialty: No

2630 1ST AVE  
SAN DIEGO, CA 92103

Phone: (619) 234-2158

Fax: (619) 234-0206

After Hours Phone: (619)  
234-2158

Provider Gender: Female

NPI: 1730730649

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **MULVEY, CAOILFHIONN**

Provider ID: 291419

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184386864

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **NEJATI, FRESHTA**

Provider ID: 214112

Board Certified Specialty: No

9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1831598119

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **NETZEL, JENNIFER**

Provider ID: 291348

Board Certified Specialty: No

8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336896232

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **NETZEL, JENNIFER**

Provider ID: 291347

Board Certified Specialty: No

9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336896232

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **NETZEL, JENNIFER**

Provider ID: 291346

Board Certified Specialty: No

### D3. Specialist Provider Directory

9333 GENESEE AVE  
SAN DIEGO, CA 92121

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336896232

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **NOVENO, HILARIO**

Provider ID: 286911

Board Certified Specialty: No

4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124486865

Provider English Spoken: Y

Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **NOVENO, HILARIO**

Provider ID: 286912

Board Certified Specialty: No

4168 FRONT ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124486865

Provider English Spoken: Y

Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **O'CONNELL, STEFANY**

Provider ID: 296846

Board Certified Specialty: No

1016 OUTER RD

SAN DIEGO, CA 92154

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1386378479

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **OREJEL, EDITH**

Provider ID: 296716

Board Certified Specialty: No

6973 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1073278180

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 5:30PM-8:30PM

W 8:30AM-5:30PM

TH 5:30PM-8:30PM

F 8:30AM-5:30PM

### D3. Specialist Provider Directory

 SA 9:00AM-4:00PM  
 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **OREJEL, EDITH**

Provider ID: 296715

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1073278180

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM

TU 5:30PM-8:30PM

W 8:30AM-5:30PM

TH 5:30PM-8:30PM

F 8:30AM-5:30PM

SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **ORPILLA, IMELDA**

Provider ID: 282962

Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126


 Phone: (844) 200-2426


Fax: (858) 578-4417

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1790785988

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU

8:30AM-5:30PM

W 8:30AM-7:00PM

TH-F 8:30AM-5:30PM

 Website: N/A


#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **ORPILLA, IMELDA**

Provider ID: 243506


Board Certified Specialty: No

 9995 CARMEL MOUNTAIN  
RD STE B10-B11

SAN DIEGO, CA 92129


 Phone: (214) 590-5306

Fax: (858) 240-6470

 After Hours Phone: (214)  
590-5306

Provider Gender: Female

NPI: 1790785988

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU

8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **PAI, SARAH**

Provider ID: 276870

Board Certified Specialty: No

 350 DICKINSON ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255762167

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **PATIAG, DANIEL**

Provider ID: 293248

Board Certified Specialty: No

 6973 LINDA VISTA RD

### D3. Specialist Provider Directory

SAN DIEGO, CA 92111  
☎ Phone: (858) 279-0925  
☎ Fax: (858) 633-4680  
📞 After Hours Phone: (858) 279-0925

Provider Gender: Male

NPI: 1073169769

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **PATIAG, DANIEL**

Provider ID: 293249

Board Certified Specialty: No

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700

☎ Fax: (858) 633-4680

📞 After Hours Phone: (858) 810-8700

Provider Gender: Male

NPI: 1073169769

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **PEREZ, ALLYSSA**

Provider ID: 286223

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1497358915

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **PEREZ, ALLYSSA**

Provider ID: 286222

Board Certified Specialty: No

📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1497358915

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **PEREZ, ALLYSSA**

Provider ID: 304162

Board Certified Specialty: No

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

☎ Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1497358915

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

### D3. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **PETTIS, BETH**

Provider ID: 286878

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1326638958

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**


##### **RAJAEI, NILOUFAR**

Provider ID: 291437

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1275904047

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**


##### **RANDLE, CARRIE**

Provider ID: 299296

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1558557348

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: NAVAL  
MEDICAL CTR SD RBE, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**


##### **RIEGO, SUZANNE**

Provider ID: 214477

Board Certified Specialty: No

 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

 Phone: (858) 292-7200

 After Hours Phone: (858) 292-7200

Provider Gender: Female

NPI: 1144453754

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **ROBERTSON, RACHAEL**

Provider ID: 286940

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781


 After Hours Phone: (800) 926-8273



### D3. Specialist Provider Directory

Provider Gender: Female

NPI: 1659912327

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **RODENMEYER, EVE**

Provider ID: 295956

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105


 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619) 280-2058

Provider Gender: Female

NPI: 1225782022

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **ROSCOE, SYDNEY**


Provider ID: 305039

Board Certified Specialty: No

 200 W ARBOR DR


SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1992448864

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **ROSCOE, SYDNEY**


Provider ID: 305038

Board Certified Specialty: No

 350 DICKINSON ST


SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1992448864

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ROSCOE, SYDNEY**


Provider ID: 305037

Board Certified Specialty: No

 4510 EXECUTIVE DR

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1992448864

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ROSS, CRYSTAL**

Provider ID: 287763

Board Certified Specialty: No

 350 DICKINSON ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1548683378

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

### D3. Specialist Provider Directory

JOHN SALLY THORNTON,  
GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL): Board Certified Specialty: No

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **ROSS, CRYSTAL**

Provider ID: 302559

Board Certified Specialty: No

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619) 563-0250

Provider Gender: Female

NPI: 1548683378

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

SA 8:00AM-2:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **ROSSI, CATHERINE**

Provider ID: 291445

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1649934126

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ROZO, JOSE**

Provider ID: 300037

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1528787132

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **SABIN, NANCY**

Provider ID: 293287


Board Certified Specialty: No

 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858) 279-0925

Provider Gender: Female

NPI: 1285732586

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **SABIN, NANCY**

Provider ID: 293288

Board Certified Specialty: No

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 810-8700


Fax: (858) 633-4680

 After Hours Phone: (858) 810-8700

Provider Gender: Female

### D3. Specialist Provider Directory

NPI: 1285732586

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **SAMPSON, ANDRIECE**

Provider ID: 303282

Board Certified Specialty: No

 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0505

 After Hours Phone: (619)  
234-2158

Provider Gender: Female

NPI: 1619594124


 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **SANTANGELO, JOANNE**

Provider ID: 293285

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1619370475

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **SANTANGELO, JOANNE**

Provider ID: 293286

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1619370475

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **SATTERWHITE, MAURINE**


Provider ID: 293258

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1225012842

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **SATTERWHITE, MAURINE**

Provider ID: 293259

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1225012842

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

### D3. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **SEARS-WILEY, ELIZABETH**

Provider ID: 276851

Board Certified Specialty: No

 350 DICKINSON ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1215394382

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


#### **SELBY, BLAKE**

Provider ID: 246423

Board Certified Specialty: No

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417194358

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **SELBY, BLAKE**

Provider ID: 256646

Board Certified Specialty: No

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417194358

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **SENA, TIFFANY**

Provider ID: 300229

Board Certified Specialty: No

 550 WASHINGTON ST STE  
300

SAN DIEGO, CA 92103

 Phone: (619) 297-5437

Fax: (619) 297-4567

 After Hours Phone: (619)  
297-5437

Provider Gender: Female

NPI: 1710539523

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP


MEMORIAL HOSPITAL


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


#### **SWARTZ, ERIN**

Provider ID: 255787

Board Certified Specialty: No


 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (858) 657-8530

 After Hours Phone: (858)  
657-8530

Provider Gender: Female

NPI: 1639571292

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


#### **TAING, JENNIFER**

Provider ID: 201573

Board Certified Specialty: No


 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1649528357

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **TALBOT, ADRIANNE**


Provider ID: 278183

Board Certified Specialty: No

 4168 FRONT ST STE 1A  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1992048557

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **TIMBERMAN, SARAH**

Provider ID: 295361


Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-4003

Fax: (858) 560-6798

 After Hours Phone: (858)  
966-4003

Provider Gender: Female

NPI: 1144614066

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **TONJES, ERIKA**

Provider ID: 298019

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1205540812

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

### D3. Specialist Provider Directory

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**TONJES, ERIKA**

Provider ID: 298018

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-9676

Fax: (858) 633-4680

After Hours Phone: (858)  
279-9676

Provider Gender: Female

NPI: 1205540812

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**TOPPEN, LAURA**

Provider ID: 215477

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1326563495

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**TURNER, ELIZABETH**

Provider ID: 255601

Board Certified Specialty: No

4510 EXECUTIVE DR STE  
315

SAN DIEGO, CA 92121

Phone: (858) 534-8019

After Hours Phone: (858)  
534-8019

Provider Gender: Female

NPI: 1326570045

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**VIBAL-POASTER, MARIA**

Provider ID: 205651

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1376046680

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**VILLALOBOS, REBECA**

Provider ID: 294770

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

Fax: (619) 515-2510

After Hours Phone: (619)  
515-2300

Provider Gender: Female

NPI: 1184224396

Provider English Spoken: Y

Provider Language(s)

### D3. Specialist Provider Directory

*Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**


##### **VILLALOBOS, REBECA**


*Provider ID: 294769*

*Board Certified Specialty: No*

 823 GATEWAY CENTER WAY

SAN DIEGO, CA 92102

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

*Provider Gender: Female*

*NPI: 1184224396*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5:30PM*

 *Website: N/A*


#### **CERTIFIED NURSE PRACTITIONER**

##### **WALDRUP, LA'RHONDA**

*Provider ID: 299260*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-5888*

*Fax: (858) 966-7483*

 *After Hours Phone: (858) 966-5888*

*Provider Gender: Female*

*NPI: 1831627181*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: PALOMAR MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*


#### **CERTIFIED NURSE PRACTITIONER**

##### **WHITEHURST, UNIQUE**

*Provider ID: 306075*

*Board Certified Specialty: No*

 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

 *Phone: (619) 662-4100*

*Fax: (619) 428-7952*

 *After Hours Phone: (619) 662-4100*

*Provider Gender: Female*

*NPI: 1124800214*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**

##### **WOO, ANDY**

*Provider ID: 299916*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1609450550*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**

##### **YEO, ALEXANDRIA**

*Provider ID: 299941*

*Board Certified Specialty: No*

 4168 FRONT ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

### D3. Specialist Provider Directory

NPI: 1902368319

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED REGISTERED**

#### **NURSE ANESTHETIST**


#### **ALFONSO, ALVIN**

Provider ID: 256374

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952653404

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED REGISTERED**


#### **NURSE ANESTHETIST**

#### **AMADOR, LINDSAY**

Provider ID: 291388

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003556184


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED REGISTERED**

#### **NURSE ANESTHETIST**


#### **APPLEGET, JOSEPH**

Provider ID: 239602

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568980472

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RIVERSIDE  
COMMUNITY HOSP


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED REGISTERED**


#### **NURSE ANESTHETIST**


#### **BARBA, ARNEL**

Provider ID: 262186

Board Certified Specialty: No

 286 EUCLID AVE STE 109  
SAN DIEGO, CA 92114

 Phone: (619) 564-8249

 After Hours Phone: (619)  
564-8249

Provider Gender: Male

NPI: 1750366928

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Tagalog


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED REGISTERED**


#### **NURSE ANESTHETIST**

#### **BAYLIS, CHRISTOPHER**

Provider ID: 240763

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1174893358



### D3. Specialist Provider Directory

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**CERTIFIED REGISTERED NURSE ANESTHETIST**  
**BILLINGTON, KATHERINE**

Provider ID: 262246  
Board Certified Specialty: No  
 286 EUCLID AVE STE 109  
SAN DIEGO, CA 92114  
 Phone: (619) 564-8249  
 After Hours Phone: (619) 564-8249

Provider Gender: Female  
NPI: 1962787366

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CERTIFIED REGISTERED NURSE ANESTHETIST**  
**BOEING, KRISTINA**

Provider ID: 274397  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273

Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female

NPI: 1205134301  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**CERTIFIED REGISTERED NURSE ANESTHETIST**  
**BURROWS, TERENCE**

Provider ID: 256694  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1023194560

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**CERTIFIED REGISTERED NURSE ANESTHETIST**  
**DOLLAND, STEVEN**

Provider ID: 280552  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1982059044

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: KERN MEDICAL CENTER, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**CERTIFIED REGISTERED NURSE ANESTHETIST**  
**FERRITER, STACY**

Provider ID: 265295  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273

### D3. Specialist Provider Directory

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780725556

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED REGISTERED NURSE ANESTHETIST**

##### **GARCIA, CALVIN**

Provider ID: 217365

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1427419944

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED REGISTERED NURSE ANESTHETIST**

##### **GONZALEZ, LISA**

Provider ID: 299905

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1083254205

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED REGISTERED NURSE ANESTHETIST**

##### **POLIKOWSKI, SAMANTHA**

Provider ID: 291444

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1194134114

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: KAISER

FOUNDATION HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED REGISTERED NURSE ANESTHETIST**

##### **RAMIREZ, NICOLE**

Provider ID: 291404

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1487213500

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED REGISTERED NURSE ANESTHETIST**

### D3. Specialist Provider Directory

#### **SACKS, BRENT**

Provider ID: 278003

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982133591

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED REGISTERED**

#### **NURSE ANESTHETIST**

#### **VINCENT, BERLIN**

Provider ID: 291454

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1144987801

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **CHOI, NATHALIE**

Provider ID: 301715

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073241618

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER,

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **CHOI, NATHALIE**

Provider ID: 301714

Board Certified Specialty: No

4168 FRONT ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073241618

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER,

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **EKHOLM, JANNA**

Provider ID: 290584

Board Certified Specialty: No

4290 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619)  
563-0250

Provider Gender: Female

NPI: 1588977151

Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL):

### D3. Specialist Provider Directory

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A


#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **GOODWIN, RACHEL**

Provider ID: 210018  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1518274919


 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR



Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A




#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **GOODWIN, RACHEL**

Provider ID: 210019  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1518274919


 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A



#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **GREAR MANN, MELISSA**

Provider ID: 210053  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1255384475

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):


N  
 Accessibility: CONTACT




PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **GREAR MANN, MELISSA**




Provider ID: 210052  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1255384475

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A




#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **GUNTHER, HOPE**

Provider ID: 210041  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1285667741

 Provider English Spoken: Y

### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*



#### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**


#### **HIRSCH, JENNIFER**

*Provider ID: 210058*  
*Board Certified Specialty: No*  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*  
*NPI: 1891752069*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*


*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED REGISTERED**



#### **NURSE MIDWIFE**

#### **HIRSCH, JENNIFER**




*Provider ID: 210055*  
*Board Certified Specialty: No*

 4168 FRONT ST  
SAN DIEGO, CA 92103  
 *Phone: (619) 543-7878*  
 *After Hours Phone: (619)*  
*543-7878*

*Provider Gender: Female*  
*NPI: 1891752069*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*




*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*



#### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **HIRSCH, JENNIFER**

*Provider ID: 210054*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (619) 543-7878*  
 *After Hours Phone: (619)*  
*543-7878*

*Provider Gender: Female*  
*NPI: 1891752069*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*



*N*  
 *Accessibility: CONTACT*

*PROVIDER*  
 *Website: N/A*


#### **CERTIFIED REGISTERED**



#### **NURSE MIDWIFE**

#### **NATHAN, CARLY**

*Provider ID: 301047*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*  
*NPI: 1235670977*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*


#### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **NATHAN, CARLY**

*Provider ID: 301048*  
*Board Certified Specialty: No*  
 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*  
*NPI: 1235670977*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*

### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **PERDION, KAREN**


Provider ID: 210137

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1518916857

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**


#### **PERDION, KAREN**

Provider ID: 210134

Board Certified Specialty: No

 4168 FRONT ST

SAN DIEGO, CA 92103

 Phone: (619) 543-7878

Fax: (619) 543-2366

 After Hours Phone: (619) 543-7878

Provider Gender: Female

NPI: 1518916857

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CHIROPRACTOR**


#### **BUI, MAI**

Provider ID: 289496


Board Certified Specialty: No

 10717 CAMINO RUIZ STE 137

SAN DIEGO, CA 92126



 Phone: (619) 692-3211

Fax: (619) 640-3211

 After Hours Phone: (619) 692-3211

Provider Gender: Female

NPI: 1780901264

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 9:00AM-6:00PM  
W 9:00AM-6:00PM

F 9:00AM-2:00PM

 Website: N/A

#### **CHIROPRACTOR**


#### **BUI, MAI**

Provider ID: 125052

Board Certified Specialty: No

 5354 UNIVERSITY AVE STE 3

SAN DIEGO, CA 92105



 Phone: (619) 692-3211

Fax: (619) 640-3211

 After Hours Phone: (619) 692-3211

Provider Gender: Female

NPI: 1780901264

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

#### **CHIROPRACTOR**


#### **BUI, MAI**

Provider ID: 295791

Board Certified Specialty: No

 5354 UNIVERSITY AVE STE 3

SAN DIEGO, CA 92105

 Phone: (619) 692-3211

Fax: (619) 640-3211

 After Hours Phone: (619) 692-3211

Provider Gender: Female

### D3. Specialist Provider Directory

NPI: 1780901264

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


#### **CHIROPRACTOR**

##### **CASTRO, DAVID**

Provider ID: 293322

Board Certified Specialty: No

 1016 OUTER RD  
SAN DIEGO, CA 92154


 Phone: (619) 429-3733

Fax: (619) 628-5550

 After Hours Phone: (619)  
429-3733

Provider Gender: Male

NPI: 1841557733

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CHIROPRACTOR**

##### **GILIBERTO, JOSEPH**


Provider ID: 291546

Board Certified Specialty: No

 9995 CARMEL MOUNTAIN  
RD STE D  
SAN DIEGO, CA 92129


 Phone: (844) 200-2426

Fax: (619) 399-5959

 After Hours Phone: (844)  
200-2426

Provider Gender: Male

NPI: 1821463159

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CHIROPRACTOR**

##### **GILIBERTO, JOSEPH**


Provider ID: 291547

Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126


 Phone: (844) 200-2426

Fax: (619) 399-5959

 After Hours Phone: (844)  
200-2426

Provider Gender: Male

NPI: 1821463159

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **CHIROPRACTOR**

##### **LUU, DANIEL**

Provider ID: 269883

Board Certified Specialty: No

 4419 EUCLID AVE STE 105  
SAN DIEGO, CA 92115

 Phone: (619) 287-1235

Fax: (619) 255-6406

 After Hours Phone: (619)  
287-1235

Provider Gender: Male

NPI: 1225108269

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 10:00AM-6:00PM  
TU 10:00AM-2:00PM

W 10:00AM-6:00PM

TH 10:00AM-2:00PM

F 10:00AM-6:00PM

 Website: N/A

#### **CHIROPRACTOR**

##### **ROBINSON, DEAN**

### D3. Specialist Provider Directory

Provider ID: 300848

Board Certified Specialty: No

4290 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619)  
563-0250

Provider Gender: Male

NPI: 1851320337

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

Website: N/A

#### **CHIROPRACTOR**

#### **ROBINSON, DEAN**

Provider ID: 300847

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1851320337

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

Website: N/A

#### **DERMATOLOGY**

#### **CALAME, ANTOANELLA**

Provider ID: 290301

Board Certified Specialty: No

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

Phone: (858) 750-2983

Fax: (858) 750-2984

After Hours Phone: (858)  
750-2983

Provider Gender: Female

NPI: 1285817569

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Romanian

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, YUMA

REGIONAL MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **DERMATOLOGY**

#### **FABRIKANT, JORDAN**

Provider ID: 262275

Board Certified Specialty: No

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Phone: (619) 298-9809  
Fax: (619) 298-9823

After Hours Phone: (619)  
298-9809

Provider Gender: Male

NPI: 1649585753

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **DERMATOLOGY**

#### **KANNAN, SWATI**

Provider ID: 286287

Board Certified Specialty: No

8899 UNIVERSITY CENTER  
LN STE 350

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1508155227

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD

REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED

CTR, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY



### D3. Specialist Provider Directory


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### DERMATOLOGY


**KAUNITZ, GENEVIEVE**

Provider ID: 285011

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN STE 350

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1053734905

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### DERMATOLOGY


**KOZMA, BONITA**

Provider ID: 269301


Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN STE 350

SAN DIEGO, CA 92122

 Phone: (858) 657-8322

Fax: (888) 539-8781

 After Hours Phone: (858)  
657-8322

Provider Gender: Female

NPI: 1659654598

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


PROVIDENCE SAINT JOHNS  
HEALTH CENTER, SANTA  
MONICA UCLA MED CTR,  
RONALD REAGAN UCLA MED  
CTR, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### DERMATOLOGY


**SHI, VERONICA**

Provider ID: 286335


Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1366897464

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### DERMATOLOGY


**SHI, VERONICA**

Provider ID: 271713


Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN STE 350

SAN DIEGO, CA 92122

 Phone: (858) 657-8322

Fax: (888) 539-8781

 After Hours Phone: (858)  
657-8322

Provider Gender: Female

NPI: 1366897464

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **DERMATOLOGY**

##### **SINGH, GAURAV**

Provider ID: 272612  
Board Certified Specialty: No  
8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1184073801  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **EMERGENCY MEDICINE**

##### **AMANN, CHRISTOPHER**

Provider ID: 270913  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1134326895  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON, USC  
KENNETH NORRIS JR CANCER  
HOSPITAL, KECK HOSPITAL OF  
USC, USC VERDUGO HILLS  
HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **EMERGENCY MEDICINE**

##### **AUSTIN, ANDREA**

Provider ID: 269291  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1811289093  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
GROSSMONT HOSPITAL, Los

Angeles General Medical  
Center, TEMECULA VALLEY  
HOSPITAL INC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **EMERGENCY MEDICINE**

##### **BAGBY, JESSICA**

Provider ID: 271136  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1093161473  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

### D3. Specialist Provider Directory

#### **EMERGENCY MEDICINE**

##### **BARRY, JEFFREY**

Provider ID: 271132

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801207006

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

##### **BARRY, JEFFREY**

Provider ID: 271130

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (855) 535-5864

Fax: (888) 539-8781

After Hours Phone: (855)  
535-5864

Provider Gender: Male

NPI: 1801207006

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA Provider ID: 270333

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

##### **BARRY, JEFFREY**

Provider ID: 271129

Board Certified Specialty: No

4520 EXECUTIVE DR STE  
P2  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801207006

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

##### **BELLINGHAUSEN, AMY**

Board Certified Specialty: No

4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801206354

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND  
HEALTHCARE CTR, SHARP

MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

##### **BELLINGHAUSEN, AMY**

Provider ID: 270334

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273


Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1801206354


### D3. Specialist Provider Directory


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CORONADO HOSP AND*  
*HEALTHCARE CTR, SHARP*  
*MEMORIAL HOSPITAL, UCSD*  
*LA JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


#### **EMERGENCY MEDICINE**

#### **BELLINGHAUSEN, AMY**

*Provider ID: 270336*

*Board Certified Specialty: No*


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1801206354*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CORONADO HOSP AND*  
*HEALTHCARE CTR, SHARP*  
*MEMORIAL HOSPITAL, UCSD*  
*LA JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


#### **EMERGENCY MEDICINE**

#### **CASTELLANO, TIFFANY**

*Provider ID: 301706*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1063893063*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*


#### **EMERGENCY MEDICINE**

#### **CASTELLANO, TIFFANY**

*Provider ID: 279314*

*Board Certified Specialty: No*

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1063893063*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


#### **EMERGENCY MEDICINE**

#### **CHEN, ALICE**

*Provider ID: 287430*

*Board Certified Specialty: No*

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1427476597*

 *Provider English Spoken: Y*  
 *Provider Language(s)*

*Spoken: Mandarin*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*


*MEDICAL CTR, UCSD LA JOLLA*  
*JOHN SALLY THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*

### D3. Specialist Provider Directory


#### **EMERGENCY MEDICINE**

##### **CHEN, ALICE**

Provider ID: 287428

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427476597

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **EMERGENCY MEDICINE**


##### **COLLINS, CATHLEEN**

Provider ID: 285133

Board Certified Specialty: No


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1205128089

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: LUCILE  
SALTER PACKARD CHILDRENS  
HOSP, Stanford Health Care,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **EMERGENCY MEDICINE**

##### **COYNE, CHRISTOPHER**

Provider ID: 303036

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (619) 543-7051

Fax: (619) 543-3115

 After Hours Phone: (619)  
543-7051

Provider Gender: Male

NPI: 1043590169

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

RADY CHILDRENS HOSPITAL

SAN DIEGO, EL CENTRO


REGIONAL MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **EMERGENCY MEDICINE**


##### **GUITTARD, JESSE**

Provider ID: 239879

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6400

 After Hours Phone: (619)  
543-6400

Provider Gender: Male

NPI: 1770979890

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: EL CENTRO


REGIONAL MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **EMERGENCY MEDICINE**


##### **HERNANDEZ, CRISTINA**

Provider ID: 242544

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273




Provider Gender: Female

NPI: 1164765046

 Provider English Spoken: Y







 Provider Language(s)

### D3. Specialist Provider Directory

*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*




#### **EMERGENCY MEDICINE**

##### **HOGUE, BRENNIA**

*Provider ID: 301711*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1043705296*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*



#### **EMERGENCY MEDICINE**




##### **HORNBEAK, KIRSTEN**

*Provider ID: 240022*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1205214442*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **EMERGENCY MEDICINE**









##### **KUTZ, CRAIG**

*Provider ID: 283845*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1598295925*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL*

*CTR, TRI CITY MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **EMERGENCY MEDICINE**

##### **LIOTTA, BENJAMIN**

*Provider ID: 285630*  
*Board Certified Specialty: No*  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1396270278*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Chinese*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-8:00PM*  
 *Website: N/A*

#### **EMERGENCY MEDICINE**

### D3. Specialist Provider Directory

#### **MCDANIEL, MICHELE**

Provider ID: 246901

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1366761959

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

#### **MUELLER, MATTHEW**

Provider ID: 280657

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1003355629

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON, EL  
CENTRO REGIONAL MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

#### **NOSTE, ERIN**

Provider ID: 239797

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-6400

After Hours Phone: (619)  
543-6400

Provider Gender: Female

NPI: 1871732214

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

#### **NOSTE, ERIN**

Provider ID: 239798

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (858) 605-4441

After Hours Phone: (858)  
605-4441

Provider Gender: Female

NPI: 1871732214

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU  
8:00AM-10:00PM  
M-F 8:00AM-5:00PM  
SA 8:00AM-10:00PM

Website: N/A

#### **EMERGENCY MEDICINE**

#### **PARK, JAY**

Provider ID: 285607

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

### D3. Specialist Provider Directory

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1366478372

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **EMERGENCY MEDICINE**

##### **PHAM, LILY**

Provider ID: 304937

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

☎ After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1811423072

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **EMERGENCY MEDICINE**

##### **PHAM, LILY**

Provider ID: 304933

Board Certified Specialty: No

📍 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

☎ Phone: (619) 280-2905

Fax: (619) 283-1614

☎ After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1811423072

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

🌐 Website: N/A

#### **EMERGENCY MEDICINE**

##### **RUDOLF, FRANCES**

Provider ID: 240159

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (858) 657-7000

☎ After Hours Phone: (858)  
657-7000

Provider Gender: Female

NPI: 1821487430

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **EMERGENCY MEDICINE**

##### **SABHA, MAHMOUD**

Provider ID: 243441

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1457747883

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes



Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER



### D3. Specialist Provider Directory

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **EMERGENCY MEDICINE**


##### **SLOANE, CHRISTIAN**

Provider ID: 209518

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841233145

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, EL CENTRO  
REGIONAL MEDICAL CENTER,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **EMERGENCY MEDICINE**


##### **TANAKA, HIDEAKI**

Provider ID: 240124

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124280730

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,


Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 8:00AM-8:00PM  
M-F 8:00AM-5:00PM  
SA 8:00AM-8:00PM

 Website: N/A

#### **EMERGENCY MEDICINE**


##### **YOU, ALAN**

Provider ID: 269936

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225425697

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **EMERGENCY MEDICINE**


##### **YU, ELAINE**

Provider ID: 301708

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528564150

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **ENDOCRINOLOGY**

##### **METABOLISM DIABETES**


##### **BOEDER, SCHAFER**

Provider ID: 255611

Board Certified Specialty: No



 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1477808285


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


### D3. Specialist Provider Directory

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **ENDOCRINOLOGY**


#### **METABOLISM DIABETES**

#### **EKANAYAKE, PREETHIKA**

Provider ID: 284813

Board Certified Specialty: No


 4168 FRONT ST  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083922462

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Sinhala, Spanish  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **ENDOCRINOLOGY**


#### **METABOLISM DIABETES**

#### **EKANAYAKE, PREETHIKA**

Provider ID: 284812

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083922462

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Sinhala, Spanish  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **ENDOCRINOLOGY**

#### **METABOLISM DIABETES**

#### **GUERIN, CHRIS**

Provider ID: 284646

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275648875

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **ENDOCRINOLOGY**


#### **METABOLISM DIABETES**

#### **JUANG, PATRICIA**

Provider ID: 255605

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (858) 657-7298

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265695795

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

### D3. Specialist Provider Directory


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### ENDOCRINOLOGY

#### METABOLISM DIABETES

**KULASA, KRISTEN**

Provider ID: 255622

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (619) 543-6500

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932324175


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### ENDOCRINOLOGY

#### METABOLISM DIABETES

**NAGELBERG, JODI**

Provider ID: 287781

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720474141


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### ENDOCRINOLOGY

#### METABOLISM DIABETES


**NAGELBERG, JODI**

Provider ID: 287780

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720474141


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### ENDOCRINOLOGY

#### METABOLISM DIABETES

**NAGELBERG, JODI**

Provider ID: 287779

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1720474141


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### ENDOCRINOLOGY

#### METABOLISM DIABETES


**NAGELBERG, JODI**

Provider ID: 287782

Board Certified Specialty: No

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

### D3. Specialist Provider Directory

Provider Gender: Female

NPI: 1720474141

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### ENDOCRINOLOGY

#### METABOLISM DIABETES

#### **SANTOS CAVAIOLA, TRICIA**

Provider ID: 256091

Board Certified Specialty: No

 4168 FRONT ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (858) 657-7298

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1518163799

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### ENDOCRINOLOGY

#### METABOLISM DIABETES

#### **TANTISIRA, LALITA**

Provider ID: 286323

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE DR STE 2110

SAN DIEGO, CA 92122


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1508874298

 Provider English Spoken: Y

 Provider Language(s) Spoken: Thai

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### ENDOCRINOLOGY

#### METABOLISM DIABETES


#### **VALDEZ, KRYSTAL**

Provider ID: 299363

Board Certified Specialty: No

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126


 Phone: (844) 200-2426


Fax: (858) 578-4417

 After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1629480272

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, SIERRA VISTA

REGIONAL MED CTR,


PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### ENDOCRINOLOGY

#### METABOLISM DIABETES


#### **VALDEZ, KRYSTAL**

Provider ID: 299743

Board Certified Specialty: No

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426


Fax: (858) 578-4417

 After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1629480272

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, SIERRA VISTA

REGIONAL MED CTR,

PARADISE VALLEY HOSPITAL

### D3. Specialist Provider Directory


Medi-Cal Open Panel: Yes

Min/Max Age: 18\100

American Sign Language (ASL): Provider ID: 304813

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **FAMILY PRACTICE**

##### **ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 301761

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113


 Phone: (619) 662-4100

Fax: (619) 595-0258

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1588197826

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PARADISE VALLEY


HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10:00AM-4:00PM

M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

 Website: N/A


#### **FAMILY PRACTICE**

##### **BELL, TRACY**


Provider ID: 304813

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1497821318

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 14\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

 Website: N/A


#### **FAMILY PRACTICE**

##### **BELL, TRACY**

Provider ID: 304814

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1497821318

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 14\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM


 Website: N/A

#### **FAMILY PRACTICE**


##### **BERNADETT, ALEX**

Provider ID: 296740

Board Certified Specialty: No

 10505 SORRENTO VALLEY  
RD STE 200

SAN DIEGO, CA 92121

 Phone: (858) 793-7860

Fax: (858) 436-1289

 After Hours Phone: (858)  
793-7860

Provider Gender: Male

NPI: 1215382841

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **FAMILY PRACTICE**


##### **BERNADETT, ALEX**

Provider ID: 296739

Board Certified Specialty: No

 6699 ALVARADO RD STE  
2100

SAN DIEGO, CA 92120

 Phone: (619) 229-3909

Fax: (619) 229-3902

### D3. Specialist Provider Directory

 After Hours Phone: (619)  
229-3909

Provider Gender: Male

NPI: 1215382841


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **FAMILY PRACTICE**

##### **CAMPBELL, BRIANNA**


Provider ID: 298950

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

Fax: (619) 662-4158

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1316479892

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: CHULA  
VISTA COMM HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

 Website: N/A


#### **FAMILY PRACTICE**


##### **CHEN, ALICE**

Provider ID: 207164

Board Certified Specialty: No


 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **FAMILY PRACTICE**


##### **CHEN, ALICE**

Provider ID: 207167

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **FAMILY PRACTICE**

##### **CHEN, ALICE**


Provider ID: 207163

Board Certified Specialty: No

 9333 GENESEE AVE STE  
200


SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON



Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER


### D3. Specialist Provider Directory


 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



#### **FAMILY PRACTICE**

##### **HILL, LINDA**

Provider ID: 293210  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925  
Provider Gender: Female  
NPI: 1467434811

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



 Hours: M-F  
8:30AM-5:30PM  
 Website: N/A

#### **FAMILY PRACTICE**

##### **HILL, LINDA**

Provider ID: 293211  
Board Certified Specialty: No  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
810-8700

Provider Gender: Female  
NPI: 1467434811

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **FAMILY PRACTICE**

##### **JOHN, TANNER**


Provider ID: 303515  
Board Certified Specialty: No  
 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
Fax: (619) 595-0258  
 After Hours Phone: (619)  
662-4100

Provider Gender: Male  
NPI: 1043707326

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **FAMILY PRACTICE**

##### **JOLICOEUR, MEGAN**

Provider ID: 300060  
Board Certified Specialty: No  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1114366192

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

#### **FAMILY PRACTICE**

##### **JOLICOEUR, MEGAN**

Provider ID: 300059  
Board Certified Specialty: No  
 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1114366192

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### D3. Specialist Provider Directory

#### **FAMILY PRACTICE**

##### **JOLICOEUR, MEGAN**

Provider ID: 300057

Board Certified Specialty: No

8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122

Phone: (858) 249-6890

After Hours Phone: (858)  
249-6890

Provider Gender: Female

NPI: 1114366192

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **FAMILY PRACTICE**

##### **JOLICOEUR, MEGAN**

Provider ID: 300058

Board Certified Specialty: No

9333 GENESEE AVE  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1114366192

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **FAMILY PRACTICE**

##### **KUROSAKA, MOMO**

Provider ID: 291447

Board Certified Specialty: No

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1205848363

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **FAMILY PRACTICE**

##### **KUROSAKA, MOMO**

Provider ID: 291448

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1205848363

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **FAMILY PRACTICE**

##### **MCLAUGHLIN, ERIK**

Provider ID: 303847

Board Certified Specialty: No

2630 1ST AVE  
SAN DIEGO, CA 92103

Phone: (619) 234-2158

Fax: (619) 234-0505

After Hours Phone: (619)  
234-2158

Provider Gender: Male

NPI: 1861637217

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

##### **PERESS, LILIA**

Provider ID: 304277

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1275945446

Provider English Spoken: Y




### D3. Specialist Provider Directory


 *Provider Language(s)*  
*Spoken: Ukrainian*

*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


#### **FAMILY PRACTICE**

##### **PERESS, LILIA**

*Provider ID: 304276*

*Board Certified Specialty: No*

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858)*  
*810-8700*

*Provider Gender: Female*  
*NPI: 1275945446*

 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Ukrainian*

*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


#### **FAMILY PRACTICE**

##### **RISSER, JOSEPH**

*Provider ID: 293216*

*Board Certified Specialty: Yes*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858)*  
*279-0925*


*Provider Gender: Male*  
*NPI: 1952386765*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*


#### **FAMILY PRACTICE**

##### **RISSER, JOSEPH**

*Provider ID: 293217*

*Board Certified Specialty: No*

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858)*  
*810-8700*

*Provider Gender: Male*  
*NPI: 1952386765*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*


#### **FAMILY PRACTICE**

##### **ROSADO, IVAN**

*Provider ID: 299244*

*Board Certified Specialty: No*

 316 25TH ST  
SAN DIEGO, CA 92102

 *Phone: (619) 662-4100*  
*Fax: (619) 238-3807*

 *After Hours Phone: (619)*  
*662-4100*


*Provider Gender: Male*  
*NPI: 1316479603*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: SU 8:30AM-5:30PM*  
*M-F 8:30AM-5:30PM*

*SA 8:30AM-2:30PM*


 *Website: N/A*


#### **FAMILY PRACTICE**

##### **SCOTT, LAGINA**

*Provider ID: 302648*

*Board Certified Specialty: No*

 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114




 *Phone: (619) 662-4100*  
*Fax: (619) 263-9601*

 *After Hours Phone: (619)*  
*662-4100*

*Provider Gender: Female*  
*NPI: 1558897009*






 *Provider English Spoken: Y*

### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **FAMILY PRACTICE**






##### **SUMMERS-DAY, COURTNEY**




*Provider ID: 290976*  
*Board Certified Specialty: Yes*  
 1016 OUTER RD  
SAN DIEGO, CA 92154  
 *Phone: (619) 429-3733*  
*Fax: (619) 628-5550*  
 *After Hours Phone: (619) 429-3733*  
*Provider Gender: Female*  
*NPI: 1124288873*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **FAMILY PRACTICE**






##### **VAN PRATT LEVIN, BENJAMIN**




*Provider ID: 302531*  
*Board Certified Specialty: No*  
 1016 OUTER RD  
SAN DIEGO, CA 92154  
 *Phone: (619) 429-3733*  
*Fax: (619) 328-5550*  
 *After Hours Phone: (619) 429-3733*  
*Provider Gender: Male*  
*NPI: 1619438330*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **FAMILY PRACTICE**








##### **VO, PHU LUONG**

*Provider ID: 303332*  
*Board Certified Specialty: No*  
 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-6305*  
 *After Hours Phone: (619) 662-4100*  
*Provider Gender: Female*  
*NPI: 1043849177*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish, Vietnamese*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*


#### **FAMILY PRACTICE GERIATRIC MEDICINE**

##### **MILLER, SCOTT**

*Provider ID: 271539*  
*Board Certified Specialty: No*  
 9878 CARMEL MOUNTAIN RD STE B  
SAN DIEGO, CA 92129  
 *Phone: (858) 312-1440*  
*Fax: (760) 788-7983*  
 *After Hours Phone: (858) 312-1440*  
*Provider Gender: Male*  
*NPI: 1104845536*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **GASTROENTEROLOGY**

##### **ANAND, GOBIND**

*Provider ID: 272837*  
*Board Certified Specialty: No*  
 200 W ARBOR DR

### D3. Specialist Provider Directory

SAN DIEGO, CA 92103  
☎ Phone: (619) 543-2347  
Fax: (858) 657-7259  
🕒 After Hours Phone: (619) 543-2347  
Provider Gender: Male  
NPI: 1861626814  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### GASTROENTEROLOGY

##### **ANAND, GOBIND**

Provider ID: 304187  
Board Certified Specialty: No  
📄 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1861626814  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

#### GASTROENTEROLOGY

##### **BAUMAN, LAURA**

Provider ID: 260041  
Board Certified Specialty: No  
📄 3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-4003  
Fax: (858) 560-6798  
🕒 After Hours Phone: (858) 966-4003  
Provider Gender: Female  
NPI: 1255697850  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### GASTROENTEROLOGY

##### **DAVE, SHRAVAN**

Provider ID: 270450  
Board Certified Specialty: No  
📄 4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1588081814  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### GASTROENTEROLOGY

##### **DAVE, SHRAVAN**






Provider ID: 304204  
Board Certified Specialty: No  
📄 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1588081814  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

#### GASTROENTEROLOGY

##### **HASAN, AWS**







Provider ID: 299951  
Board Certified Specialty: No  
📄 200 W ARBOR DR


### D3. Specialist Provider Directory

SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1780047597  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **GASTROENTEROLOGY**








##### **HILDRETH, AMBER**

Provider ID: 280464  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-4003  
Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
Provider Gender: Female  
NPI: 1548521511  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F

8:00AM-5:00PM  
 Website: N/A

#### **GASTROENTEROLOGY**





##### **KUMAR, SOMA**

Provider ID: 205377  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 2 SOUTH  
SAN DIEGO, CA 92123  
 Phone: (858) 966-4003  
Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
Provider Gender: Female  
NPI: 1356502520  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **GASTROENTEROLOGY**

##### **NOVO, MEGAN**

Provider ID: 296066  
Board Certified Specialty: No  
 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
 Phone: (619) 266-3332  
Fax: (619) 266-6006  
 After Hours Phone: (619) 266-3332  
Provider Gender: Female

NPI: 1770961971  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PARADISE VALLEY HOSPITAL, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MERCY HOSPITAL CHULA VISTA, UNIVERSITY OF CALIFORNIA IRVINE MED CTR, UCSD MEDICAL CTR, UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **GASTROENTEROLOGY**

##### **POLK, DAVID**

Provider ID: 275449  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123  
 Phone: (760) 294-9260  
Fax: (760) 294-9274  
 After Hours Phone: (760) 294-9260  
Provider Gender: Male  
NPI: 1427140839  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY

### D3. Specialist Provider Directory


CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSP OF  
LOS ANGELES

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **GASTROENTEROLOGY**


**REDDY, JOSEPH**

Provider ID: 27748

Board Certified Specialty: Yes

 6699 ALVARADO RD STE  
2301

SAN DIEGO, CA 92120

 Phone: (619) 588-4074


Fax: (619) 588-4004

 After Hours Phone: (619)  
588-4074

Provider Gender: Male

NPI: 1245215391

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Spanish,  
Telugu

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL, UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **GASTROENTEROLOGY**


**REDDY, JOSEPH**

Provider ID: 290034

Board Certified Specialty: Yes

 6699 ALVARADO RD STE  
2301

SAN DIEGO, CA 92120


 Phone: (619) 588-4074


Fax: (619) 588-4004

 After Hours Phone: (619)  
588-4074

Provider Gender: Male

NPI: 1245215391

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Spanish,  
Telugu

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **GASTROENTEROLOGY**

**SHAFFER, KATHERINE**

Provider ID: 295712

Board Certified Specialty: No

 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

 Phone: (619) 266-3332

Fax: (619) 266-6000

 After Hours Phone: (619)

266-3332

Provider Gender: Female

NPI: 1336405695

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, PARADISE


VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **GASTROENTEROLOGY**

**SHAH, SHAILJA**

Provider ID: 304178

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073803243

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **GASTROENTEROLOGY**

##### **SHAH, SHAILJA**

Provider ID: 283896

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073803243

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **GASTROENTEROLOGY**

##### **TSAI, MATTHEW**

Provider ID: 304196

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1285051177

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **GASTROENTEROLOGY**

##### **YOUSSEF, FADY**

Provider ID: 304186

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265887723

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **GASTROENTEROLOGY**

##### **YOUSSEF, FADY**

Provider ID: 300024

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265887723

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **GENERAL PRACTICE**

##### **BORRERO, MARCOS**

Provider ID: 125077

Board Certified Specialty: No

 3490 PALM AVE  
SAN DIEGO, CA 92154

 Phone: (619) 423-5616

Fax: (619) 423-5684

 After Hours Phone: (619)  
423-5616

Provider Gender: Male

NPI: 1952312621

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA


Medi-Cal Open Panel: Yes


Min/Max Age: 2\150

American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **GENETICS CLINICAL**

##### **REIMERS, REBECCA**

*Provider ID: 302348*

*Board Certified Specialty: No*

 *7920 FROST ST STE 200  
SAN DIEGO, CA 92123*

 *Phone: (858) 966-5840*

*Fax: (858) 966-8550*

 *After Hours Phone: (858)  
966-5840*

*Provider Gender: Female*

*NPI: 1801207634*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*


*Medi-Cal Open Panel: No*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **GENETICS CLINICAL**

##### **REIMERS, REBECCA**

*Provider ID: 294650*

*Board Certified Specialty: No*

 *3020 CHILDRENS WAY  
SAN DIEGO, CA 92123*

 *Phone: (858) 966-6710*

*Fax: (858) 966-6711*

 *After Hours Phone: (858)  
966-6710*

*Provider Gender: Female*

*NPI: 1801207634*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **GENETICS MEDICAL**

##### **DEL CAMPO CASANELLES, MIGUEL**


*Provider ID: 206013*

*Board Certified Specialty: No*

 *7920 FROST ST STE 200  
SAN DIEGO, CA 92123*



 *Phone: (858) 966-7484*

*Fax: (858) 966-4064*

 *After Hours Phone: (858)  
966-7484*

*Provider Gender: Male*

*NPI: 1598141475*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: French, Italian,  
Portuguese, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **GENETICS MEDICAL**


##### **MARDACH, REBECCA**


*Provider ID: 241947*

*Board Certified Specialty: No*

 *3030 CHILDRENS WAY FL  
4*

*SAN DIEGO, CA 92123*

 *Phone: (858) 966-5840*

 *After Hours Phone: (858)  
966-5840*

*Provider Gender: Female*

*NPI: 1457330607*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR, UC  
DAVIS MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **GENETICS MEDICAL**

##### **MARDACH, REBECCA**

*Provider ID: 241946*

### D3. Specialist Provider Directory

Board Certified Specialty: No

7920 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 966-5840

After Hours Phone: (858)  
966-5840

Provider Gender: Female

NPI: 1457330607

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR, UC  
DAVIS MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **HEARING AID DEALER / SUPPLIER**

**ANDERSON, ELAINE**

Provider ID: 268689

Board Certified Specialty: No

6367 ALVARADO CT STE 101  
SAN DIEGO, CA 92120

Phone: (619) 583-7002

Fax: (619) 583-9404

After Hours Phone: (619)  
583-7002

Provider Gender: Female

NPI: 1063558856

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **HEARING AID DEALER / SUPPLIER**

**ANDERSON, ELAINE**

Provider ID: 268691

Board Certified Specialty: No

9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123

Phone: (858) 278-9911

Fax: (858) 565-7324

After Hours Phone: (858)  
278-9911

Provider Gender: Female

NPI: 1063558856

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **HEARING AID DEALER / SUPPLIER**

**DAVIS, KELLE**

Provider ID: 268653

Board Certified Specialty: No

9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123

Phone: (858) 278-9911

Fax: (858) 565-7324

After Hours Phone: (858)  
278-9911

Provider Gender: Female

NPI: 1902853344

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

#### **HEARING AID DEALER / SUPPLIER**

**DAVIS, KELLE**

Provider ID: 268652

Board Certified Specialty: No

6367 ALVARADO CT STE 101  
SAN DIEGO, CA 92120

Phone: (619) 583-7002

Fax: (619) 583-9404

After Hours Phone: (619)  
583-7002

Provider Gender: Female

NPI: 1902853344

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A



### D3. Specialist Provider Directory

#### **HEMATOLOGY / ONCOLOGY**

##### **CHEN, YU-WEI**

Provider ID: 303059

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1245694801

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

##### **LEE, KAREN**

Provider ID: 284165

Board Certified Specialty: No

3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1518352970

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

##### **NGUYEN, ANTHONY**

Provider ID: 301060

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1295153575

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LOMA  
LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

##### **PAUL, MEGAN**

Provider ID: 274499

Board Certified Specialty: No

3010 CHILDRENS WAY STE  
2W

SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1427495894

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

##### **VU, PETER**

Provider ID: 272716

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1861810830

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY




THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

### D3. Specialist Provider Directory

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **HEMATOLOGY / ONCOLOGY**


##### **ZHOU, JENNY**

Provider ID: 273188

Board Certified Specialty: No

 9333 GENESEE AVE STE 310

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1598007924


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **HOSPICE AND PALLIATIVE MEDICINE**

##### **RUBENZIK, TAMARA**

Provider ID: 245573

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1811200652

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **HOSPICE AND PALLIATIVE MEDICINE**

##### **RUBENZIK, TAMARA**

Provider ID: 276671

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1811200652

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **INFECTIOUS DISEASE**

##### **ALDOUS, JEANNETTE**

Provider ID: 290420

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

Fax: (619) 205-6384

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1073650339

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **INFECTIOUS DISEASE**

##### **BAMFORD, LAURA**

Provider ID: 276546

Board Certified Specialty: No

 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

 Phone: (619) 543-6382

### D3. Specialist Provider Directory

Fax: (888) 539-8781

☎ After Hours Phone: (619) 543-6382

Provider Gender: Female

NPI: 1750435996

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### INFECTIOUS DISEASE

##### **DEISS, ROBERT**

Provider ID: 258330

Board Certified Specialty: No

📍 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

☎ Phone: (619) 543-3995

☎ After Hours Phone: (619) 543-3995

Provider Gender: Male

NPI: 1194977652

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### INFECTIOUS DISEASE

##### **HORTON, LUCY**

Provider ID: 240887

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427324821

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### INFECTIOUS DISEASE

##### **KUPPALLI, KRUTIKA**

Provider ID: 301058

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1538346317

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, Stanford Health

Care, STANFORD HEALTH

CARE TRI-VALLEY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### INFECTIOUS DISEASE

##### **MARTIN, THOMAS**

Provider ID: 277226

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1093193583

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### **INFECTIOUS DISEASE**

##### **MARTIN, THOMAS**

Provider ID: 277225

Board Certified Specialty: No

4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

Phone: (619) 543-5890

Fax: (888) 539-8781

After Hours Phone: (619)  
543-5890

Provider Gender: Male

NPI: 1093193583

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **INFECTIOUS DISEASE**

##### **MOODLEY, AMARAN**

Provider ID: 208558

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123

Phone: (858) 966-7785

Fax: (858) 966-8658

After Hours Phone: (885)  
966-7785

Provider Gender: Male

NPI: 1104023670

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **INFECTIOUS DISEASE**

##### **PANNARAJ, PIA**

Provider ID: 301026

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123

Phone: (858) 966-7785

Fax: (858) 966-8658

After Hours Phone: (858)  
966-7785

Provider Gender: Female

NPI: 1942478524

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, HOLLYWOOD  
PRESBYTERIAN MED CTR,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM  
Website: N/A

#### **INFECTIOUS DISEASE**

##### **PROMER, KATHERINE**

Provider ID: 258545

Board Certified Specialty: No

4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1306280607

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR, SCRIPPS MEMORIAL  
HOSPITAL, PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **INFECTIOUS DISEASE**

##### **RAJAGOPAL, AMUTHA**

Provider ID: 221088

Board Certified Specialty: No

4168 FRONT ST FL 3  
SAN DIEGO, CA 92103


Phone: (800) 926-8273

### D3. Specialist Provider Directory

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1124465745

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **INFECTIOUS DISEASE**

#### **RAMIREZ SANCHEZ, CLAUDIA**


Provider ID: 299946

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1659720555

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **INFECTIOUS DISEASE**


#### **TOVAR PADUA, LEIDY**

Provider ID: 205357

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123


 Phone: (858) 966-7785

Fax: (858) 966-8658

 After Hours Phone: (858) 966-7785

Provider Gender: Female

NPI: 1033491311

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSP OF  
LOS ANGELES, LONG BEACH  
MEMORIAL MED CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **INFECTIOUS DISEASE**

#### **TOVAR PADUA, LEIDY**

Provider ID: 265093

Board Certified Specialty: No


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1033491311

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSP OF  
LOS ANGELES, LONG BEACH  
MEMORIAL MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **INTERNAL MEDICINE**


#### **ARUTYUNOV, BORIS**

Provider ID: 201910

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 471-9186

 After Hours Phone: (619) 471-9186

Provider Gender: Male

NPI: 1144562703

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: GOOD  
SAMARITAN HOSPITAL, PIH  
HEALTH GOOD SAMARITAN  
HOSPITAL, SUTTER MEDICAL  
CENTER SACRAMENTO, UCSD

### D3. Specialist Provider Directory

LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


#### **INTERNAL MEDICINE**

##### **BALL, SHELDON**

Provider ID: 294136

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1689646275


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

 Website: N/A


#### **INTERNAL MEDICINE**

##### **BALL, SHELDON**


Provider ID: 294137

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1689646275

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

 Website: N/A


#### **INTERNAL MEDICINE**

##### **BORDIN-WOSK, TALYA**

Provider ID: 273983

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (760) 471-9186

Fax: (619) 543-8255

 After Hours Phone: (760)  
471-9186

Provider Gender: Female

NPI: 1801184973

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **INTERNAL MEDICINE**


##### **CHENG, GEORGE**

Provider ID: 247639

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1316174568

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **INTERNAL MEDICINE**

##### **DJEKIC, KRISTINA**

Provider ID: 286668

Board Certified Specialty: No

 200 W ARBOR DR

### D3. Specialist Provider Directory

SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1417343732

🗨 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **INTERNAL MEDICINE**

**GELBERG, ANNA**  
Provider ID: 285638  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1104004258

🗨 Provider English Spoken: Y  
🗨 Provider Language(s) Spoken: Russian  
Cultural Competency: N  
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, HOAG MEMORIAL

HOSPITAL PRESBYTERIAN, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **INTERNAL MEDICINE**

**GRUNVALD, EDUARDO**  
Provider ID: 286344  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1497791339

🗨 Provider English Spoken: Y  
🗨 Provider Language(s) Spoken: Portuguese, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **INTERNAL MEDICINE**

**GRUNVALD, EDUARDO**  
Provider ID: 286343  
Board Certified Specialty: No  
📍 4303 LA JOLLA VILLAGE DR STE 2110  
SAN DIEGO, CA 92122  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1497791339

🗨 Provider English Spoken: Y  
🗨 Provider Language(s) Spoken: Portuguese, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **INTERNAL MEDICINE**

**HASTIE, ELIZABETH**  
Provider ID: 291431  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female

### D3. Specialist Provider Directory

NPI: 1154818797

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### INTERNAL MEDICINE

##### **HOGARTH, MICHAEL**

Provider ID: 214386

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225019193

Provider English Spoken: Y

Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON, UC

DAVIS MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERNAL MEDICINE

##### **JABBOUR, MOUSSA**

Provider ID: 256659

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1255741633

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERNAL MEDICINE

##### **JIANG, JUN**

Provider ID: 291415

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1447792171

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### INTERNAL MEDICINE

##### **KATZ, YISRAEL**

Provider ID: 272936

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1730507872

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERNAL MEDICINE

##### **KVIATKOVSKY, MILLA**

Provider ID: 274003

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-6222



After Hours Phone: (619)  
543-6222

Provider Gender: Female

NPI: 1366855355



### D3. Specialist Provider Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Finnish, French,  
Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE


##### **LAGO HERNANDEZ, CARLOS**

Provider ID: 238622

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1558756270

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA



JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### INTERNAL MEDICINE


##### **LAM, MICHAEL**

Provider ID: 274410

Board Certified Specialty: No

 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1578974259

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE

##### **LAM, MICHAEL**

Provider ID: 274411

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1578974259

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE

##### **LEVERONE, NICHOLAS**

Provider ID: 272692

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407388564

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY




THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

### D3. Specialist Provider Directory


 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **INTERNAL MEDICINE**




##### **MAJITHIA, AMIT**

Provider ID: 255882  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1801091459




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **INTERNAL MEDICINE**

##### **MARTINEZ, ARMANDO**



Provider ID: 291421  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)


926-8273  
Provider Gender: Male  
NPI: 1598261091  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Website: N/A




#### **INTERNAL MEDICINE**

##### **MUNCE, DANIELLE**

Provider ID: 272577  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1740644509  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **INTERNAL MEDICINE**

##### **NAIDZIONAK, ULADZISLAU**




Provider ID: 290567  
Board Certified Specialty: No  
 7930 FROST ST STE 405  
SAN DIEGO, CA 92123  
 Phone: (858) 237-0572  
 After Hours Phone: (858)  
237-0572

Provider Gender: Male  
NPI: 1023246212

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Russian




Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: TU 9:00AM-4:00PM  
TH 9:00AM-4:00PM  
 Website: N/A

#### **INTERNAL MEDICINE**

##### **NOKES, BRANDON**

Provider ID: 287582  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

### D3. Specialist Provider Directory

NPI: 1487040051


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE

##### **SEBASKY, MEGHAN**


Provider ID: 273962

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6222

Fax: (619) 543-8255

 After Hours Phone: (619)  
543-6222

Provider Gender: Female

NPI: 1538351408


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE


##### **SHAHATTO, LOBNA**

Provider ID: 201324

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 657-7000

 After Hours Phone: (858)  
657-7000

Provider Gender: Female

NPI: 1477879906

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE


##### **SMITH, CHELSEY**

Provider ID: 239920

Board Certified Specialty: No


 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (858) 657-6110

 After Hours Phone: (858)  
657-6110

Provider Gender: Female

NPI: 1013264506

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### INTERNAL MEDICINE

##### **TANTISIRA, LALITA**

Provider ID: 275926

Board Certified Specialty: No

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1508874298

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Thai


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **INTERNAL MEDICINE**

##### **TANTISIRA, LALITA**

Provider ID: 275927

Board Certified Specialty: No

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1508874298

Provider English Spoken: Y

Provider Language(s) Spoken: Thai

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

#### **INTERNAL MEDICINE**

##### **TAYLOR, DAVID**

Provider ID: 274469

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1033572995

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

#### **INTERNAL MEDICINE**

##### **THOMAS, ROBERT**

Provider ID: 238929

Board Certified Specialty: Yes

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1053765909

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

#### **INTERNAL MEDICINE**

##### **WANG, ANGELA**

Provider ID: 259535

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1730133976

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

#### **INTERNAL MEDICINE**

##### **WANG, ANGELA**

Provider ID: 259534

Board Certified Specialty: No

4520 EXECUTIVE DR STE P2

SAN DIEGO, CA 92121

Phone: (855) 355-5864

Fax: (888) 539-8781

After Hours Phone: (855) 355-5864

Provider Gender: Female

NPI: 1730133976

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, UCSD


MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

### D3. Specialist Provider Directory

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **INTERNAL MEDICINE**

##### **WEBSTER, LUKE**


Provider ID: 272681

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1235660887


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **INTERNAL MEDICINE**

##### **YANG, JENNY**

Provider ID: 283027

Board Certified Specialty: No

 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346636453

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **INTERNAL MEDICINE**

##### **YANG, JENNY**

Provider ID: 283026

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346636453

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP


CORONADO HOSP AND  
HEALTHCARE CTR, UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **INTERNAL MEDICINE**

##### **ZHANG, SHERRY**

Provider ID: 272657

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1588198147

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### **INTERNAL MEDICINE** **GERIATRIC MEDICINE**

##### **AGNIHOTRI, PARAG**

Provider ID: 247292

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1447351085

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: MERCY  
GENERAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **INTERVENTIONAL** **CARDIOLOGY**

##### **CRUZ RODRIGUEZ, JOSE**

Provider ID: 300061

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1457770240

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL, EL  
CENTRO REGIONAL MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **INTERVENTIONAL** **CARDIOLOGY**

##### **KINGDON, TYLER**

Provider ID: 301814

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1477084283

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
CHILDRENS HOSPITAL OF  
ORANGE COUNTY, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **INTERVENTIONAL** **CARDIOLOGY**

##### **MOHAMEDALI, BURHAN**

Provider ID: 245577

Board Certified Specialty: No

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Phone: (619) 616-2100

Fax: (619) 616-2104

After Hours Phone: (619)  
616-2100

Provider Gender: Male

NPI: 1831393289

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
Adventist Health and Rideout

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **INTERVENTIONAL** **CARDIOLOGY**

##### **SHEREV, DIMITRI**

Provider ID: 302987

Board Certified Specialty: No

6402 EL CAJON BLVD STE  
102

### D3. Specialist Provider Directory

SAN DIEGO, CA 92115  
☎ Phone: (619) 582-4490  
Fax: (619) 582-4737  
🕒 After Hours Phone: (619) 582-4490  
Provider Gender: Male  
NPI: 1154323996  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Bulgarian, Russian, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL,  
ALVARADO COMMUNITY  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, TRI CITY MEDICAL  
CTR, SCRIPPS MERCY  
HOSPITAL CHULA VISTA, Sharp  
Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
9:00AM-5:00PM  
🌐 Website: N/A

#### INTERVENTIONAL CARDIOLOGY

##### **SHEREV, DIMITRI**

Provider ID: 301306  
Board Certified Specialty: No

📍 6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
☎ Phone: (619) 582-4490  
Fax: (519) 582-4737  
🕒 After Hours Phone: (619)  
582-4490  
Provider Gender: Male  
NPI: 1154323996  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Bulgarian, Russian,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL,  
ALVARADO COMMUNITY  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, TRI CITY MEDICAL  
CTR, SCRIPPS MERCY  
HOSPITAL CHULA VISTA, Sharp  
Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### INTERVENTIONAL CARDIOLOGY

##### **SUDHAKAR, DEEPTHI**

Provider ID: 296050  
Board Certified Specialty: No  
📍 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
☎ Phone: (619) 616-2100  
Fax: (619) 616-2104  
🕒 After Hours Phone: (619)  
616-2100  
Provider Gender: Female  
NPI: 1811307051  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 15\99  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### INTERVENTIONAL CARDIOLOGY

##### **SUDHAKAR, DEEPTHI**

Provider ID: 295844  
Board Certified Specialty: No  
📍 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
☎ Phone: (619) 616-2100  
Fax: (619) 616-2104  
🕒 After Hours Phone: (619)  
616-2100  
Provider Gender: Female  
NPI: 1811307051  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP

### D3. Specialist Provider Directory

#### CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### LICENSED PROFESSIONAL

#### CLINICAL COUNSELOR


#### GARCIA, JENNI

Provider ID: 299310

Board Certified Specialty: No

 3025 BEYER BLVD

SAN DIEGO, CA 92154


 Phone: (619) 662-4100


Fax: (619) 662-4119

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1437775863

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### LICENSED PROFESSIONAL

#### CLINICAL COUNSELOR


#### NAKAMURA, TIFFANY


Provider ID: 239584

Board Certified Specialty: No

 4510 EXECUTIVE DR STE  
315


SAN DIEGO, CA 92121

 Phone: (858) 534-8019

 After Hours Phone: (858)  
534-8019

Provider Gender: Female

NPI: 1356846349

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### MATERNAL AND FETAL

#### MEDICINE


#### ADAMI, REBECCA

Provider ID: 277179

Board Certified Specialty: No

 3020 CHILDRENS WAY

SAN DIEGO, CA 92123


 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992149447

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SHARP MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### MATERNAL AND FETAL

#### MEDICINE


#### ADAMI, REBECCA

Provider ID: 272670

Board Certified Specialty: No

 3003 HEALTH CENTER DR

SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992149447

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SHARP MEMORIAL


HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### MATERNAL AND FETAL



### D3. Specialist Provider Directory

#### **MEDICINE**

##### **EMERUWA, UKACHI**

Provider ID: 300010

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1245627421

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **EMERUWA, UKACHI**

Provider ID: 300012

Board Certified Specialty: No

📍 4168 FRONT ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1245627421

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **EMERUWA, UKACHI**

Provider ID: 300011

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1245627421

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **LAURENT, LOUISE**

Provider ID: 208640

Board Certified Specialty: No

📍 4168 FRONT ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770532707

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **MCCULLOUGH, DEIRDRE**

Provider ID: 277260

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-6710

Fax: (858) 966-6711

🕒 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1639153018

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

### D3. Specialist Provider Directory

American Sign Language (ASL): **MEDICINE**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **MATERNAL AND FETAL MEDICINE**

**MCCULLOUGH, DEIRDRE**

Provider ID: 210034

Board Certified Specialty: No

 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 939-4102

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1639153018

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **MATERNAL AND FETAL**

**MELBER, DORA**

Provider ID: 296990

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123



 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Hungarian, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA


JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **MATERNAL AND FETAL MEDICINE**


**MELBER, DORA**

Provider ID: 296998

Board Certified Specialty: No

 7910 FROST ST STE 220  
SAN DIEGO, CA 92123


 Phone: (858) 966-6710

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hungarian, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA


JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **MATERNAL AND FETAL MEDICINE**

**MELBER, DORA**

Provider ID: 296994

Board Certified Specialty: No

 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 939-4102

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Hungarian, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS

### D3. Specialist Provider Directory


#### HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### MATERNAL AND FETAL MEDICINE

##### MELBER, DORA

Provider ID: 296989

Board Certified Specialty: No



 7910 FROST ST STE 430  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710  
Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hungarian, Spanish


Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



#### MATERNAL AND FETAL MEDICINE

##### MOORE, THOMAS

Provider ID: 208643


Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184682379

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### MATERNAL AND FETAL MEDICINE

##### MOORE, THOMAS

Provider ID: 208644


Board Certified Specialty: No

 4910 DIRECTORS PL STE  
200  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184682379

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### MATERNAL AND FETAL MEDICINE

##### REIMERS, REBECCA

Provider ID: 294648

Board Certified Specialty: No

 7910 FROST ST STE 220  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710  
Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **MATERNAL AND FETAL MEDICINE**

##### **REIMERS, REBECCA**

Provider ID: 294647

Board Certified Specialty: No

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 939-4102

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **RICHARDSON, ALVIE**

Provider ID: 214436

Board Certified Specialty: No

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 939-4102

After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1154305977

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN

DIEGO, Sharp Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **RICHARDSON, ALVIE**

Provider ID: 277314

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1154305977

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN

DIEGO, Sharp Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **SCHWENDEMANN, WADE**

Provider ID: 277307

Board Certified Specialty: No

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 939-4102

After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1477563302

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT

HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SHARP MARY

BIRCH HOSP FOR WOMEN  
AND NEWBORNS, TRI CITY

MEDICAL CTR, Sharp

Grossmont Hospital, Sharp  
Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### D3. Specialist Provider Directory

 Website: N/A


#### **MATERNAL AND FETAL MEDICINE**

##### **SCHWENDEMANN, WADE**

Provider ID: 277304

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1477563302

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, TRI CITY  
MEDICAL CTR, Sharp


Grossmont Hospital, Sharp  
Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **MATERNAL AND FETAL MEDICINE**

##### **SHANNON, KELLI**

Provider ID: 208474

Board Certified Specialty: No

 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1922156397

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **MATERNAL AND FETAL MEDICINE**

##### **WESTERMANN, MELISSA**

Provider ID: 287084

Board Certified Specialty: No

 7910 FROST ST STE 220  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1760730758


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **MATERNAL AND FETAL MEDICINE**

##### **WESTERMANN, MELISSA**

Provider ID: 277353

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female




NPI: 1760730758

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG





### D3. Specialist Provider Directory




BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**





##### **WESTERMANN, MELISSA**




Provider ID: 242522  
Board Certified Specialty: No  
 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
Fax: (858) 939-4102  
 After Hours Phone: (858)  
966-6710  
Provider Gender: Female  
NPI: 1760730758  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**





##### **WILLIAMS, KRISTIN**

Provider ID: 277387  
Board Certified Specialty: No  
 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
Provider Gender: Female  
NPI: 1992847131  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
SAN MATEO MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, TRI CITY  
MEDICAL CTR, CALIFORNIA  
PACIFIC MED CTR,  
CALIFORNIA PACIFIC MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **MATERNAL AND FETAL MEDICINE**


##### **WILLIAMS, KRISTIN**

Provider ID: 277383  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
Provider Gender: Female  
NPI: 1992847131  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
SAN MATEO MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, TRI CITY  
MEDICAL CTR, CALIFORNIA  
PACIFIC MED CTR,  
CALIFORNIA PACIFIC MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **MATERNAL AND FETAL MEDICINE**


##### **WOLF, RICHARD**

Provider ID: 209253

Board Certified Specialty: No

 4910 DIRECTORS PL STE  
200  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497713846

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, PALOMAR  
MEDICAL CENTER, UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**


##### **BAI-TONG, SHIYU**

Provider ID: 283285

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

 After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1528454188

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **CARROLL, JEANNE**

Provider ID: 205727

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1386928224

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**


##### **DEL ROSARIO, PAMELA**

Provider ID: 295000

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888

 After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1952691941

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **FLEMING, SARAH**

Provider ID: 205645  
Board Certified Specialty: No

4077 5TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 260-7046

Fax: (619) 686-3843

After Hours Phone: (619)  
260-7046

Provider Gender: Female

NPI: 1679809826

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **GLENN, TARA**

Provider ID: 283159

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1992060974

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **HIETALATI, SAMANTHA**

Provider ID: 294251

Board Certified Specialty: No

3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

Phone: (858) 966-5888

Fax: (858) 249-5839

After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1245617489

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **HONOLD, JOSE**

Provider ID: 205941

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Male

NPI: 1093886855

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PIONEERS MEMORIAL  
HOSPITAL, SOUTHWEST

HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO

SPRINGS HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA

VISTA, EL CENTRO REGIONAL  
MEDICAL CENTER, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL

Medi-Cal Open Panel: Yes



Min/Max Age: 0\19

American Sign Language (ASL):

Accessibility: CONTACT




### D3. Specialist Provider Directory

 **PROVIDER**  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **HONOLD, JOSE**

Provider ID: 242881  
Board Certified Specialty: No  
 4077 5TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 691-7000  
 After Hours Phone: (619)  
691-7000  
Provider Gender: Male  
NPI: 1093886855  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PIONEERS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, EL CENTRO REGIONAL  
MEDICAL CENTER, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F

8:00AM-5:00PM  
 Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**


##### **LANE, BRIAN**

Provider ID: 205707  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5818  
Fax: (858) 966-7483  
 After Hours Phone: (858)  
966-5818  
Provider Gender: Male  
NPI: 1427129287  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP CHULA  
VISTA MED CTR, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **LE, CRYSTAL**

Provider ID: 205630  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5818  
Fax: (858) 966-7483  
 After Hours Phone: (858)  
966-5818  
Provider Gender: Female  
NPI: 1003028416  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **MARC AURELE, KRISHELLE**

Provider ID: 206206

### D3. Specialist Provider Directory

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (619) 543-3812

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1952503435

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **MARC AURELE, KRISHELLE**

Provider ID: 206208

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1952503435

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **MARC AURELE, KRISHELLE**

Provider ID: 206210

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123

Phone: (858) 966-8022

Fax: (858) 966-8457

After Hours Phone: (858)  
966-8022

Provider Gender: Female

NPI: 1952503435

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, TRI CITY  
MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **MATOBA, NANA**

Provider ID: 297974

Board Certified Specialty: No

3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

Phone: (858) 966-5888

Fax: (858) 249-5839

After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y

Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### NEONATAL / PERINATAL

### D3. Specialist Provider Directory

#### MEDICINE

##### **MATOBA, NANA**

Provider ID: 297975

Board Certified Specialty: No

4077 5TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 260-7046

Fax: (619) 686-3843

After Hours Phone: (619)  
260-7046

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y

Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **MATOBA, NANA**

Provider ID: 299894

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5888

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y

Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **MCCULLEY, DAVID**

Provider ID: 277177

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Male

NPI: 1235304155

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **MESTAN, KAREN**

Provider ID: 285932

Board Certified Specialty: No

3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

Phone: (858) 966-5888

After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1942253356

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **NIEMI, ANNA-KAISA**

Provider ID: 262157

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1497941397

Provider English Spoken: Y  
Cultural Competency: N


### D3. Specialist Provider Directory

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### NEONATAL / PERINATAL MEDICINE


**NIEMI, ANNA-KAISA**

Provider ID: 262158

Board Certified Specialty: No

 4077 5TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 260-7107

 After Hours Phone: (619)  
260-7107

Provider Gender: Female

NPI: 1497941397


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NEONATAL / PERINATAL


#### MEDICINE

**NYMAN, KATHERINE**

Provider ID: 301822

Board Certified Specialty: No

 4077 5TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 260-7046

Fax: (619) 686-3843

 After Hours Phone: (619)  
260-7046

Provider Gender: Female

NPI: 1003260951


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

**NYMAN, KATHERINE**

Provider ID: 301819

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888

Fax: (858) 249-5839

 After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1003260951


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

**ODONNELL, F JANE**

Provider ID: 205578

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1477625325

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
UCSF BENIOFF CHILDREN'S

HOSPITAL OAKLAND,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory


Min/Max Age: 0\19

American Sign Language (ASL):  N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **RAMOS, CARLOS**

Provider ID: 206060

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-3759

Fax: (619) 543-3812

 After Hours Phone: (619)  
543-3759

Provider Gender: Male

NPI: 1205047545

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, EL CENTRO  
REGIONAL MEDICAL CENTER,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **SAJTI, ENIKO**

Provider ID: 206171

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-3759

Fax: (619) 543-3812

 After Hours Phone: (619)  
543-3759

Provider Gender: Female

NPI: 1649433103

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **SAUER, CHARLES**

Provider ID: 303906

Board Certified Specialty: No

 4077 5TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 260-7046

 After Hours Phone: (619)  
260-7046

Provider Gender: Male

NPI: 1538388988

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **SAUER, CHARLES**

Provider ID: 303904

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888

Fax: (858) 249-5839

 After Hours Phone: (858)

### D3. Specialist Provider Directory

966-5888  
Provider Gender: Male  
NPI: 1538388988  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **SONG, RICHARD**

Provider ID: 206143  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5818  
Fax: (858) 966-7483  
📞 After Hours Phone: (858)  
966-5818

Provider Gender: Male  
NPI: 1881893477  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, PALOMAR  
MEDICAL CENTER,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **SPEZIALE, MARK**

Provider ID: 206126  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5888  
Fax: (858) 966-7483  
📞 After Hours Phone: (858)  
966-5888  
Provider Gender: Male  
NPI: 1801978143

☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL, SCRIPPS  
MERCY HOSPITAL, UCSD  
MEDICAL CTR, UCSD MEDICAL  
CTR, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **SUTTNER, DENISE**


Provider ID: 265085  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5818  
Fax: (858) 966-7483  
📞 After Hours Phone: (858)  
966-5818  
Provider Gender: Female  
NPI: 1457433799  
☐ Provider English Spoken: Y  
Cultural Competency: N


### D3. Specialist Provider Directory

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SOUTHWEST  
HEALTHCARE INLAND VALLEY N  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **SWEENEY, NATHALY**

Provider ID: 206182

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818  
Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1164572632

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **VOLLER, STEPHANNIE**

Provider ID: 303808

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888  
Fax: (858) 249-5839

 After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1417121971

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **VOLLER, STEPHANNIE**

Provider ID: 303806

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888  
Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1417121971


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **VOLLER, STEPHANNIE**

Provider ID: 303807

Board Certified Specialty: No

 8001 FROST ST  
SAN DIEGO, CA 92123

 Phone: (858) 966-8052  
Fax: (858) 966-7789

 After Hours Phone: (858)  
966-8052

Provider Gender: Female

### D3. Specialist Provider Directory

---

NPI: 1417121971

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **WEISS, KATHERINE**

Provider ID: 264677

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1053541862

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **WEST, JULIE**

Provider ID: 297073

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888

Fax: (858) 249-5839

 After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1811151848

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **NEPHROLOGY**


##### **QUEVEDO, JUAN**

Provider ID: 269998


Board Certified Specialty: No

 995 GATEWAY CENTER  
WAY STE 207

SAN DIEGO, CA 92102


 Phone: (619) 263-9729

Fax: (619) 263-9730

 After Hours Phone: (619)  
263-9729

Provider Gender: Male

NPI: 1093902496

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


#### **NEPHROLOGY**

##### **SHAH, MITA**

Provider ID: 262230

Board Certified Specialty: No

 8010 FROST ST STE 510  
SAN DIEGO, CA 92123

 Phone: (858) 637-4700

Fax: (858) 637-4701

 After Hours Phone: (858)  
637-4700

Provider Gender: Female

NPI: 1194773010

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A



### D3. Specialist Provider Directory

#### **NEPHROLOGY**

##### **THOMAS, THEODORE**

Provider ID: 262359

Board Certified Specialty: No

📍 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

📞 Phone: (619) 299-2350

Fax: (619) 297-8379

🕒 After Hours Phone: (619)  
299-2350

Provider Gender: Male

NPI: 1669477113

🗨️ Provider English Spoken: Y

🗨️ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, KINDRED

HOSPITAL SAN DIEGO, SELECT

SPECIALTY HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
9:00AM-5:00PM

🌐 Website: N/A

#### **NEPHROLOGY**

##### **ZHONG, YAN**

Provider ID: 296054

Board Certified Specialty: No

📍 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

📞 Phone: (619) 299-2350

Fax: (619) 297-8379

🕒 After Hours Phone: (619)  
299-2350

Provider Gender: Female

NPI: 1467683540

🗨️ Provider English Spoken: Y

🗨️ Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, LAC RANCHO

LOS AMIGOS NATIONAL

REHAB CENTER, SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, KECK

HOSPITAL OF USC, Los Angeles

General Medical Center,

SELECT SPECIALTY HOSPITAL

SAN DIEGO, SELECT

SPECIALTY HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **NEPHROLOGY**

##### **ZHONG, YAN**

Provider ID: 296053

Board Certified Specialty: No

📍 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

📞 Phone: (619) 299-2350

Fax: (619) 297-8379

🕒 After Hours Phone: (619)  
299-2350

Provider Gender: Female

NPI: 1467683540

🗨️ Provider English Spoken: Y

🗨️ Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, LAC RANCHO

LOS AMIGOS NATIONAL

REHAB CENTER, SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, KECK

HOSPITAL OF USC, Los Angeles

General Medical Center,

SELECT SPECIALTY HOSPITAL

SAN DIEGO, SELECT

SPECIALTY HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **NEUROLOGY**

##### **BEVINS, ELIZABETH**

Provider ID: 241943

Board Certified Specialty: No

📍 4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

📞 Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1013395151

### D3. Specialist Provider Directory

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **NEUROLOGY**

##### **BUI, JONATHAN**

Provider ID: 303227

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
4  
SAN DIEGO, CA 92123

 Phone: (858) 966-5819

Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5819

Provider Gender: Male

NPI: 1730247974


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEUROLOGY**

##### **BUI, JONATHAN**

Provider ID: 206005

Board Certified Specialty: No

 8001 FROST ST  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1730247974

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEUROLOGY**


##### **COUGHLIN, DAVID**

Provider ID: 240951

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1740543784


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **NEUROLOGY**

##### **COUGHLIN, DAVID**

Provider ID: 304172

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1740543784


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **NEUROLOGY**

##### **COUGHLIN, DAVID**


Provider ID: 240949

Board Certified Specialty: Yes

 4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

### D3. Specialist Provider Directory

NPI: 1740543784


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NEUROLOGY


##### **DOVE, KATHERINE**

Provider ID: 302784


Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

 Phone: (858) 966-5819

Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5819

Provider Gender: Female

NPI: 1033642574


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### NEUROLOGY

##### **DUNN-PIRIO, ANASTASIE**


Provider ID: 203235

Board Certified Specialty: No

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

 Phone: (619) 543-3500

Fax: (888) 539-8781

 After Hours Phone: (619)  
543-3500

Provider Gender: Female

NPI: 1700177136

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NEUROLOGY

##### **DUNN-PIRIO, ANASTASIE**

Provider ID: 304160

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1700177136

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### NEUROLOGY

##### **FREDERICK, ALIYA**

Provider ID: 283152

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 576-8412

 After Hours Phone: (858)  
966-5999

Provider Gender: Female

NPI: 1548657992


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NEUROLOGY

##### **GOLD, JEFFREY**

Provider ID: 303287

Board Certified Specialty: No

 3030 CHILDRENS WAY FL

### D3. Specialist Provider Directory

4  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5819  
☎ Fax: (858) 966-4930  
🕒 After Hours Phone: (858) 966-5819  
Provider Gender: Male  
NPI: 1568773984  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **NEUROLOGY**

##### **GOLD, JEFFREY**

Provider ID: 283335  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5999  
☎ Fax: (858) 576-8412  
🕒 After Hours Phone: (858) 966-5999  
Provider Gender: Male  
NPI: 1568773984  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **NEUROLOGY**

##### **GUIDO-ESTRADA, NATALIE**

Provider ID: 303271  
Board Certified Specialty: No  
📍 3030 CHILDRENS WAY FL 4 SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5819  
☎ Fax: (858) 966-4930  
🕒 After Hours Phone: (858) 966-5819  
Provider Gender: Female  
NPI: 1528353521  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **NEUROLOGY**

##### **GUNDOGDU, MELEK**

Provider ID: 201623  
Board Certified Specialty: No  
📍 200 W ARBOR DR FL 1 SAN DIEGO, CA 92103  
☎ Phone: (619) 543-3500  
🕒 After Hours Phone: (619) 543-3500  
Provider Gender: Female  
NPI: 1437253671  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: Turkish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **NEUROLOGY**

##### **HANNAWI, ANDREW**







Provider ID: 283154  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5999  
☎ Fax: (858) 576-8412  
🕒 After Hours Phone: (858) 966-5999  
Provider Gender: Male  
NPI: 1194179135  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s)

### D3. Specialist Provider Directory

*Spoken: Arabic*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*









#### **NEUROLOGY**

##### **IRAGUIMADOZ, VICENTE**

*Provider ID: 304154*  
*Board Certified Specialty: No*  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1053326710*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*




#### **NEUROLOGY**



##### **KHAMISHON, BORIS**

*Provider ID: 269923*  
*Board Certified Specialty: No*  
 6699 ALVARADO RD STE 2301  
SAN DIEGO, CA 92120  
 *Phone: (619) 582-2595*  
 *After Hours Phone: (619) 582-2595*  
*Provider Gender: Male*  
*NPI: 1104922038*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Russian, Samoan, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: ALVARADO HOSPITAL LLC*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 8:00AM-4:00PM F 8:00AM-3:00PM*  
 *Website: N/A*

#### **NEUROLOGY**





##### **KIM MCMANUS, OLIVIA**

*Provider ID: 303229*  
*Board Certified Specialty: No*  
 3030 CHILDRENS WAY FL 4  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5819*  
*Fax: (858) 966-4930*  
 *After Hours Phone: (858) 966-5819*

*Provider Gender: Female*  
*NPI: 1174870067*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **NEUROLOGY**


##### **LAVERTY, CHAMINDRA**

*Provider ID: 303258*  
*Board Certified Specialty: No*  
 3030 CHILDRENS WAY FL 4  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5819*  
*Fax: (858) 966-4930*  
 *After Hours Phone: (858) 966-5819*  
*Provider Gender: Female*  
*NPI: 1538320395*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*

### D3. Specialist Provider Directory

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NEUROLOGY


##### LEE, DAVID

Provider ID: 246263

Board Certified Specialty: No


 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871884130

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### NEUROLOGY

##### LEE, DAVID

Provider ID: 304198

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871884130

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### NEUROLOGY

##### LEGER, GABRIEL

Provider ID: 304176

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1720367899

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### NEUROLOGY


##### LEGER, GABRIEL


Provider ID: 247608

Board Certified Specialty: No

 4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

 Phone: (858) 543-8540

 After Hours Phone: (858)  
543-8540

Provider Gender: Male

NPI: 1720367899

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NEUROLOGY

##### LONGARDNER, KATHERINE

Provider ID: 268346

Board Certified Specialty: No

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female





### D3. Specialist Provider Directory



NPI: 1801215926

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **NEUROLOGY**






#### **LONGARDNER, KATHERINE**




Provider ID: 304197  
Board Certified Specialty: No  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1801215926  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **NEUROLOGY**



#### **QAYOUMI, WALI**

Provider ID: 284370  
Board Certified Specialty: No  
 4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
 Phone: (619) 294-3746  
Fax: (888) 539-8781  
 After Hours Phone: (619)  
294-3746  
Provider Gender: Male  
NPI: 1093178220  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **NEUROLOGY**

#### **QAYOUMI, WALI**







Provider ID: 304161  
Board Certified Specialty: No  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male

NPI: 1093178220

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **NEUROLOGY**

#### **RIGGINS, NINA**

Provider ID: 285968  
Board Certified Specialty: No  
 4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1568655264  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Russian  
Cultural Competency: N  
Hospital Affiliation: MEDICAL  
CTR AT UCSF  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **NEUROLOGY**

##### **RIGGINS, NINA**

Provider ID: 304200  
Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1568655264

Provider English Spoken: Y

Provider Language(s)

Spoken: Russian

Cultural Competency: N

Hospital Affiliation: MEDICAL  
CTR AT UCSF

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **NEUROLOGY**

##### **SCHORR, EMILY**

Provider ID: 305021

Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255862041

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **NEUROLOGY**

##### **SCHORR, EMILY**

Provider ID: 305023

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255862041

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **NEUROLOGY**

##### **SCHORR, EMILY**

Provider ID: 305020

Board Certified Specialty: No

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255862041

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **NEUROLOGY**

##### **SWEAT, MARIE**

Provider ID: 303831

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

Phone: (858) 966-5819

Fax: (858) 966-4930

After Hours Phone: (858)  
966-5819

Provider Gender: Female

NPI: 1861929036

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEUROLOGY**

##### **YANG, JENNIFER**

Provider ID: 301593



### D3. Specialist Provider Directory

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5999

Fax: (858) 576-8412

🕒 After Hours Phone: (858)  
966-5999

Provider Gender: Female

NPI: 1528420619

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **NEUROLOGY**

##### **ZIMBRIC, MICHAEL**

Provider ID: 206272

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5999

Fax: (858) 966-4930

🕒 After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1487819546

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **NEUROLOGY**

##### **ZIMBRIC, MICHAEL**

Provider ID: 303284

Board Certified Specialty: No

📍 3030 CHILDRENS WAY FL  
4  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5819

Fax: (858) 966-4930

🕒 After Hours Phone: (858)  
966-5819

Provider Gender: Male

NPI: 1487819546

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **NEUROLOGY CHILD**

##### **GRAVES, JENNIFER**

Provider ID: 261037

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

🕒 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1992849863

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
Medical Center At Mission Bay,  
UCSF MEDICAL CENTER AT  
MOUNT ZION, MEDICAL CTR  
AT UCSF, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **NEUROLOGY CHILD**

##### **GUIDO-ESTRADA, NATALIE**

Provider ID: 205825

### D3. Specialist Provider Directory

Board Certified Specialty: No

8001 FROST ST  
SAN DIEGO, CA 92123  
Phone: (858) 966-5999  
Fax: (858) 966-4930

After Hours Phone: (858)  
966-5999

Provider Gender: Female

NPI: 1528353521

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEUROLOGY CHILD**

#### **SAHAGIAN, MICHELLE**

Provider ID: 206074

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5999  
Fax: (858) 966-4930

After Hours Phone: (858)  
966-5999

Provider Gender: Female

NPI: 1275604035

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

#### **BLAKE, GARY**

Provider ID: 290731

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925  
Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1497738439

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

#### **COHEN, MANSOUR**

Provider ID: 205940

Board Certified Specialty: Yes

7695 CARDINAL CT STE  
390  
SAN DIEGO, CA 92123

Phone: (858) 279-8111  
Fax: (858) 279-4703

After Hours Phone: (858)  
279-8111

Provider Gender: Male

NPI: 1346225356

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Farsi,  
Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
9:00AM-4:00PM

Website: N/A

Email:

JOSHUACOHENMD@YAHOO.COM

#### **OBSTETRICS / GYNECOLOGY**

#### **DELCORE, LAURA**

Provider ID: 291330

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

### D3. Specialist Provider Directory

American Sign Language (ASL): Provider English Spoken: Y  
N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DELCore, LAURA**

Provider ID: 291326

Board Certified Specialty: No

3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DELCore, LAURA**

Provider ID: 291327

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DELCore, LAURA**

Provider ID: 291329

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DELCore, LAURA**

Provider ID: 291328

Board Certified Specialty: No

6030 VILLAGE WAY

SAN DIEGO, CA 92130

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DRIEBE, AMY**

Provider ID: 291339

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

### D3. Specialist Provider Directory

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DRIEBE, AMY**

Provider ID: 291337

Board Certified Specialty: No

 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DRIEBE, AMY**

Provider ID: 291340

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **DRIEBE, AMY**

Provider ID: 291338

Board Certified Specialty: No

 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**


##### **FRUGONI, GINA**

Provider ID: 270056

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (619) 400-5074

 After Hours Phone: (619)

400-5074

Provider Gender: Female

NPI: 1578729315

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **GROGAN, BRIAN**

Provider ID: 296002

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4682

 After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1235218439


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **GROGAN, BRIAN**

### D3. Specialist Provider Directory

Provider ID: 296001  
Board Certified Specialty: No  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 810-8700  
Fax: (858) 633-4680  
After Hours Phone: (858) 810-8700

Provider Gender: Male  
NPI: 1235218439  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **GUPTA, PRATIMA**

Provider ID: 257548  
Board Certified Specialty: No  
4168 FRONT ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1891749842  
Provider English Spoken: Y  
Provider Language(s) Spoken: Hindi, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **GUPTA, PRATIMA**

Provider ID: 257547  
Board Certified Specialty: No  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1891749842  
Provider English Spoken: Y  
Provider Language(s) Spoken: Hindi, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **HARVEY, SCOTT**

Provider ID: 278917  
Board Certified Specialty: No  
4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1457662868  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **HARVEY, SCOTT**


Provider ID: 278915  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1457662868  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL):

## D3. Specialist Provider Directory

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **OBSTETRICS / GYNECOLOGY**


#### **HOANG, MAI**

Provider ID: 208294

Board Certified Specialty: No


 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104143593

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **OBSTETRICS / GYNECOLOGY**

#### **HOM-TEDLA, MARIANNE**

Provider ID: 242751

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103




Phone: (800) 926-8273



After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1972047397

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **OBSTETRICS / GYNECOLOGY**


#### **KLEIN, DAVID**

Provider ID: 271560

Board Certified Specialty: No


 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780073635

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **OBSTETRICS / GYNECOLOGY**


#### **KLEIN, DAVID**

Provider ID: 271561

Board Certified Specialty: No

 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780073635

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **OBSTETRICS / GYNECOLOGY**








#### **KOHATSU, KAREN**

Provider ID: 205481

Board Certified Specialty: No






 11939 RANCHO BERNARDO


### D3. Specialist Provider Directory

RD STE 110  
SAN DIEGO, CA 92128  
 Phone: (858) 618-1156  
Fax: (858) 618-3314  
 After Hours Phone: (858)  
618-1156  
Provider Gender: Female  
NPI: 1679517239  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
HEALTH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
8:30AM-4:30PM  
F 8:30AM-2:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**







##### **LAMALE-SMITH, LEAH**



Provider ID: 208681  
Board Certified Specialty: No  
 4910 DIRECTORS PL STE  
200  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1396904876  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, EISENHOWER MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **LAMALE-SMITH, LEAH**

Provider ID: 285519  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1396904876  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, EISENHOWER MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **MACKAY, GILLIAN**

Provider ID: 200965  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1770702177  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
9:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **MACKAY, GILLIAN**

Provider ID: 303064  
Board Certified Specialty: No  
 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female

### D3. Specialist Provider Directory

NPI: 1770702177

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**


##### **MANI, PARVIN**

Provider ID: 242345

Board Certified Specialty: No

 5555 RESERVOIR DR STE  
208

SAN DIEGO, CA 92120

 Phone: (619) 583-7555


Fax: (619) 583-0555

 After Hours Phone: (619)  
583-7555

Provider Gender: Female

NPI: 1518925015

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND


NEWBORNS, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 10\150

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

Email:

PARVINMANI@YAHOO.COM


#### **OBSTETRICS / GYNECOLOGY**

##### **MEADOWS, AUDRA**

Provider ID: 285741

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1467585521

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **MEADOWS, AUDRA**

Provider ID: 285742

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1467585521

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **MELLENDEZ, ARIANA**

Provider ID: 299922

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295232973

 Provider English Spoken: Y  
Cultural Competency: N



Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):



### D3. Specialist Provider Directory

N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **MELENDEZ, ARIANA**


Provider ID: 299921

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295232973

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **PICKETT, CHARLOTTE**

Provider ID: 299979

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **PICKETT, CHARLOTTE**

Provider ID: 299982

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **PICKETT, CHARLOTTE**

Provider ID: 299980

Board Certified Specialty: No

 6030 VILLAGE WAY  
SAN DIEGO, CA 92130


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **PICKETT, CHARLOTTE**

Provider ID: 299981

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **PICKETT, CHARLOTTE**

Provider ID: 299978

Board Certified Specialty: No

 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

### D3. Specialist Provider Directory


NPI: 1447530696

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **PINSON, KELSEY**

Provider ID: 284286

Board Certified Specialty: No

 4910 DIRECTORS PL STE  
200

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841722485

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,


UNIVERSITY HSP OF SAN


DIEGO CO

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **PINSON, KELSEY**

Provider ID: 284288

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841722485

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

UNIVERSITY HSP OF SAN


DIEGO CO

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **PINSON, KELSEY**

Provider ID: 284287

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841722485

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,


UNIVERSITY HSP OF SAN


DIEGO CO

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **RIVAS, RENEE**

Provider ID: 284298

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295263861

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA


JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR



Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### D3. Specialist Provider Directory


 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **SHAH, NEMI**

Provider ID: 272580  
Board Certified Specialty: No



 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1558715268

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST


HEALTHCARE RANCHO  
SPRINGS HOSPITAL,  
TEMECULA VALLEY HOSPITAL  
INC, LOMA LINDA UNIVERSITY  
MED CTR MURRIETA


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**


##### **SHUCKETT, ARIEL**

Provider ID: 290708

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925  
Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1245590124

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **SUYAMA, JULIE**

Provider ID: 284291

Board Certified Specialty: No



 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1306372800

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **SUYAMA, JULIE**

Provider ID: 284290

Board Certified Specialty: No



 4520 EXECUTIVE DR STE  
360

SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1306372800

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **OBSTETRICS / GYNECOLOGY**

##### **THOMSON, SAMANTHA**

Provider ID: 285176

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689013468

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CEDARS  
SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **THOMSON, SAMANTHA**

Provider ID: 285174

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689013468

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CEDARS  
SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **TRUJILLO, JENNIFER**

Provider ID: 290128

Board Certified Specialty: No

950 S EUCLID AVE  
SAN DIEGO, CA 92114

Phone: (619) 662-4100

Fax: (619) 662-4158

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1053407593

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OCCUPATIONAL THERAPIST**

##### **BOND, KIMBERLEE**

Provider ID: 206548

Board Certified Specialty: No

8929 UNIVERSITY CENTER  
LN STE 200

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1669770939

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OCCUPATIONAL THERAPIST**

##### **BOND, KIMBERLEE**

Provider ID: 206549

Board Certified Specialty: No

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

### D3. Specialist Provider Directory

926-8273

Provider Gender: Female

NPI: 1669770939

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OCCUPATIONAL THERAPIST

##### **LARSEN, JULIE**

Provider ID: 258359

Board Certified Specialty: No

8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122

Phone: (855) 543-0333

Fax: (858) 657-1809

After Hours Phone: (855)  
543-0333

Provider Gender: Female

NPI: 1497009179

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OCCUPATIONAL THERAPIST

##### **MIKUT, ALYSSA**

Provider ID: 258415

Board Certified Specialty: No

8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122

Phone: (858) 249-0832

Fax: (858) 657-1809

After Hours Phone: (858)  
249-0832

Provider Gender: Female

NPI: 1952816134

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OPHTHALMOLOGY

##### **BANSAL, PREETI**

Provider ID: 205620

Board Certified Specialty: Yes

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1871664631

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL, TRI CITY MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OPHTHALMOLOGY

##### **BAXTER, SALLY**

Provider ID: 272789

Board Certified Specialty: No

200 W ARBOR DR STE 101  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1912325184

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

### D3. Specialist Provider Directory

American Sign Language (ASL): Fax: (888) 539-8781

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **BAXTER, SALLY**

Provider ID: 272788

Board Certified Specialty: No

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1912325184

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OPHTHALMOLOGY**

##### **BEAZER, ALEX**

Provider ID: 272803

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942662168

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **BHATIA, SHAGUN**

Provider ID: 240636

Board Certified Specialty: No

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1104237353

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **CAMP, ANDREW**

Provider ID: 260020

Board Certified Specialty: No

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702

Provider Gender: Male

NPI: 1326300377

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

RADY CHILDRENS HOSPITAL


SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A





#### **OPHTHALMOLOGY**

##### **GUALTIERI, CHRISTOPHER**

Provider ID: 252313





Board Certified Specialty: Yes




### D3. Specialist Provider Directory

 3969 4TH AVE STE 300  
SAN DIEGO, CA 92103  
 Phone: (619) 688-2648  
Fax: (619) 688-2626  
 After Hours Phone: (619)  
688-2648  
Provider Gender: Male  
NPI: 1790769156  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 6\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A  
Email:  
MYNEWWEYES@HOTMAIL.COM

#### OPHTHALMOLOGY





##### **HENNEIN, LAUREN**





Provider ID: 297009  
Board Certified Specialty: No  
 7910 FROST ST STE 200  
SAN DIEGO, CA 92123  
 Phone: (858) 309-7702  
Fax: (858) 966-7403  
 After Hours Phone: (858)  
309-7702  
Provider Gender: Female  
NPI: 1699216010  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### OPHTHALMOLOGY









##### **HENNEIN, LAUREN**

Provider ID: 297011  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 309-7702  
Fax: (858) 966-7403  
 After Hours Phone: (858)  
309-7702  
Provider Gender: Female  
NPI: 1699216010  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### OPHTHALMOLOGY

##### **HUYNH, PAUL**

Provider ID: 295645  
Board Certified Specialty: No  
 4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
 Phone: (619) 283-1303  
Fax: (619) 283-1666  
 After Hours Phone: (619)  
283-1303  
Provider Gender: Male  
NPI: 1871577056  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog,  
Vietnamese  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-5:00PM  
 Website: N/A  
Email:  
DOCTORPAUL@SBCGLOBAL.NET

#### OPHTHALMOLOGY

##### **HUYNH, PAUL**

Provider ID: 245200  
Board Certified Specialty: No  
 4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
 Phone: (619) 283-1303

### D3. Specialist Provider Directory

Fax: (619) 283-1666

☎ After Hours Phone: (619) 283-1303

Provider Gender: Male

NPI: 1871577056

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

🌐 Website: N/A

Email:

DOCTORPAUL@SBCGLOBAL.NET

#### OPHTHALMOLOGY

##### **JACOBSEN, BRADLEY**

Provider ID: 302869

Board Certified Specialty: No

📍 7695 CARDINAL CT STE 100 SAN DIEGO, CA 92123

☎ Phone: (858) 609-7100

Fax: (858) 609-7106

☎ After Hours Phone: (858) 609-7100

Provider Gender: Male

NPI: 1760845184

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

#### OPHTHALMOLOGY

##### **JIN, MAN**

Provider ID: 299955

Board Certified Specialty: No

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1073010120

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### OPHTHALMOLOGY

##### **KHATIB, NORA**

Provider ID: 305375

Board Certified Specialty: No

📍 4060 4TH AVE STE 640

SAN DIEGO, CA 92103

☎ Phone: (619) 642-2240

Fax: (619) 642-2245

☎ After Hours Phone: (619)

642-2240

Provider Gender: Female

NPI: 1538487756

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP CHULA

VISTA MED CTR, GROSSMONT

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 14\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

#### OPHTHALMOLOGY

##### **KLINE, LANNING**

Provider ID: 239915

Board Certified Specialty: No

📍 4060 4TH AVE STE 610

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1841227477

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes





### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **LI, ALEXANDRIA**

Provider ID: 272833

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841652864

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**


##### **LIU, YUNXIANG**

Provider ID: 210803

Board Certified Specialty: No

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

 After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1770849804

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **MOLL, ANGELA**


Provider ID: 205510

Board Certified Specialty: No

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1861648602

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MEMORIAL

HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL

OAKLAND, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**


##### **MOVAGHAR, MANSOOR**

Provider ID: 216412

Board Certified Specialty: No


 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

 After Hours Phone: (858)  
309-7702

Provider Gender: Male

NPI: 1497792220

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN


DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **OPHTHALMOLOGY**

##### **OHALLORAN, HENRY**

Provider ID: 205888

Board Certified Specialty: No

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)  
309-7702

Provider Gender: Male

NPI: 1235287947

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OPHTHALMOLOGY**

##### **PHAN, RYAN**

Provider ID: 295646

Board Certified Specialty: No

10737 CAMINO RUIZ  
SAN DIEGO, CA 92126

Phone: (858) 549-3200

Fax: (858) 549-3207

After Hours Phone: (858)  
549-3200

Provider Gender: Male

NPI: 1588027213

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OPHTHALMOLOGY**

##### **PHAN, RYAN**

Provider ID: 295647

Board Certified Specialty: No

4844 UNIVERSITY AVE STE  
A

SAN DIEGO, CA 92105

Phone: (619) 283-1303

Fax: (619) 283-1666

After Hours Phone: (619)  
283-1303

Provider Gender: Male

NPI: 1588027213

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR, GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OPHTHALMOLOGY**

##### **PHAN, RYAN**

Provider ID: 302925

Board Certified Specialty: No

4844 UNIVERSITY AVE STE  
A

SAN DIEGO, CA 92105

Phone: (619) 283-1303

Fax: (619) 283-1666

After Hours Phone: (619)  
283-1303

Provider Gender: Male

NPI: 1588027213

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY




THORNTON, UCSD MEDICAL  
CTR, GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999






American Sign Language (ASL):  
N

### D3. Specialist Provider Directory

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A




#### **OPHTHALMOLOGY**

##### **PHAN, RYAN**

Provider ID: 305445  
Board Certified Specialty: No  
 10737 CAMINO RUIZ STE 100  
SAN DIEGO, CA 92126  
 Phone: (858) 549-3200  
Fax: (858) 752-4383  
 After Hours Phone: (858) 549-3200  
Provider Gender: Male  
NPI: 1588027213  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL


Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OPHTHALMOLOGY**



##### **PHAN, RYAN**

Provider ID: 287883  
Board Certified Specialty: No  
 10737 CAMINO RUIZ  
SAN DIEGO, CA 92126  
 Phone: (858) 549-3200  
Fax: (858) 549-3207

 After Hours Phone: (858) 549-3200

Provider Gender: Male

NPI: 1588027213


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OPHTHALMOLOGY**


##### **PUIG LLANO, MANUEL**

Provider ID: 299964  
Board Certified Specialty: No  
 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1427102979

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, German,  
Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999



American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **OPHTHALMOLOGY**

##### **RAHMATNEJAD, KAMRAN**

Provider ID: 300040  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1699268292

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### D3. Specialist Provider Directory

#### **OPHTHALMOLOGY**

##### **SATTERFIELD, KELLIE**

Provider ID: 305302

Board Certified Specialty: No

5330 CARROLL CANYON RD STE 210  
SAN DIEGO, CA 92121

Phone: (800) 765-2737

Fax: (619) 291-6577

After Hours Phone: (800) 765-2737

Provider Gender: Female

NPI: 1629509336

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OPHTHALMOLOGY**

##### **SHEILS, CATHERINE**

Provider ID: 305305

Board Certified Specialty: No

5330 CARROLL CANYON RD STE 210  
SAN DIEGO, CA 92121

Phone: (858) 450-1010

Fax: (858) 450-9451

After Hours Phone: (858) 450-1010

Provider Gender: Female

NPI: 1932605649

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TU  
8:30AM-4:00PM  
W-F 8:30AM-1:00PM

Website: N/A

#### **OPHTHALMOLOGY**

##### **SHEILS, CATHERINE**

Provider ID: 299936

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1932605649

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

#### **OPHTHALMOLOGY**

##### **SHEILS, CATHERINE**

Provider ID: 305306

Board Certified Specialty: No

3939 3RD AVE  
SAN DIEGO, CA 92103

Phone: (800) 765-2737

Fax: (619) 291-6577

After Hours Phone: (800) 765-2737

Provider Gender: Female

NPI: 1932605649

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TU  
8:30AM-4:00PM  
W-F 8:30AM-1:00PM

Website: N/A

#### **OPHTHALMOLOGY**

##### **SONG, DELU**

Provider ID: 302872

Board Certified Specialty: No

7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123

Phone: (858) 609-7100

Fax: (858) 609-7106

After Hours Phone: (858) 609-7100

Provider Gender: Male

NPI: 1437689536

Provider English Spoken: Y  
Provider Language(s) Spoken: Chinese, Mandarin  
Cultural Competency: N


Hospital Affiliation: TRI CITY MEDICAL CTR, UCSD MEDICAL


### D3. Specialist Provider Directory

CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### OPHTHALMOLOGY

##### **YAMADA, KENTARO**

Provider ID: 295848

Board Certified Specialty: No

 1040 UNIVERSITY AVE STE  
B209A  
SAN DIEGO, CA 92103


 Phone: (619) 299-1100

Fax: (619) 299-7156

 After Hours Phone: (619)  
299-1100

Provider Gender: Male

NPI: 1629047188

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


#### OPTOMETRIST

##### **AOTO, KIM**


Provider ID: 296795

Board Certified Specialty: No

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111


 Phone: (800) 898-2020

Fax: (844) 897-3788

 After Hours Phone: (800)  
898-2020

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 9:00AM-5:00PM  
TU 8:30AM-4:30PM

W 7:30AM-4:30PM

TH 9:30AM-5:00PM

F 8:30AM-4:00PM

 Website: N/A

#### OPTOMETRIST

##### **AOTO, KIM**


Provider ID: 268718

Board Certified Specialty: No

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (800) 898-2020

Fax: (844) 897-3788

 After Hours Phone: (800)  
898-2020

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 9:00AM-5:00PM  
TU 8:30AM-4:30PM

W 7:30AM-4:30PM

TH 9:30AM-5:00PM

F 8:30AM-4:00PM

 Website: N/A

#### OPTOMETRIST

##### **AOTO, KIM**

Provider ID: 268723

Board Certified Specialty: No

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (800) 898-2020

Fax: (844) 897-3788

 After Hours Phone: (800)  
898-2020

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:00PM

### D3. Specialist Provider Directory

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 Website: N/A


#### **OPTOMETRIST**

##### **JOMOC, CAITLIN**

Provider ID: 304156

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1861164642

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OPTOMETRIST**

##### **JOMOC, CAITLIN**

Provider ID: 304155

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1861164642

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OPTOMETRIST**

##### **KIM, PHILIP**


Provider ID: 287910

Board Certified Specialty: No

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103


 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Male

NPI: 1376929034

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPTOMETRIST**

##### **SCHWAB, GARY**

Provider ID: 290411

Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105


 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619)  
563-0250

Provider Gender: Male

NPI: 1740274372

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OPTOMETRIST**

##### **SCHWAB, GARY**

Provider ID: 290410

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1740274372

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A


#### **OPTOMETRIST**


##### **VO, ANDREW**

Provider ID: 201312

Board Certified Specialty: No

 200 W ARBOR DR STE 101  
SAN DIEGO, CA 92103

 Phone: (619) 543-7907




 After Hours Phone: (619)  
543-7907

Provider Gender: Male

NPI: 1790291565

### D3. Specialist Provider Directory


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*


#### **OPTOMETRIST**



##### **VO, ANDREW**

*Provider ID: 304147*  
*Board Certified Specialty: No*

 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Male*  
*NPI: 1790291565*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*



 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **OPTOMETRIST**

##### **YU, CAROL**


*Provider ID: 301684*

*Board Certified Specialty: No*

 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*


 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*  
*NPI: 1639697451*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*



 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

#### **OPTOMETRIST**


##### **YU, CAROL**

*Provider ID: 301680*  
*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*


 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*  
*NPI: 1639697451*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*



 *Website: N/A*

#### **OPTOMETRIST**

##### **YU, CAROL**

*Provider ID: 301683*

*Board Certified Specialty: No*

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*


 *After Hours Phone: (800)*  
*926-8273*


*Provider Gender: Female*  
*NPI: 1639697451*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*



#### **ORAL MAXILLOFACIAL**

##### **SURGEON**

##### **DENTICO-OLIN, MARC**

*Provider ID: 273663*

*Board Certified Specialty: No*

 501 WASHINGTON ST STE  
710  
SAN DIEGO, CA 92103  
 *Phone: (619) 295-6774*  
*Fax: (619) 295-6776*

 *After Hours Phone: (619)*  
*295-6774*

*Provider Gender: Male*  
*NPI: 1629205174*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS GREEN  
HOSPITAL, SCRIPPS MERCY*


### D3. Specialist Provider Directory

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HOSPITAL CHULA VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **ORAL MAXILLOFACIAL SURGEON**

##### **DENTICO-OLIN, MARC**

Provider ID: 304727

Board Certified Specialty: No

 2878 CAMINO DEL RIO S  
STE 210  
SAN DIEGO, CA 92108

 Phone: (619) 298-2200

Fax: (619) 298-2250

 After Hours Phone: (619)  
298-2200

Provider Gender: Male

NPI: 1629205174

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS GREEN  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **BLISS, MORGAN**


Provider ID: 272565

Board Certified Specialty: Yes

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 309-7701

Fax: (858) 966-8038

 After Hours Phone: (858)  
309-7701

Provider Gender: Female

NPI: 1760707657

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **OTOLARYNGOLOGY**

##### **BRUMUND, KEVIN**


Provider ID: 299635

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033193669

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **BRUMUND, KEVIN**

Provider ID: 299634

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033193669


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **CALIFANO, JOSEPH**

Provider ID: 299461

Board Certified Specialty: No

 16950 VIA TAZON



### D3. Specialist Provider Directory

SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1881652972  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **CALIFANO, JOSEPH**

Provider ID: 299462  
Board Certified Specialty: No  
8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1881652972  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **CALIFANO, JOSEPH**

Provider ID: 299457  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1881652972  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **CARVALHO, DANIELA**

Provider ID: 205628  
Board Certified Specialty: No  
3030 CHILDRENS WAY STE 109  
SAN DIEGO, CA 92123  
Phone: (858) 309-7702  
After Hours Phone: (858) 309-7702  
Provider Gender: Female  
NPI: 1154492916  
Provider English Spoken: Y  
Provider Language(s) Spoken: French, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **CARVALHO, DANIELA**

Provider ID: 272557  
Board Certified Specialty: No  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858) 309-7701  
Provider Gender: Female  
NPI: 1154492916  
Provider English Spoken: Y  
Provider Language(s) Spoken: French, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **COFFEY, CHARLES**

### D3. Specialist Provider Directory

Provider ID: 299579

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-6631

Fax: (619) 471-0656

After Hours Phone: (619)  
543-6631

Provider Gender: Male

NPI: 1932297330

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OTOLARYNGOLOGY

##### **COFFEY, CHARLES**

Provider ID: 299583

Board Certified Specialty: No

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932297330

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### OTOLARYNGOLOGY

##### **COFFEY, CHARLES**

Provider ID: 299582

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932297330

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### OTOLARYNGOLOGY

##### **DECONDE, ADAM**

Provider ID: 299567

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588988919

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### OTOLARYNGOLOGY

##### **DECONDE, ADAM**

Provider ID: 299568

Board Certified Specialty: No

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588988919

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### D3. Specialist Provider Directory

#### **OTOLARYNGOLOGY**

##### **DECONDE, ADAM**

Provider ID: 299569

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588988919

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **FRIEDMAN, RICK**

Provider ID: 299532

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982708558

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIH

HEALTH GOOD SAMARITAN


HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES, SOUTH  
COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM  
GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**


##### **FRIEDMAN, RICK**

Provider ID: 299531

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982708558

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIH


HEALTH GOOD SAMARITAN  
HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES, SOUTH

COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM  
GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **FRIEDMAN, RICK**

Provider ID: 299530

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982708558

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIH

HEALTH GOOD SAMARITAN  
HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES, SOUTH  
COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM  
GLOBAL MEDICAL CENTER,

### D3. Specialist Provider Directory

ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### OTOLARYNGOLOGY

##### **FRIESEN, TZYYNONG**


Provider ID: 272604

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 309-7701

Fax: (858) 966-8038

 After Hours Phone: (858)  
309-7701

Provider Gender: Female

NPI: 1952740177


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### OTOLARYNGOLOGY


##### **GILANI, SAPIDEH**

Provider ID: 299560

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### OTOLARYNGOLOGY


##### **GILANI, SAPIDEH**

Provider ID: 299561

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### OTOLARYNGOLOGY

##### **GILANI, SAPIDEH**

Provider ID: 299559

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### OTOLARYNGOLOGY

##### **GREENE, JACQUELINE**

Provider ID: 298396

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

### D3. Specialist Provider Directory

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1144583931

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

##### **GREENE, JACQUELINE**

Provider ID: 298397

Board Certified Specialty: No

📍 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1144583931

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

##### **GREENE, JACQUELINE**

Provider ID: 272959

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1144583931

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

##### **HARRIS, JEFFREY**

Provider ID: 299576

Board Certified Specialty: No

📍 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1417988783

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

##### **HARRIS, JEFFREY**

Provider ID: 299575

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1417988783

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

##### **HOM, DAVID**

Provider ID: 299514

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male




NPI: 1659305027

### D3. Specialist Provider Directory

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### OTOLARYNGOLOGY

##### **HOM, DAVID**





Provider ID: 299515  
Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1659305027

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### OTOLARYNGOLOGY




##### **HOM, DAVID**

Provider ID: 299511  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (858) 657-8590  
 After Hours Phone: (858)  
657-8590  
Provider Gender: Male  
NPI: 1659305027

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### OTOLARYNGOLOGY







##### **HUSSEMAN, JACOB**

Provider ID: 301052  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1124034053  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### OTOLARYNGOLOGY

##### **HUSSEMAN, JACOB**

Provider ID: 301053  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1124034053  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### OTOLARYNGOLOGY

##### **JIANG, WEN**

### D3. Specialist Provider Directory

Provider ID: 272660  
Board Certified Specialty: Yes  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858)  
309-7701  
Provider Gender: Female  
NPI: 1659305753  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **KARI, ELINA**

Provider ID: 299443  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (619) 543-6631  
After Hours Phone: (619)  
543-6631  
Provider Gender: Female  
NPI: 1780860536  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **KARI, ELINA**

Provider ID: 299446  
Board Certified Specialty: No  
8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1780860536  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **KARI, ELINA**

Provider ID: 299445  
Board Certified Specialty: No  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1780860536  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **LEUIN, SHELBY**

Provider ID: 272637  
Board Certified Specialty: No  
3030 CHILDRENS WAY FL 1

### D3. Specialist Provider Directory

SAN DIEGO, CA 92123  
☎ Phone: (858) 309-7701  
Fax: (858) 966-8038  
🕒 After Hours Phone: (858) 309-7701  
Provider Gender: Female  
NPI: 1124230909  
🗒 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **OTOLARYNGOLOGY**

##### **MAGIT, ANTHONY**

Provider ID: 299482  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1891858379  
🗒 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

#### **OTOLARYNGOLOGY**

##### **MAGIT, ANTHONY**

Provider ID: 299481  
Board Certified Specialty: No  
📍 8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male

NPI: 1891858379  
🗒 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

#### **OTOLARYNGOLOGY**

##### **MAGIT, ANTHONY**

Provider ID: 272767  
Board Certified Specialty: Yes  
📍 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
☎ Phone: (855) 309-7701

Fax: (858) 966-4062  
🕒 After Hours Phone: (855) 309-7701  
Provider Gender: Male  
NPI: 1891858379  
🗒 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 9:00AM-5:00PM  
🌐 Website: N/A



#### **OTOLARYNGOLOGY**

##### **MAGIT, ANTHONY**

Provider ID: 299480  
Board Certified Specialty: No  
📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1891858379  
🗒 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N



### D3. Specialist Provider Directory

 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OTOLARYNGOLOGY**

##### **MATSUOKA, AKIHIRO**

Provider ID: 299590

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **MATSUOKA, AKIHIRO**

Provider ID: 299591

Board Certified Specialty: No

 8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **MATSUOKA, AKIHIRO**

Provider ID: 299592

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**


##### **NGUYEN, QUYEN**

Provider ID: 299603

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (619) 543-6631


Fax: (619) 543-6532

 After Hours Phone: (619) 543-6631

Provider Gender: Female

NPI: 1477524452

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **NGUYEN, QUYEN**

Provider ID: 299607

Board Certified Specialty: No

 8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1477524452

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### D3. Specialist Provider Directory

 Website: N/A

#### **OTOLARYNGOLOGY**


##### **NGUYEN, QUYEN**

Provider ID: 299606

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1477524452

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS


GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **PATEL, VIJAY**


Provider ID: 297037

Board Certified Specialty: No


 3030 CHILDRENS WAY STE

1

SAN DIEGO, CA 92123

 Phone: (858) 309-7701

Fax: (858) 966-8038

 After Hours Phone: (858)  
309-7701

Provider Gender: Male

NPI: 1508250747

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, VALLEY CHILDRENS

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **OTOLARYNGOLOGY**


##### **VAHABZADEH-HAGH, ANDREW**

Provider ID: 299509

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD

REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED

CTR, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **VAHABZADEH-HAGH, ANDREW**

Provider ID: 299508

Board Certified Specialty: No

 8899 UNIVERSITY CENTER

LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD

REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED

CTR, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **VAHABZADEH-HAGH, ANDREW**

Provider ID: 299507

Board Certified Specialty: No

 16950 VIA TAZON


SAN DIEGO, CA 92127

### D3. Specialist Provider Directory

 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1346506920


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### OTOLARYNGOLOGY

##### **WATSON, DEBORAH**

Provider ID: 299641

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### OTOLARYNGOLOGY

##### **WATSON, DEBORAH**

Provider ID: 299642

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### OTOLARYNGOLOGY


##### **WATSON, DEBORAH**

Provider ID: 299639

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6631

 After Hours Phone: (619) 543-6631

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### OTOLARYNGOLOGY


##### **WEISSBROD, PHILIP**

Provider ID: 299610

Board Certified Specialty: No

 200 W ARBOR DR STE 505  
SAN DIEGO, CA 92103

 Phone: (858) 657-8590

 After Hours Phone: (858) 657-8590

Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### OTOLARYNGOLOGY

##### **WEISSBROD, PHILIP**

Provider ID: 299615

Board Certified Specialty: No

### D3. Specialist Provider Directory

 8899 UNIVERSITY CENTER  
 LN  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR, SCRIPPS  
 GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A



#### **OTOLARYNGOLOGY**

##### **WEISSBROD, PHILIP**

Provider ID: 299614

Board Certified Specialty: No

 16950 VIA TAZON  
 SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR, SCRIPPS  
 GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A



#### **OTOLARYNGOLOGY**

##### **YAN, CAROL**

Provider ID: 298412

Board Certified Specialty: No



 16950 VIA TAZON  
 SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1619237260

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Chinese

Cultural Competency: N


Hospital Affiliation: Stanford  
 Health Care, LUCILE SALTER  
 PACKARD CHILDRENS HOSP,  
 UCSD LA JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **YAN, CAROL**



Provider ID: 298413

Board Certified Specialty: No

 8899 UNIVERSITY CENTER

LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1619237260

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Chinese


Cultural Competency: N

Hospital Affiliation: Stanford  
 Health Care, LUCILE SALTER  
 PACKARD CHILDRENS HOSP,  
 UCSD LA JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A



#### **OTOLARYNGOLOGY**


##### **YAN, CAROL**

Provider ID: 298414

Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103


 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1619237260



 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Chinese

Cultural Competency: N




### D3. Specialist Provider Directory



*Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **PATHOLOGY ANATOMIC CLINICAL**

**ALLEN, ELIZABETH**

*Provider ID: 275756*  
*Board Certified Specialty: No*  
 *200 W ARBOR DR  
SAN DIEGO, CA 92103*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1174814065*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*




*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL,*


*SCRIPPS GREEN HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **PATHOLOGY ANATOMIC**


##### **CLINICAL**

**BROOME, HELEN**

*Provider ID: 275720*  
*Board Certified Specialty: No*  
 *200 W ARBOR DR  
SAN DIEGO, CA 92103*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1184674145*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL CTR*


*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **PATHOLOGY ANATOMIC**




##### **CLINICAL**

**BROOME, HELEN**

*Provider ID: 275721*  
*Board Certified Specialty: No*  
 *10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1184674145*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*





 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **PATHOLOGY ANATOMIC CLINICAL**

**BUI, JACK**






*Provider ID: 247581*  
*Board Certified Specialty: No*  
 *10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1942529821*



### D3. Specialist Provider Directory

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PATHOLOGY ANATOMIC CLINICAL**

##### **BUI, JACK**

Provider ID: 247580  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1942529821  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PATHOLOGY ANATOMIC CLINICAL**



##### **QUINTANA, PAULINA**






Provider ID: 296765  
Board Certified Specialty: No  
 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
 Phone: (619) 266-3332  
Fax: (619) 266-6000  
 After Hours Phone: (619)  
266-3332  
Provider Gender: Female  
NPI: 1164482477

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PARADISE  
VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PATHOLOGY ANATOMIC CLINICAL**






##### **ROMA, ANDRES**

Provider ID: 275826  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1295912657  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **PATHOLOGY ANATOMIC CLINICAL**


##### **SHABAIK, AHMED**

Provider ID: 275781  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1679521579  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

### D3. Specialist Provider Directory

American Sign Language (ASL): Provider Gender: Female  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PATHOLOGY ANATOMIC


#### CLINICAL

#### **SONG, WEI**

Provider ID: 300001

Board Certified Specialty: No

 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1306164157

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### PATHOLOGY ANATOMIC


#### CLINICAL

#### **STEPHENS, LAURA**

Provider ID: 300042

Board Certified Specialty: No

 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

NPI: 1942561212


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### PATHOLOGY ANATOMIC

#### CLINICAL

#### **VAVINSKAYA, VERA**

Provider ID: 275789

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174757181

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PATHOLOGY ANATOMIC CLINICAL

#### **WANG, DEHUA**

Provider ID: 289153

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-6776


Fax: (858) 966-6707

 After Hours Phone: (858)  
966-6776

Provider Gender: Female

NPI: 1578790655

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC ALLERGY / IMMUNOLOGY

#### **ALKATIB, RHONDA**

Provider ID: 291226

Board Certified Specialty: No

 2655 CAMINO DEL RIO N  
STE 425  
SAN DIEGO, CA 92108

 Phone: (619) 286-6687

Fax: (619) 286-6695

 After Hours Phone: (619)  
286-6687

### D3. Specialist Provider Directory

Provider Gender: Female  
NPI: 1417363086  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: ALVARADO  
HOSP MED CTR, ALVARADO  
HOSPITAL LLC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### PEDIATRIC ALLERGY / IMMUNOLOGY

##### **COLLINS, CATHLEEN**

Provider ID: 206083  
Board Certified Specialty: No  
📍 3030 CHILDRENS WAY STE  
2  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5961  
📞 After Hours Phone: (858)  
966-5961  
Provider Gender: Female  
NPI: 1205128089  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: LUCILE  
SALTER PACKARD CHILDRENS  
HOSP, Stanford Health Care,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### PEDIATRIC ALLERGY / IMMUNOLOGY

##### **GENG, BOB**

Provider ID: 205823  
Board Certified Specialty: No  
📍 5776 RUFFIN RD  
SAN DIEGO, CA 92123  
☎ Phone: (858) 292-1144  
📞 After Hours Phone: (858)  
292-1144  
Provider Gender: Male  
NPI: 1356570758

☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### PEDIATRIC ALLERGY / IMMUNOLOGY

##### **GENG, BOB**

Provider ID: 205824  
Board Certified Specialty: No  
📍 3030 CHILDRENS WAY STE  
2

SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5961  
📞 After Hours Phone: (858)  
966-5961

Provider Gender: Male  
NPI: 1356570758

☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### PEDIATRIC ALLERGY / IMMUNOLOGY

##### **GREINER, ALEXANDER**

Provider ID: 205697  
Board Certified Specialty: No  
📍 5776 RUFFIN RD  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-4900  
📞 After Hours Phone: (858)  
966-4900  
Provider Gender: Male  
NPI: 1609801299  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: French, German,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN



### D3. Specialist Provider Directory


DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-0:00PM

 Website: N/A


#### **PEDIATRIC ALLERGY / IMMUNOLOGY**


**LEIBEL, SYDNEY**

Provider ID: 205724

Board Certified Specialty: No

 5776 RUFFIN RD  
SAN DIEGO, CA 92123

 Phone: (858) 292-1144

 After Hours Phone: (858)  
292-1144

Provider Gender: Male

NPI: 1861666919

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PEDIATRIC ALLERGY / IMMUNOLOGY**


**LEIBEL, SYDNEY**

Provider ID: 205725

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2 NORTH  
SAN DIEGO, CA 92123

 Phone: (858) 966-5961

 After Hours Phone: (858)  
966-5961

Provider Gender: Male

NPI: 1861666919

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**

**BOCK, MATTHEW**

Provider ID: 280463

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1356514624

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LOMA  
LINDA UNIVERSITY MED CTR,  
LOMA LINDA UNIVERSITY


CHILDRENS HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**

**BORQUEZ, ALEJANDRO**

Provider ID: 284120

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123



 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1114277787

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

## D3. Specialist Provider Directory

### **PEDIATRIC CARDIOLOGY**

#### **CHAU, PETER**

Provider ID: 271427

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1407146947

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY

CHILDRENS HOSPITAL, LOMA

LINDA UNIVERSITY MED CTR,

RADY CHILDRENS HOSPITAL

SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **PEDIATRIC CARDIOLOGY**

#### **DAVIS, CHRISTOPHER**

Provider ID: N/A

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1760691950

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **PEDIATRIC CARDIOLOGY**

#### **DO, THOMAS**

Provider ID: 206162

Board Certified Specialty: No

3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

Phone: (858) 366-5855

Fax: (858) 966-7423

After Hours Phone: (858)  
366-5855

Provider Gender: Male

NPI: 1053545376

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSPITAL

AT MISSION, CHILDRENS

HOSPITAL OF ORANGE

COUNTY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **PEDIATRIC CARDIOLOGY**

#### **DUMMER, KIRSTEN**

Provider ID: 260595

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1780642280

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **PEDIATRIC CARDIOLOGY**

#### **GOLDING, IAN**

Provider ID: 210823

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

### D3. Specialist Provider Directory

Fax: (858) 966-7903

☎ After Hours Phone: (858) 966-5855

Provider Gender: Male

NPI: 1962974956

🗉 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PEDIATRIC CARDIOLOGY**

##### **GORDON, BRENT**

Provider ID: 295391

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5855

Fax: (858) 966-7903

☎ After Hours Phone: (858) 966-5855

Provider Gender: Male

NPI: 1669480083

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR,  
SANTA MONICA UCLA MED  
CTR, SAN ANTONIO COMM  
HOSP, LOMA LINDA  
UNIVERSITY CHILDRENS  
HOSPITAL, LOMA LINDA  
UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Fax: (858) 966-7903

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PEDIATRIC CARDIOLOGY**

##### **HALEY, JESSICA**

Provider ID: 205687

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5855

Fax: (858) 966-7903

☎ After Hours Phone: (858) 966-5855

Provider Gender: Female

NPI: 1023329885

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PEDIATRIC CARDIOLOGY**

##### **JUSTINO, HENRI**

Provider ID: 284123

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5855

☎ After Hours Phone: (858) 966-5855

Provider Gender: Male

NPI: 1518036821

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PEDIATRIC CARDIOLOGY**

##### **LEHNERT SCHUCHARDT, ELEANOR**

Provider ID: 262250

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5855  
Fax: (858) 966-7903

☎ After Hours Phone: (858) 966-5855

Provider Gender: Female

NPI: 1760707210

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **PEDIATRIC CARDIOLOGY**

##### **MCCANDLESS, RACHEL**


*Provider ID: 206147*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-4912*

*Fax: (858) 966-7903*

 *After Hours Phone: (858)  
966-4912*

*Provider Gender: Female*

*NPI: 1487821815*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **PEDIATRIC CARDIOLOGY**


##### **MUELLER, DANA**

*Provider ID: 245535*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-5855*

 *After Hours Phone: (858)  
966-5855*

*Provider Gender: Female*

*NPI: 1184915712*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*


#### **PEDIATRIC CARDIOLOGY**

##### **NARAYAN, HARI**

*Provider ID: 205349*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-5855*

*Fax: (858) 966-7903*

 *After Hours Phone: (858)  
966-5855*

*Provider Gender: Male*

*NPI: 1376705707*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **PEDIATRIC CARDIOLOGY**

##### **RAO, ROHIT**

*Provider ID: 206122*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-5855*

*Fax: (858) 966-7903*

 *After Hours Phone: (858)  
966-5855*

*Provider Gender: Male*

*NPI: 1063452779*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **PEDIATRIC CARDIOLOGY**

##### **SAH, SERENA**

*Provider ID: 206215*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 *Phone: (858) 966-5855*


*Fax: (858) 966-7423*

 *After Hours Phone: (858)  
966-5855*

*Provider Gender: Female*

### D3. Specialist Provider Directory

NPI: 1295042653

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**

#### **SILVA SEPULVEDA, JOSE**

Provider ID: 206297

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1417222472

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**


#### **STEINBERG, LEONARD**

Provider ID: 248208

Board Certified Specialty: No


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1538279484

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**

#### **STRINGER, JESSE**

Provider ID: 206296

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1972745388

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**

#### **VAUGHN, GABRIELLE**

Provider ID: 205643

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-7423

 After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1891004461

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF


CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC CARDIOLOGY**

#### **VELLORE GOVARDHAN,**

### D3. Specialist Provider Directory

#### SHILPA

Provider ID: 271454

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5855

Fax: (858) 966-7903

🕒 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1477702165

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PEDIATRIC CARDIOLOGY

#### WERHO, DAVID

Provider ID: 206316

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5855

Fax: (858) 966-7903

🕒 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1235391863

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

#### DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PEDIATRIC CARDIOLOGY

#### WILLIAMS, MATTHEW

Provider ID: 206287

Board Certified Specialty: No

📍 3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5855

Fax: (858) 966-7423

🕒 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1831423250

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSF BENIOFF CHILDREN'S

HOSPITAL OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PEDIATRIC CARDIOLOGY

#### YUNOSZAI, ADEL

Provider ID: 303133

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5855

Fax: (858) 966-7903

🕒 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1952493819

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PEDIATRIC DERMATOLOGY

#### BOIKO, SUSAN

Provider ID: 303684

Board Certified Specialty: No

📍 7910 FROST ST STE 120  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-6795

Fax: (858) 966-7479

🕒 After Hours Phone: (858)  
966-6795

Provider Gender: Female

NPI: 1053488981

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

### D3. Specialist Provider Directory


DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC DERMATOLOGY

##### EICHENFIELD, DAWN

Provider ID: 283142

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-6795

Fax: (858) 966-7479

 After Hours Phone: (858)  
966-6795

Provider Gender: Female

NPI: 1295198091


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC DERMATOLOGY

##### EICHENFIELD, DAWN

Provider ID: 303679

Board Certified Specialty: No

 7910 FROST ST STE 120  
SAN DIEGO, CA 92123

 Phone: (858) 966-6795

Fax: (858) 966-7479

 After Hours Phone: (858)  
966-6795

Provider Gender: Female

NPI: 1295198091

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


##### MEDICINE


##### AGHILI, ROXANA

Provider ID: 304918

Board Certified Specialty: No



 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1851927883

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N


Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN


DIEGO, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### PEDIATRIC EMERGENCY

##### MEDICINE


##### AGHILI, ROXANA

Provider ID: 303780

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105



 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1851927883

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N


Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN  
DIEGO, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A

### D3. Specialist Provider Directory


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **AMIRNOVIN, RAMBOD**

Provider ID: 297673

Board Certified Specialty: No


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1629104492

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation:


CHILDRENS HOSP OF LOS  
ANGELES, LOMA LINDA  
UNIVERSITY CHILDRENS  
HOSPITAL, LOMA LINDA

UNIVERSITY MED CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, LONG BEACH  
MEMORIAL MED CTR, EARL  
AND LORRAINE MILLER  
CHILDRENS HSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **AUSTIN PAGE, LUKAS**

Provider ID: 205589

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1326301862

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **BELLOMO, THOMAS**

Provider ID: 205601

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905


Fax: (619) 283-1614

 After Hours Phone: (619)  
280-2905

Provider Gender: Male

NPI: 1700926698

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **BETTY, MARYANN**

Provider ID: 257396

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1285014498


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **PEDIATRIC EMERGENCY**



### D3. Specialist Provider Directory

#### **MEDICINE**


##### **BETTY, MARYANN**

Provider ID: 245754

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619) 280-2905

Provider Gender: Female

NPI: 1285014498

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY**


##### **MEDICINE**


##### **BIALOSTOZKY, MARIO**

Provider ID: 206011

Board Certified Specialty: No



 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1609281450

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY

HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **PEDIATRIC EMERGENCY**


##### **MEDICINE**


##### **BRYL, AMY**

Provider ID: 205967

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1497079487

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
RADY CHILDRENS HOSPITAL

SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **PEDIATRIC EMERGENCY**


##### **MEDICINE**


##### **CAMPBELL, SARA**

Provider ID: 206335

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1841687563

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY**

##### **MEDICINE**

### D3. Specialist Provider Directory

#### **CHOO, SUN**

Provider ID: 296535

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1700047628

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

#### **CHOO, SUN**

Provider ID: 296536

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1700047628

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

#### **CONRAD, HEATHER**

Provider ID: 205960

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1205813409

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST

HEALTHCARE INLAND VALLEY  
HOSPITAL, SHARP CHULA

VISTA MED CTR, UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

#### **DEL RE, ANGELO**

Provider ID: 206081

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1275761371

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

#### **DEVERA, GEMMIE**

### D3. Specialist Provider Directory

Provider ID: 288572

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1366622078

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **DO, STEPHANIE**

Provider ID: 287393

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1750513644

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Martin  
Luther King Jr Community  
Hospital, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **DONOFRIO-ODMANN, JOY**

Provider ID: 205375

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1740571165

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **DORWART, ELIZABETH**

Provider ID: 294260

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1609132034

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: LUCILE  
SALTER PACKARD CHILDRENS  
HOSP, Stanford Health Care,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **EKPENYONG, ATIM**

Provider ID: 205722

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 576-1700

After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1932318565


Provider English Spoken: Y

### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **FISHER, JAY**

*Provider ID: 295690*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY SAN DIEGO, CA 92123

 *Phone: (858) 966-8800*

 *After Hours Phone: (858) 966-8800*

*Provider Gender: Male*

*NPI: 1629118518*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **GAHM, CLAIRE**

*Provider ID: 301305*

*Board Certified Specialty: No*


 3020 CHILDRENS WAY SAN DIEGO, CA 92123

 *Phone: (858) 966-8800*

 *After Hours Phone: (858) 966-8800*

*Provider Gender: Female*

*NPI: 1750709077*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: No*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **GIBONEY, JENNIFER**

*Provider ID: 205925*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY SAN DIEGO, CA 92123

 *Phone: (858) 966-8800*

 *After Hours Phone: (858) 966-8800*

*Provider Gender: Female*

*NPI: 1275895849*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **GORHAM, LAURA**

*Provider ID: 275784*

*Board Certified Specialty: No*

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 *Phone: (619) 280-2058*

*Fax: (858) 633-4682*

 *After Hours Phone: (619) 280-2058*

*Provider Gender: Female*

*NPI: 1316162324*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM SA 8:00AM-2:00PM*

 *Website: N/A*

### D3. Specialist Provider Directory

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **GROSS, MATTHEW**

Provider ID: 297172

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Male

NPI: 1942223664

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **GROSS, MATTHEW**

Provider ID: 297174

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1942223664

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **HERSKOVITZ, SCOTT**

Provider ID: 261045

Board Certified Specialty: Yes

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1225393499

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **HUNTER, WENDY**

Provider ID: 206278

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1053515551

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **INDRA, SEAN**

Provider ID: 302625

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1427349091

### D3. Specialist Provider Directory

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **ISHIMINE, PAUL**

Provider ID: 206236  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Male  
NPI: 1437184421

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **JACKSON, TAYLOR**

Provider ID: 302127  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5999  
Fax: (858) 966-8519  
 After Hours Phone: (858)  
966-5999  
Provider Gender: Male  
NPI: 1326543752

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **JOSHI, WEENA**

Provider ID: 262232  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Female  
NPI: 1376862177

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **JOSHI, WEENA**

Provider ID: 262234  
Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
Fax: (619) 283-1614  
 After Hours Phone: (619)  
280-2905  
Provider Gender: Female  
NPI: 1376862177

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **KHAN, SHAHFAR**

Provider ID: 294094

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1013361815

Provider English Spoken: Y

Provider Language(s)

Spoken: Hindi, Urdu

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **KINGDON, JOANNA**

Provider ID: 302317

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1609495399

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM

M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **LOVEJOY, AMY**

Provider ID: 262029

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 309-7701

Fax: (858) 966-8038

After Hours Phone: (858)  
309-7701

Provider Gender: Female

NPI: 1790856557

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, CHILDRENS HOSPITAL  
OF ORANGE COUNTY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **LOVEJOY, AMY**

Provider ID: 206107

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1790856557

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSPITAL

OF ORANGE COUNTY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **MCDANIEL, MICHELE**


Provider ID: 248071

### D3. Specialist Provider Directory

*Board Certified Specialty: No*


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

*Provider Gender: Female*

*NPI: 1366761959*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,*

*SOUTHWEST HEALTHCARE*

*INLAND VALLEY HOSPITAL,*

*SOUTHWEST HEALTHCARE*

*RANCHO SPRINGS HOSPITAL,*

*RADY CHILDRENS HOSPITAL*

*SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**


#### **MENDES, CHANTAL**

*Provider ID: 295668*

*Board Certified Specialty: No*

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105


 Phone: (619) 280-2905

*Fax: (619) 283-1614*

 After Hours Phone: (619)  
280-2905

*Provider Gender: Female*

*NPI: 1134681265*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: SU 1:00PM-10:00PM*

*M-F 4:00PM-10:00PM*

*SA 1:00PM-10:00PM*

 *Website: N/A*

#### **PEDIATRIC EMERGENCY**


#### **MEDICINE**


#### **MESIWALA, ADNAN**

*Provider ID: 275654*

*Board Certified Specialty: No*


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

*Provider Gender: Male*

*NPI: 1528483955*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*

#### **PEDIATRIC EMERGENCY**


#### **MEDICINE**


#### **METCALF, ASHLEY**

*Provider ID: 205348*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

*Provider Gender: Female*

*NPI: 1073740205*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST*

*HEALTHCARE INLAND VALLEY*

*HOSPITAL, SOUTHWEST*

*HEALTHCARE RANCHO*

*SPRINGS HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*

#### **PEDIATRIC EMERGENCY**


#### **MEDICINE**


#### **MILLS, DAVID**

*Provider ID: 302146*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800



### D3. Specialist Provider Directory

Provider Gender: Male

NPI: 1194145946

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### PEDIATRIC EMERGENCY

##### MEDICINE


#### **MINKA, GENEVIEVE**


Provider ID: 262107

Board Certified Specialty: No

 8110 BIRMINGHAM WAY FL  
1


SAN DIEGO, CA 92123

 Phone: (858) 966-7785

 After Hours Phone: (858)  
966-7785

Provider Gender: Female

NPI: 1689646689

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL CHULA VISTA


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


##### MEDICINE


#### **MINKA, GENEVIEVE**

Provider ID: 205334

Board Certified Specialty: No


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1689646689

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### PEDIATRIC EMERGENCY

##### MEDICINE


#### **MINKA, GENEVIEVE**

Provider ID: 205336

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1689646689

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


##### MEDICINE


#### **MISHRA-OCCHINO, SEEMA**

Provider ID: 205404

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

 After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1689612830

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **MONTBLEAU, KARA**

Provider ID: 299240

Board Certified Specialty: No


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1164981197

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **MURRAY, MATTHEW**

Provider ID: 205759

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1215103023

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **NGUYEN, MYLINH**

Provider ID: 262299

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1730428053

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **NGUYEN, MARGARET**

Provider ID: 270705

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1942485248

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **OZAKI, YOSHIHIRO**

### D3. Specialist Provider Directory

Provider ID: 241926

Board Certified Specialty: No

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619) 280-2905

Provider Gender: Male

NPI: 1467898239

Provider English Spoken: Y

Provider Language(s) Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **OZCAN, ALI**

Provider ID: 287923

Board Certified Specialty: No

3020 CHILDRENS WAY SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1265867683

Provider English Spoken: Y

Provider Language(s) Spoken: Turkish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, LOMA LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **PADE, KATHRYN**

Provider ID: 262411

Board Certified Specialty: No

3020 CHILDRENS WAY SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1215375183

Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **PARK, BRIAN**

Provider ID: 302352

Board Certified Specialty: No

3020 CHILDRENS WAY SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1710418744

Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **PARK, RONALD**

Provider ID: 295457

Board Certified Specialty: No

4305 UNIVERSITY AVE STE 150



SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614





After Hours Phone: (619)




### D3. Specialist Provider Directory

280-2905  
Provider Gender: Male  
NPI: 1881695914  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY** **MEDICINE**








##### **PARKER, SHERINE**

Provider ID: 205784  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Female  
NPI: 1477626513  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: GLENDALE  
ADVENTIST MED CTR,  
GLENDALE MEMORIAL HOSP  
AND HEALTH CTR, TRI CITY  
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY** **MEDICINE**




##### **QUINONES-PEREZ, BIANCA**



Provider ID: 206947  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Female  
NPI: 1124360565  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PEDIATRIC EMERGENCY**




#### **MEDICINE**

##### **QUINONES-PEREZ, BIANCA**

Provider ID: 206949  
Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
Fax: (619) 283-1614  
 After Hours Phone: (619)  
280-2905  
Provider Gender: Female  
NPI: 1124360565




 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY** **MEDICINE**

##### **RANASURIYA, DUNISHA**

Provider ID: 216970  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Female

### D3. Specialist Provider Directory

NPI: 1740468057


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **RATNAYAKE, KRISTIN**


Provider ID: 206034

Board Certified Specialty: No

 3020 CHILDRENS WAY MC  
5075

SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1679716658

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **RUIZ, MONICA**

Provider ID: 305340

Board Certified Specialty: No


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1982059689

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **RUSSELL, SAMUEL**

Provider ID: 301249

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1215564265


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **RUSSELL, SAMUEL**

Provider ID: 301250

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)  
280-2905

Provider Gender: Male

NPI: 1215564265

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

### D3. Specialist Provider Directory

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **SALEH, FAREED**

Provider ID: 206216

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1366691115

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **SANACORA, RACHEL**


Provider ID: 297728

Board Certified Specialty: No

 3020 CHILDRENS WAY

SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1548987985

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **SANACORA, RACHEL**

Provider ID: 297729

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619) 280-2905

Provider Gender: Female

NPI: 1548987985

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **SCHROTER, STEPHANIE**

Provider ID: 243830

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1073951828

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **SCHWARTZ, KRISTY**

Provider ID: 206169

Board Certified Specialty: No





 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123



### D3. Specialist Provider Directory

 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
Provider Gender: Female  
NPI: 1497080808  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **SHERER, KIMBERLY**

Provider ID: 284168  
Board Certified Specialty: No  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
Provider Gender: Female  
NPI: 1992202964  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A




#### **PEDIATRIC EMERGENCY MEDICINE**

##### **SHETH, SARIKA**

Provider ID: 248171  
Board Certified Specialty: No  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
Provider Gender: Female  
NPI: 1336503234  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**






##### **SOUDER, CHRISTOPHER**

Provider ID: 301636  
Board Certified Specialty: No  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)



966-8800  
Provider Gender: Male  
NPI: 1851540199  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **SOUDER, CHRISTOPHER**




Provider ID: 301635  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 3 SAN DIEGO, CA 92123  
 Phone: (858) 966-6789  
Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
Provider Gender: Male  
NPI: 1851540199  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### D3. Specialist Provider Directory

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **TAMAS, VANESSA**




Provider ID: 206212  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 576-1700  
 After Hours Phone: (858)  
576-1700

Provider Gender: Female  
NPI: 1326225368  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **TANG, ANDREW**

Provider ID: 294677  
Board Certified Specialty: No




 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800

Provider Gender: Male  
NPI: 1184071516  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**








##### **TODD, SARAH**

Provider ID: 302800  
Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
Fax: (619) 283-1614  
 After Hours Phone: (619)  
280-2905  
Provider Gender: Female  
NPI: 1407299787  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **TRAN, THERESA**

Provider ID: 301834  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Female  
NPI: 1417496985  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish,  
Vietnamese  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A



### D3. Specialist Provider Directory


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **TRAUT, JOEL**

Provider ID: 205475

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

 After Hours Phone: (858)  
576-1700

Provider Gender: Male

NPI: 1982792065

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **ULRICH, STACEY**

Provider ID: 205847

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8036

 After Hours Phone: (858)  
966-8036

Provider Gender: Female

NPI: 1619049236

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **VAIDYA, KAMALA**

Provider ID: 205809

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1083840920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **VAIDYA, KAMALA**


Provider ID: 205811

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

 Fax: (619) 283-1614

 After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1083840920

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **VAN WOY, LAUREN**

Provider ID: 301574

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800



Provider Gender: Female

NPI: 1568959161








 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish








### D3. Specialist Provider Directory

*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*




#### **PEDIATRIC EMERGENCY MEDICINE**





**VANE, JACKSON**  
*Provider ID: 205883*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
 *After Hours Phone: (858) 966-8800*  
*Provider Gender: Male*  
*NPI: 1952608580*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **PEDIATRIC EMERGENCY**






**MEDICINE**  
**VARGAS, JACLYN**  
*Provider ID: 285935*  
*Board Certified Specialty: No*  
 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123  
 *Phone: (858) 576-1700*  
*Fax: (858) 966-8479*  
 *After Hours Phone: (858) 576-1700*  
*Provider Gender: Female*  
*NPI: 1619359718*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, Los Angeles General Medical Center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **PEDIATRIC EMERGENCY MEDICINE**

**VARGAS, JACLYN**  
*Provider ID: 285934*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5841*  
*Fax: (858) 966-6728*  
 *After Hours Phone: (858) 966-5841*  
*Provider Gender: Female*  
*NPI: 1619359718*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, Los Angeles General Medical Center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **PEDIATRIC EMERGENCY MEDICINE**

**VARGAS, JACLYN**  
*Provider ID: 296486*  
*Board Certified Specialty: No*  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 *Phone: (619) 280-2905*  
*Fax: (619) 283-1614*  
 *After Hours Phone: (619) 280-2905*  
*Provider Gender: Female*  
*NPI: 1619359718*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, Los Angeles General Medical Center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
Website: N/A

#### **PEDIATRIC EMERGENCY** **MEDICINE**

#### **VAYNGORTIN, TATYANA**

Provider ID: 263012

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8800  
After Hours Phone: (858)  
966-8800

Provider Gender: Female  
NPI: 1578967907

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S

HOSPITAL OAKLAND,  
CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY** **MEDICINE**

#### **WANG, YVETTE**

Provider ID: 263416

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8800  
After Hours Phone: (858)  
966-8800

Provider Gender: Female  
NPI: 1710321278

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY** **MEDICINE**

#### **WANG, EMILY**

Provider ID: 265952

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8800  
After Hours Phone: (858)  
966-8800

Provider Gender: Female  
NPI: 1427142363

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL

#### **HOSPITAL**

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY** **MEDICINE**

#### **WANG, EMILY**

Provider ID: 265954

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Phone: (619) 280-2905  
Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Female  
NPI: 1427142363

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **YAPHOCKUN, KAREN**

Provider ID: 206184

Board Certified Specialty: No


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

 After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1861880817

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PEDIATRIC ENDOCRINOLOGY**

##### **CYMBALUK, ANNA**

Provider ID: 294214

Board Certified Specialty: No

 3030 CHILDRENS WAY STE  
4  
SAN DIEGO, CA 92123

 Phone: (858) 966-4032

Fax: (858) 966-6227

 After Hours Phone: (858)  
966-4032

Provider Gender: Female

NPI: 1043674849

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PEDIATRIC ENDOCRINOLOGY**

##### **PATTERSON, MARY**


Provider ID: 206059

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
4 NORTH  
SAN DIEGO, CA 92123

 Phone: (858) 966-4032

Fax: (858) 966-6227

 After Hours Phone: (858)  
966-4032

Provider Gender: Female

NPI: 1912112020

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC ENDOCRINOLOGY**

##### **SINGH, PUJA**


Provider ID: 302818

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
4  
SAN DIEGO, CA 92123

 Phone: (858) 966-4032

Fax: (858) 966-6227

 After Hours Phone: (858)  
966-4032

Provider Gender: Female

NPI: 1841721172

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PEDIATRIC ENDOCRINOLOGY**

##### **VARGAS TRUJILLO, MARCELA**


Provider ID: 205605

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
4  
SAN DIEGO, CA 92123

 Phone: (858) 966-4032


Fax: (858) 966-4032

 After Hours Phone: (858)  
966-4032

### D3. Specialist Provider Directory

Provider Gender: Female

NPI: 1952534091

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY


CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC

#### GASTROENTEROLOGY


#### **CHU, CHRISTOPHER**

Provider ID: 301639


Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-4003


Fax: (858) 560-6798

 After Hours Phone: (858)  
966-4003

Provider Gender: Male

NPI: 1912369273

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: No


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC

#### GASTROENTEROLOGY


#### **GOYAL, NIDHI**

Provider ID: 205598

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2 SOUTH

SAN DIEGO, CA 92123


 Phone: (858) 966-4003

Fax: (858) 560-6798

 After Hours Phone: (858)  
966-4003

Provider Gender: Female

NPI: 1598029332

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL


OAKLAND


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC

#### GASTROENTEROLOGY


#### **HARTMANN, PHILLIPP**

Provider ID: 294228


Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-4003

Fax: (858) 560-6798

 After Hours Phone: (858)  
966-4003

Provider Gender: Male

NPI: 1356796536

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, German

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC

#### GASTROENTEROLOGY


#### **LIN, TOM**

Provider ID: 297707

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-4003


Fax: (858) 560-6798

 After Hours Phone: (858)  
966-4003

Provider Gender: Male

### D3. Specialist Provider Directory


NPI: 1114136934


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC

#### GASTROENTEROLOGY


#### **PATHAK, SAGAR**

Provider ID: 301825


Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123


 Phone: (858) 966-4003


Fax: (858) 560-6798

 After Hours Phone: (858)  
966-4003

Provider Gender: Male

NPI: 1700318292

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Gujarati, Spanish

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC

#### GASTROENTEROLOGY


#### **SCHWARZ, KATHLEEN**

Provider ID: 205885


Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123


 Phone: (858) 966-4003

Fax: (858) 560-6798

 After Hours Phone: (858)  
966-4003

Provider Gender: Female

NPI: 1265465918

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC

#### GASTROENTEROLOGY


#### **YOUNG, JOCELYN**

Provider ID: 294675

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-4003

Fax: (858) 560-6798

 After Hours Phone: (858)  
966-4003

Provider Gender: Female

NPI: 1306227491

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UC DAVIS

MEDICAL CTR, RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### **BRIGGS, BENJAMIN**

Provider ID: 274689

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Male

NPI: 1952695777

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

### D3. Specialist Provider Directory


DIEGO, NAVAL MEDICAL CTR  
SD RBE


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC HEMATOLOGY / ONCOLOGY


**BUSH, KELLY**

Provider ID: 274408


Board Certified Specialty: No

 3010 CHILDRENS WAY STE  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1073831079

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC HEMATOLOGY /

#### ONCOLOGY


**CHOO, SUN**

Provider ID: 206115

Board Certified Specialty: No

 3010 CHILDRENS WAY STE  
2-WEST

SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1700047628

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC HEMATOLOGY / ONCOLOGY

**DING, HILDA**

Provider ID: 206173

Board Certified Specialty: No

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1780813923

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC HEMATOLOGY / ONCOLOGY

**ELSTER, JENNIFER**

Provider ID: 205769

Board Certified Specialty: No

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1588866115


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **PEDIATRIC HEMATOLOGY / ONCOLOGY**

##### **GANESAN, ANUSHA**

Provider ID: 205882

Board Certified Specialty: No

📍 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5811

Fax: (858) 966-8035

🕒 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1982091740

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PEDIATRIC HEMATOLOGY / ONCOLOGY**

##### **JAFFRAY, JULIE**

Provider ID: 296760

Board Certified Specialty: No

📍 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5811

Fax: (858) 966-8035

🕒 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1396942470

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PEDIATRIC HEMATOLOGY / ONCOLOGY**

##### **KUO, DENNIS**

Provider ID: 205433

Board Certified Specialty: No

📍 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5811

Fax: (858) 966-8035

🕒 After Hours Phone: (858)  
966-5811

Provider Gender: Male

NPI: 1750492146

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PEDIATRIC HEMATOLOGY / ONCOLOGY**

##### **SRIDHAR, SUNITA**

Provider ID: 302088

Board Certified Specialty: No

📍 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5811

Fax: (858) 966-8035

🕒 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1649707365

🗣 Provider English Spoken: Y  
🗣 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PEDIATRIC HEMATOLOGY / ONCOLOGY**

##### **WONG, VICTOR**


Provider ID: 206149


Board Certified Specialty: No

📍 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123



### D3. Specialist Provider Directory

 Phone: (858) 966-5811

 Fax: (858) 966-8035

 After Hours Phone: (858) 966-5811

Provider Gender: Male

NPI: 1154692473

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC HEMATOLOGY / ONCOLOGY**


##### **YU, JENNIFER**

Provider ID: 206148

Board Certified Specialty: No

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

 Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1326315599

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC HEMATOLOGY / ONCOLOGY**


##### **YU, HELENA**

Provider ID: 301583

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123


 Phone: (858) 966-5811

 Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1881127736

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC HEMATOLOGY / ONCOLOGY**


##### **ZAGE, PETER**

Provider ID: 206315

 3010 CHILDRENS WAY STE  
2W

SAN DIEGO, CA 92123

 Phone: (858) 966-5811

 Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Male

NPI: 1912003161

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC INFECTIOUS DISEASES**


##### **MILDER, EDMUND**


Provider ID: 289138

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-7785

 Fax: (858) 966-8658

 After Hours Phone: (858)  
966-7785

Provider Gender: Male

NPI: 1760460026

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

### D3. Specialist Provider Directory

CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC NEPHROLOGY**


##### **CARTER, CAITLIN**

Provider ID: 302777


Board Certified Specialty: No

 8110 BIRMINGHAM WAY FL 1

SAN DIEGO, CA 92123

 Phone: (858) 966-8052

Fax: (858) 966-7789

 After Hours Phone: (858) 966-8052

Provider Gender: Female

NPI: 1255514618

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC NEPHROLOGY**


##### **INGULLI, ELIZABETH**

Provider ID: 302778


Board Certified Specialty: No

 8110 BIRMINGHAM WAY  
STE 28

SAN DIEGO, CA 92123

 Phone: (858) 966-8052

Fax: (858) 966-7789

 After Hours Phone: (858) 966-8052

Provider Gender: Female

NPI: 1811919244

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

SHARP MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC NEPHROLOGY**


##### **MAK, ROBERT**

Provider ID: 302776


Board Certified Specialty: No

 8110 BIRMINGHAM WAY FL 1

SAN DIEGO, CA 92123

 Phone: (858) 966-8052

Fax: (858) 966-7789

 After Hours Phone: (858) 966-8052

Provider Gender: Male

NPI: 1740295252

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

RADY CHILDRENS HOSPITAL


SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC NEPHROLOGY**


##### **PERENS, ELLIOT**

Provider ID: 302765


Board Certified Specialty: No

 8110 BIRMINGHAM WAY FL 1

SAN DIEGO, CA 92123

 Phone: (858) 966-8052

Fax: (858) 966-7789

 After Hours Phone: (858) 966-8052

Provider Gender: Male

NPI: 1922328947

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

### D3. Specialist Provider Directory

OAKLAND, MEDICAL CTR AT  
UCSF, SHARP MEMORIAL  
HOSPITAL, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC PULMONOLOGY**


**AKONG, KATHRYN**

Provider ID: 205673

Board Certified Specialty: No

 3030 CHILDRENS WAY STE  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858)  
966-5846

Provider Gender: Female

NPI: 1912169061

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC PULMONOLOGY**


**BHATTACHARJEE, RAKESH**

Provider ID: 205950

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2 NORTH

SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858)  
966-5846

Provider Gender: Male

NPI: 1588781173

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC PULMONOLOGY**


**BHATTACHARJEE, RAKESH**

Provider ID: 246060

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

 After Hours Phone: (858)  
576-1700

Provider Gender: Male

NPI: 1588781173

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **PEDIATRIC PULMONOLOGY**

**CERNELC KOHAN, MATEJKA**

Provider ID: 243042

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858)  
966-5846

Provider Gender: Female

NPI: 1871752451

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S

HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC PULMONOLOGY**

**CERNELC KOHAN, MATEJKA**

### D3. Specialist Provider Directory

Provider ID: 243041

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 966-8457

After Hours Phone: (858)  
966-5846

Provider Gender: Female

NPI: 1871752451

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC PULMONOLOGY**

##### **CHENG, EULALIA**

Provider ID: 205827

Board Certified Specialty: No

3030 CHILDRENS WAY STE  
2

SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 966-8457

After Hours Phone: (858)  
966-5846

Provider Gender: Female

NPI: 1750394862

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC PULMONOLOGY**

##### **FINCH, CHRISTINA**

Provider ID: 302581

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 966-8457

After Hours Phone: (858)  
966-5846

Provider Gender: Female

NPI: 1598255325

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC PULMONOLOGY**

##### **FIREIZEN, YARON**

Provider ID: 302329

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 966-8457

After Hours Phone: (858)  
966-5846

Provider Gender: Male

NPI: 1699123927

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hebrew

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC PULMONOLOGY**

##### **LANDEO GUTIERREZ, JEREMY**

Provider ID: 284176

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5846





Fax: (858) 569-9052

After Hours Phone: (858)  
966-5846








Provider Gender: Male





NPI: 1255750360

### D3. Specialist Provider Directory




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A





#### **PEDIATRIC PULMONOLOGY** **LANDEO GUTIERREZ, JEREMY**

Provider ID: 284177  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
Fax: (858) 966-8457  
 After Hours Phone: (858)  
966-5846  
Provider Gender: Male  
NPI: 1255750360  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A






#### **PEDIATRIC PULMONOLOGY** **LENHART-PENDERGRASS, PATRICIA**

Provider ID: 294641  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
Fax: (858) 966-8457  
 After Hours Phone: (858)  
966-5846  
Provider Gender: Female  
NPI: 1144615659




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A




#### **PEDIATRIC PULMONOLOGY** **RAO, APARNA**

Provider ID: 206123  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
Fax: (858) 569-9052  
 After Hours Phone: (858)  
966-5846  
Provider Gender: Female  
NPI: 1649222340

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC PULMONOLOGY** **RAO, APARNA**

Provider ID: 206124  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
Fax: (858) 966-5847  
 After Hours Phone: (858)  
966-5846  
Provider Gender: Female  
NPI: 1649222340

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PEDIATRIC PULMONOLOGY**

##### **RYU, JULIE**

Provider ID: 206218  
Board Certified Specialty: No  
3030 CHILDRENS WAY FL  
2 NORTH  
SAN DIEGO, CA 92123  
Phone: (858) 966-5846  
Fax: (858) 569-5847  
After Hours Phone: (858)  
966-5846  
Provider Gender: Female  
NPI: 1568533321

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PEDIATRIC PULMONOLOGY**

##### **TANTISIRA, KELAN**

Provider ID: 277183  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-5846  
Fax: (858) 569-9052  
After Hours Phone: (858)

966-5846  
Provider Gender: Male  
NPI: 1760420434  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PEDIATRIC RHEUMATOLOGY**

##### **CHANG, JOHANNA**

Provider ID: 246394  
Board Certified Specialty: No  
3030 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8082  
After Hours Phone: (858)  
966-8082  
Provider Gender: Female  
NPI: 1821242199  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F

8:00AM-5:00PM  
Website: N/A

#### **PEDIATRIC RHEUMATOLOGY** **SHEETS, ROBERT**

Provider ID: 255900  
Board Certified Specialty: No  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
Phone: (858) 966-8082  
Fax: (858) 966-4067  
After Hours Phone: (858)  
966-8082  
Provider Gender: Male  
NPI: 1013088772

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-4:30PM  
Website: N/A

#### **PEDIATRICS**


##### **ALAGIRI, MADHU**

Provider ID: 206387  
Board Certified Specialty: No  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123  
Phone: (858) 966-7484  
Fax: (858) 966-4064  
After Hours Phone: (858)  
966-7484

### D3. Specialist Provider Directory

Provider Gender: Male

NPI: 1619083961

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY


CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRICS**

##### **ALLSUP, VICTORIA**

Provider ID: 302344

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1437786944

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRICS**

##### **ALLSUP, VICTORIA**

Provider ID: 302345

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1437786944

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRICS**

##### **ANDREE, GREGOR**

Provider ID: 293220

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700


Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1467436063

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **PEDIATRICS**


##### **ANDREE, GREGOR**

Provider ID: 293219

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058


Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058

Provider Gender: Male

NPI: 1467436063

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PEDIATRICS**

##### **BEAUCHAMP WALTERS, JULIA**

Provider ID: 270063

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

### D3. Specialist Provider Directory

NPI: 1457420713

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### PEDIATRICS

##### **CAMERON, MELISSA**


Provider ID: 205965

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1902983752

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRICS


##### **CANTU, ALICIA**

Provider ID: 205752

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1922179688

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRICS


##### **CANTU, ALICIA**

Provider ID: 205753

Board Certified Specialty: No

 3030 CHILDRENS WAY STE  
300

SAN DIEGO, CA 92123

 Phone: (858) 966-8974

Fax: (858) 966-6721

 After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1922179688

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRICS

##### **CHONG, AMY**

Provider ID: 259993

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5803

Fax: (858) 966-5992

 After Hours Phone: (858)  
966-5803

Provider Gender: Female

NPI: 1720423288

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRICS



### D3. Specialist Provider Directory

#### **DOAN STEPHENS, CRYSTAL**

Provider ID: 293274

Board Certified Specialty: No

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619) 280-2058

Provider Gender: Female

NPI: 1730570144

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

#### **PEDIATRICS**

#### **DOAN STEPHENS, CRYSTAL**

Provider ID: 293275

Board Certified Specialty: No

7011 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858) 810-8700

Provider Gender: Female

NPI: 1730570144

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

#### **PEDIATRICS**

#### **DOSHI, AMI**

Provider ID: 205329

Board Certified Specialty: No

3020 CHILDRENS WAY

SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858) 966-5841

Provider Gender: Female

NPI: 1801099676

Provider English Spoken: Y

Provider Language(s)

Spoken: Gujarati, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, PALOMAR MEDICAL

CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

#### **PEDIATRICS**

#### **DOSHI, AMI**

Provider ID: 205330

Board Certified Specialty: No

3030 CHILDRENS WAY STE

300

SAN DIEGO, CA 92123

Phone: (858) 966-8974

Fax: (858) 966-6721

After Hours Phone: (858)

966-8974

Provider Gender: Female

NPI: 1801099676

Provider English Spoken: Y

Provider Language(s)

Spoken: Gujarati, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, PALOMAR MEDICAL

CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

#### **PEDIATRICS**

#### **GIBONEY, JENNIFER**

Provider ID: 296242

Board Certified Specialty: No

7011 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858) 810-8700

Provider Gender: Female

NPI: 1275895849

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):





### D3. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8:30AM-5:30PM  
TU 5:30PM-8:30PM  
W 8:30AM-5:30PM  
TH 5:30PM-8:30PM  
F 8:30AM-5:30PM  
SA 9:00AM-4:00PM*  
 *Website: N/A*

#### **PEDIATRICS**

#### **GIBONEY, JENNIFER**

*Provider ID: 296241*  
*Board Certified Specialty: No*  
 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
 *Phone: (619) 280-2058*  
*Fax: (858) 633-4682*  
 *After Hours Phone: (619) 280-2058*  
*Provider Gender: Female*  
*NPI: 1275895849*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\18*  
*American Sign Language (ASL):*


N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM*  
 *Website: N/A*




#### **PEDIATRICS**

#### **GRAY, SARAH**

*Provider ID: 284224*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5841*  
*Fax: (858) 966-6728*  
 *After Hours Phone: (858) 966-5841*  
*Provider Gender: Female*  
*NPI: 1508210311*




 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*


N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **PEDIATRICS**




#### **HUANG, MARIA**

*Provider ID: 205974*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5841*  
*Fax: (858) 966-6728*  
 *After Hours Phone: (858) 966-5841*  
*Provider Gender: Female*  
*NPI: 1770841140*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*



N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **PEDIATRICS**




#### **JIMENEZ BACARDI, ADRIA**

*Provider ID: 294640*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5841*  
*Fax: (858) 966-6728*  
 *After Hours Phone: (858) 966-5841*  
*Provider Gender: Male*  
*NPI: 1467847293*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: ST MARYS HOSPITAL AND MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **PEDIATRICS**

#### **JINDAL, ANUJA**

### D3. Specialist Provider Directory

Provider ID: 303285

Board Certified Specialty: No

3030 CHILDRENS WAY FL 4

SAN DIEGO, CA 92123

Phone: (858) 966-5819

Fax: (858) 966-4930

After Hours Phone: (858) 966-5819

Provider Gender: Female

NPI: 1194046581

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### PEDIATRICS

#### **KARMAKAR, KANKA**

Provider ID: 213847

Board Certified Specialty: No

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

Fax: (858) 578-4417

After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1972536654

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Bengali, Hindi,

Polish, Spanish, Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

Website: N/A

#### PEDIATRICS

#### **KHARE, MANASWITHA**

Provider ID: 206289

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858) 966-5841

Provider Gender: Female

NPI: 1912345307

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### PEDIATRICS

#### **LEE, BEGEM**

Provider ID: 205923

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858) 966-5841

Provider Gender: Female

NPI: 1053672444

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### PEDIATRICS

#### **LOPEZ, XIMENA**

Provider ID: 302856

Board Certified Specialty: No

3030 CHILDRENS WAY FL 4

SAN DIEGO, CA 92123

Phone: (858) 966-4032

Fax: (858) 966-6227





After Hours Phone: (858) 966-4032

Provider Gender: Female

NPI: 1740316405





Provider English Spoken: Y

### D3. Specialist Provider Directory

 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*




#### **PEDIATRICS**

##### **MANNINO AVILA, ELIZABETH**

*Provider ID: 262161  
Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5841*  
*Fax: (858) 966-6728*  
 *After Hours Phone: (858)  
966-5841*  
*Provider Gender: Female  
NPI: 1164747127*  
 *Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF*

*BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*


*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **PEDIATRICS**




##### **MARANO, RACHEL**

*Provider ID: 302438  
Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5841*  
*Fax: (858) 966-6728*  
 *After Hours Phone: (858)  
966-5841*  
*Provider Gender: Female  
NPI: 1043673528*

 *Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:*





*HOLLYWOOD PRESBYTERIAN  
MED CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N*



 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **PEDIATRICS**

##### **MARC AURELE, KRISHELLE**

*Provider ID: 301719  
Board Certified Specialty: No*  
 7910 FROST ST STE 230  
SAN DIEGO, CA 92123  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Female  
NPI: 1952503435*  
 *Provider English Spoken: Y  
Cultural Competency: N*



*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*




#### **PEDIATRICS**

##### **NGO, MAI**

*Provider ID: 302113  
Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-8974*  
*Fax: (858) 966-4051*  
 *After Hours Phone: (858)  
966-8974*  
*Provider Gender: Female  
NPI: 1508910787*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
MEDICAL CTR AT UCSF, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N*



### D3. Specialist Provider Directory




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **PEDIATRICS**

##### **NGO, MAI**

*Provider ID: 302114*  
*Board Certified Specialty: No*  
 7910 FROST ST STE 195  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-8974*  
*Fax: (858) 966-6721*  
 *After Hours Phone: (858)  
966-8974*  
*Provider Gender: Female*  
*NPI: 1508910787*




 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Vietnamese*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
MEDICAL CTR AT UCSF, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*




#### **PEDIATRICS**

##### **PATEL, AARTI**

*Provider ID: 205865*  
*Board Certified Specialty: No*




 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5841*  
*Fax: (858) 966-6728*  
 *After Hours Phone: (858)  
966-5841*  
*Provider Gender: Female*  
*NPI: 1871813105*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*




#### **PEDIATRICS**

##### **PIERCE, HEATHER**

*Provider ID: 205701*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5841*  
*Fax: (858) 966-6728*  
 *After Hours Phone: (858)  
966-5841*  
*Provider Gender: Female*  
*NPI: 1699955542*




 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*


*American Sign Language (ASL):  
N*



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **PEDIATRICS**

##### **POLICH, MICHELLE**




*Provider ID: 286390*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
 *After Hours Phone: (858)  
966-8800*  
*Provider Gender: Female*  
*NPI: 1780118018*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **PEDIATRICS**

##### **RHEE, KYUNG**

*Provider ID: 206114*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5841*  
*Fax: (858) 966-6728*  
 *After Hours Phone: (858)  
966-5841*

### D3. Specialist Provider Directory

Provider Gender: Female

NPI: 1013996529

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRICS**


#### **RIES, DAVID**

Provider ID: 206082

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

 After Hours Phone: (858)  
966-5841

Provider Gender: Male

NPI: 1376705483


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRICS**

#### **RUNGVIVATJARUS, TIRANUN**


Provider ID: 206319

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1407276363

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRICS**

#### **SONG, RICHARD**

Provider ID: 301716

Board Certified Specialty: No

 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881893477

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, PALOMAR  
MEDICAL CENTER,

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PEDIATRICS**


#### **STOVER, LAURIE**

Provider ID: 206196

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1659442317

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

### D3. Specialist Provider Directory


DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRICS**

##### **SUTTNER, DENISE**

Provider ID: 301721

Board Certified Specialty: No

 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1457433799


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO

SPRINGS HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PEDIATRICS**

##### **VEGA, SARAH**

Provider ID: 297077

Board Certified Specialty: No



 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700  
Fax: (858) 966-6728

 After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1154716199

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRICS**


##### **VEGA, SARAH**

Provider ID: 297078

Board Certified Specialty: No

 3665 KEARNY VILLA RD  
STE 500

SAN DIEGO, CA 92123

 Phone: (858) 966-5980  
Fax: (858) 966-5992

 After Hours Phone: (858)  
966-5980

Provider Gender: Female

NPI: 1154716199

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRICS**

##### **WEISS, KATHERINE**

Provider ID: 301703

Board Certified Specialty: No

 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1053541862

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

### D3. Specialist Provider Directory

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **PHYSICAL MEDICINE / REHABILITATION**


##### **ALGRA, JEFFREY**

Provider ID: 287524

Board Certified Specialty: No

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 Phone: (858) 966-8974

 After Hours Phone: (858)  
966-8974

Provider Gender: Male

NPI: 1457664518

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICAL MEDICINE / REHABILITATION**


##### **BIFFL, SUSAN**

Provider ID: 287453

Board Certified Specialty: No

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 Phone: (858) 966-8974

 Fax: (858) 966-6721

 After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1366589640

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICAL MEDICINE / REHABILITATION**


##### **DALAL, PRITHA**

Provider ID: 287523

Board Certified Specialty: No

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 Phone: (858) 966-8974

 After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1609017532

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICAL MEDICINE / REHABILITATION**


##### **LEE, HAEWON**

Provider ID: 256226

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 657-8200

 After Hours Phone: (858)  
657-8200

Provider Gender: Female

NPI: 1447661657

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICAL MEDICINE / REHABILITATION**

##### **RICHARDSON, HENRY**

Provider ID: 295276



### D3. Specialist Provider Directory

*Board Certified Specialty: No*  
3434 MIDWAY DR STE 2001 N  
SAN DIEGO, CA 92110  
Phone: (619) 325-1161  
Fax: (619) 325-1717  
After Hours Phone: (619) 325-1161

Provider Gender: Male

NPI: 1407052459

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICAL MEDICINE / REHABILITATION**

##### **RYAN, KYLE**

Provider ID: 287520

*Board Certified Specialty: No*

7910 FROST ST STE 195  
SAN DIEGO, CA 92123

Phone: (858) 966-8974

After Hours Phone: (858)  
966-8974

Provider Gender: Male

NPI: 1447645742

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICAL MEDICINE / REHABILITATION**

##### **SCOTT-WYARD, PHOEBE**

Provider ID: 287519

*Board Certified Specialty: No*

7910 FROST ST STE 195  
SAN DIEGO, CA 92123

Phone: (858) 966-8974

After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1336356203

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICAL MEDICINE / REHABILITATION**

##### **SKALSKY, ANDREW**

Provider ID: 287537

*Board Certified Specialty: No*

7910 FROST ST STE 195  
SAN DIEGO, CA 92123

Phone: (858) 966-8974

After Hours Phone: (858)  
966-8974

Provider Gender: Male

NPI: 1487635272

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT** **AINSWORTH, DELISSA**

Provider ID: 243367

*Board Certified Specialty: No*

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1750734893

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
UCSD MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

### D3. Specialist Provider Directory

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#### THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PHYSICIANS ASSISTANT

##### ALBRIGHT, KELSEY

Provider ID: 284763

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 923-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
923-8273

Provider Gender: Female

NPI: 1235653148

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PHYSICIANS ASSISTANT


##### ARMEEN, GARY

Provider ID: 247035

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1760774863

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PHYSICIANS ASSISTANT

##### BEITTER, KEERSTIN

Provider ID: 300092

Board Certified Specialty: No

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619)  
325-1161

Provider Gender: Female

NPI: 1477129302

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA


#### VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PHYSICIANS ASSISTANT


##### BERGEN, SOPHEA

Provider ID: 295518

Board Certified Specialty: No

 6719 ALVARADO RD STE  
308

 SAN DIEGO, CA 92120  
Phone: (619) 265-7912

Fax: (619) 265-7922  
 After Hours Phone: (619)  
265-7912

Provider Gender: Female

NPI: 1558300665

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ALVARADO

HOSPITAL LLC, PALOMAR

MEDICAL CENTER, SCRIPPS

MEMORIAL HOSPITAL,


GROSSMONT HOSPITAL,


SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory


#### **PHYSICIANS ASSISTANT**


##### **BOYD, LISA**

Provider ID: 217649

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871859421

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **BRUECKNER, TAMMIE**

Provider ID: 255558

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407212376

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**


##### **CASTILLO, PATRICIA**

Provider ID: 257530

Board Certified Specialty: No


 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

Provider Gender: Female

NPI: 1376550657

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:30AM-5:30PM

F 8:30AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**


##### **DERISSI, DANA**

Provider ID: 301632

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)

966-8800

Provider Gender: Female

NPI: 1063829505

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY MED CTR,

RADY CHILDRENS HOSPITAL

SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **DOUGHERTY, CLARA**

Provider ID: 301588

Board Certified Specialty: No

 3444 KEARNY VILLA RD  
STE 202

SAN DIEGO, CA 92123

 Phone: (858) 429-7646

Fax: (858) 429-7646

 After Hours Phone: (858)  
429-7646

Provider Gender: Female

NPI: 1609987619

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory

Min/Max Age: 18\999

American Sign Language (ASL): Board Certified Specialty: No

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **DOUGHERTY, CLARA**


Provider ID: 301589

Board Certified Specialty: No

 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123


 Phone: (858) 430-1101

Fax: (858) 429-7931

 After Hours Phone: (858)  
430-1101

Provider Gender: Female

NPI: 1609987619

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS


MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **DOUGHERTY, CLARA**

Provider ID: 301586

Board Certified Specialty: No

 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

 Phone: (619) 297-4707

Fax: (858) 429-7927

 After Hours Phone: (619)  
297-4707

Provider Gender: Female

NPI: 1609987619

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **DOUGHERTY, CLARA**

Provider ID: 301591

Board Certified Specialty: No

 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128


 Phone: (858) 485-0554


Fax: (858) 429-7933

 After Hours Phone: (858)  
485-0554

Provider Gender: Female

NPI: 1609987619

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **GUTH, CARA**

Provider ID: 299111

Board Certified Specialty: No

 9333 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

 Phone: (858) 455-6460

Fax: (858) 455-5362

 After Hours Phone: (858)  
455-6460

Provider Gender: Female

NPI: 1992177182

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 21\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **PHYSICIANS ASSISTANT**


##### **HASEGAWA, CHRIS**

Provider ID: 287349

Board Certified Specialty: No

 4168 FRONT ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1225698962

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HASEGAWA, CHRIS**


Provider ID: 247206

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1225698962

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **HIGGINS, JOSHUA**

Provider ID: 287133

Board Certified Specialty: No

 203 W F ST

SAN DIEGO, CA 92101

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1861624181

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HUNTER, JACOB**

Provider ID: 287449

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HUNTER, JACOB**


Provider ID: 298430

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

### D3. Specialist Provider Directory

 **PROVIDER**  
Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **HUNTER, JACOB**

Provider ID: 298428

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1114459765


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **KIVIAT, ANNETTE**

Provider ID: 302452

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123

 Phone: (858) 966-4003

Fax: (858) 560-6798

 After Hours Phone: (858)  
966-4003

Provider Gender: Female

NPI: 1205381845

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **LAM, DAVINA**

Provider ID: 295651

Board Certified Specialty: No

 6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120

 Phone: (619) 265-7912

Fax: (619) 265-7922

 After Hours Phone: (619)  
265-7912

Provider Gender: Female

NPI: 1245863737

 Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation: PALOMAR  
MEDICAL CENTER, SCRIPPS  
MEMORIAL HOSPITAL,  
ALVARADO HOSP MED CTR,  
GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

**PROVIDER**  
 Hours: M-F  
9:00AM-5:00PM  
 Website: N/A


#### **PHYSICIANS ASSISTANT**


##### **LAMBERT, GAGE**

Provider ID: 214788

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1144672494

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL


HOSPITAL ENCINITAS, UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **LINDEMANN, CHRISTINA**

Provider ID: 283760

Board Certified Specialty: No







 4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121

### D3. Specialist Provider Directory

 Phone: (800) 926-8273  
 Fax: (858) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1194373514  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**








##### **MARTIN, HALEY**

Provider ID: 305026  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1093440836  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **PHYSICIANS ASSISTANT**




##### **MCADAMS, JOSEPH**



Provider ID: 280611

Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1104371251  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **MERRILL, COREY**




Provider ID: 258040  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1386032308  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**



##### **NAKAMITSU, ABIGAIL**

Provider ID: 268666  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
3  
SAN DIEGO, CA 92123  
 Phone: (858) 966-6789  
Fax: (858) 966-8519  
 After Hours Phone: (858) 966-6789  
Provider Gender: Female  
NPI: 1932459179  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **PELIO, DARREN**

Provider ID: 293441  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8275  
Fax: (888) 539-8783  
 After Hours Phone: (800)

### D3. Specialist Provider Directory

926-8275  
Provider Gender: Male  
NPI: 1386791028  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **PELIO, DARREN**

Provider ID: 293444  
Board Certified Specialty: No  
📍 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8278  
Fax: (888) 539-8786  
📞 After Hours Phone: (800)  
926-8278  
Provider Gender: Male  
NPI: 1386791028  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **PERREAULT, MARK**

Provider ID: 283586  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273  
📞 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1356749451  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **PERREAULT, MARK**

Provider ID: 283585  
Board Certified Specialty: No  
📍 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
📞 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1356749451  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **PHUNG, AIVI**

Provider ID: 293247  
Board Certified Specialty: No  
📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 279-0925  
Fax: (858) 633-4680  
📞 After Hours Phone: (858)  
279-0925  
Provider Gender: Female  
NPI: 1639528110  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A



#### **PHYSICIANS ASSISTANT**

##### **PHUNG, AIVI**

Provider ID: 293246  
Board Certified Specialty: No  
📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 810-8700  
Fax: (858) 633-4680  
📞 After Hours Phone: (858)  
810-8700  
Provider Gender: Female  
NPI: 1639528110  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N





### D3. Specialist Provider Directory

 Accessibility: CONTACT PROVIDER  
 Website: N/A




#### **PHYSICIANS ASSISTANT**

##### **PRIEST, VIVIAN**

Provider ID: 272430  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1225581754



 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **PYLE, ALEXANDRA**

Provider ID: 297718  
Board Certified Specialty: No  
 9333 GENESEE AVE STE 350  
SAN DIEGO, CA 92121  
 Phone: (858) 455-6460  
Fax: (858) 455-7197  
 After Hours Phone: (858)



455-6460  
Provider Gender: Female  
NPI: 1225416472  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 20\999  
American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:30AM-4:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ROBERTS, AUDREY**




Provider ID: 253253  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (619) 543-7777  
 After Hours Phone: (619) 543-7777  
Provider Gender: Female  
NPI: 1265960256



 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **SCHMITT, EVA**




Provider ID: 264176  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
Provider Gender: Female  
NPI: 1174715106


 Provider English Spoken: Y  
 Provider Language(s) Spoken: German  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **SCHROEDER, JENNIFER**

Provider ID: 256639  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (858) 453-1469  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1780851253


 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

### D3. Specialist Provider Directory

American Sign Language (ASL): NPI: 1316102163

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**


#### **SCHROEDER, JENNIFER**

Provider ID: 256640

Board Certified Specialty: No

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780851253

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1336659507

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**

#### **SCHULZ, STEFAN**

Provider ID: 243419

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1336659507

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**


#### **SHAUL, SHERA**

Provider ID: 247974

Board Certified Specialty: No

 4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336659507


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1336659507

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**


#### **SPEH, BRIAN**

Provider ID: 305009

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1124593926

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1336659507

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **PHYSICIANS ASSISTANT**


#### **STALLINGS, ANDREA**

Provider ID: 255913

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (619) 543-7496

 After Hours Phone: (619)  
543-7496

Provider Gender: Female


NPI: 1972595478


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1972595478

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**


#### **TESFAI, HELEN**

Provider ID: 287372

Board Certified Specialty: No

### D3. Specialist Provider Directory

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942724042

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **WAHLIN, TAMARA**

Provider ID: 299599

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083823322

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **WAHLIN, TAMARA**

Provider ID: 299600

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083823322

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **WAHLIN, TAMARA**

Provider ID: 299598

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083823322

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **WEBB, SHANNON**


Provider ID: 305285

Board Certified Specialty: No

 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

 Phone: (858) 750-2983

Fax: (858) 750-2984

 After Hours Phone: (858)  
750-2983

Provider Gender: Female

NPI: 1821271685

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **WEIR, JACQUELINE**

Provider ID: 278203

Board Certified Specialty: No

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

### D3. Specialist Provider Directory

NPI: 1932494499

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **WEIR, JACQUELINE**

Provider ID: 278201

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103


 Phone: (800) 925-8271

Fax: (888) 539-8781

 After Hours Phone: (800)  
925-8271

Provider Gender: Female

NPI: 1932494499

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **WEIR, JACQUELINE**

Provider ID: 278200

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932494499

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **WRIGHT, DEREK**

Provider ID: 302388

Board Certified Specialty: No

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619)  
325-1161

Provider Gender: Male

NPI: 1629674858

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PREVENTATIVE MEDICINE**


##### **GENERAL**

##### **ROMERO, CAMILA**


Provider ID: 293289

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925


Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1508912130

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS



Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

### D3. Specialist Provider Directory

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*


#### **PREVENTATIVE MEDICINE** **GENERAL**

##### **ROMERO, CAMILA**

*Provider ID: 293290*

*Board Certified Specialty: No*


 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 *Phone: (858) 810-8700*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858) 810-8700*

*Provider Gender: Female*

*NPI: 1508912130*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: French, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MARY BIRCH HOSP FOR WOMEN AND NEWBORNS*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **PREVENTATIVE MEDICINE** **GENERAL**

##### **ROMERO, CAMILA**

*Provider ID: 303060*

*Board Certified Specialty: No*

 330 LEWIS ST  
SAN DIEGO, CA 92103


 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*

*926-8273*

*Provider Gender: Female*

*NPI: 1508912130*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: French, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MARY BIRCH HOSP FOR WOMEN AND NEWBORNS*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **PSYCHOLOGIST**


##### **ABERCROMBIE, SHERI**

*Provider ID: 293400*

*Board Certified Specialty: No*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858) 279-0925*

*Provider Gender: Female*

*NPI: 1932292422*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5:30PM*  
*SA 8:30AM-4:00PM*

 *Website: N/A*


#### **PSYCHOLOGIST**

##### **ABERCROMBIE, SHERI**

*Provider ID: 290770*

*Board Certified Specialty: No*

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 810-8787*  
*Fax: (858) 987-5825*

 *After Hours Phone: (858) 810-8787*

*Provider Gender: Female*

*NPI: 1932292422*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

#### **PSYCHOLOGIST**


##### **BANKS, SARAH**

*Provider ID: 203174*

*Board Certified Specialty: No*

 4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1164701132*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*


*MEDICAL CTR, UCSD LA JOLLA*

*JOHN SALLY THORNTON*


*Medi-Cal Open Panel: Yes*


### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL):  After Hours Phone: (800) 926-8273

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**


##### **BANKS, SARAH**

Provider ID: 203173

Board Certified Specialty: No

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1164701132

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PSYCHOLOGIST**

##### **BANKS, SARAH**

Provider ID: 304195

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

Provider Gender: Female

NPI: 1164701132

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **BASS, GURGIANA**

Provider ID: 290752

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8787

Fax: (858) 987-5825

 After Hours Phone: (858) 810-8787

Provider Gender: Male

NPI: 1639325277

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **PSYCHOLOGIST**

##### **CHESHER, NICHOLAS**

Provider ID: 273811

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1124539697

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **CLEMENT, LUIS**

Provider ID: 290745

Board Certified Specialty: No

 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0505

 After Hours Phone: (619) 234-2158

Provider Gender: Male

NPI: 1235364712

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

### D3. Specialist Provider Directory

American Sign Language (ASL): Provider English Spoken: Y  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PSYCHOLOGIST**

##### **DEL AGUILA, FABIOLA**

Provider ID: 290302

Board Certified Specialty: No

1016 OUTER RD  
SAN DIEGO, CA 92154

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1720283211

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PSYCHOLOGIST**

##### **DIOKNO, RHODA**

Provider ID: 290800

Board Certified Specialty: No

2630 1ST AVE  
SAN DIEGO, CA 92103

Phone: (619) 234-2158

Fax: (619) 234-0505

After Hours Phone: (619)  
234-2158

Provider Gender: Female

NPI: 1629109483

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PSYCHOLOGIST**

##### **FIRESTONE, MICHELLE**

Provider ID: 290954

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1114687803

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PSYCHOLOGIST**

##### **FIRESTONE, MICHELLE**

Provider ID: 290773

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Female  
NPI: 1114687803

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PSYCHOLOGIST**

##### **FORZANI, CHRISTINA**

Provider ID: 290780

Board Certified Specialty: No

4290 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 961-1497

Fax: (858) 633-4682

After Hours Phone: (619)  
961-1497

Provider Gender: Female

NPI: 1902939630

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PSYCHOLOGIST**

##### **GIAMONA, KRISTEN**

Provider ID: 294171

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

### D3. Specialist Provider Directory

Fax: (858) 633-4680

☎ After Hours Phone: (858) 279-0925

Provider Gender: Female

NPI: 1376824383

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **GIAMONA, KRISTEN**

Provider ID: 290801

Board Certified Specialty: No

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 810-8787

Fax: (858) 987-5825

☎ After Hours Phone: (858) 810-8787

Provider Gender: Female

NPI: 1376824383

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **GOMEZ, JUANITA**

Provider ID: 291424

Board Certified Specialty: No

📍 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

☎ Phone: (800) 926-8372

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8372

Provider Gender: Female

NPI: 1790915759

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **KLUEMPER, NICOLE**

Provider ID: 296237

Board Certified Specialty: No

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

☎ After Hours Phone: (858) 279-0925

Provider Gender: Female

NPI: 1902125818

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **KLUEMPER, NICOLE**

Provider ID: 290792

Board Certified Specialty: No

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700

Fax: (858) 279-0377

☎ After Hours Phone: (858) 810-8700

Provider Gender: Female

NPI: 1902125818

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **LABIB, MICHAEL**

Provider ID: 301617

Board Certified Specialty: No

📍 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 785-3384

☎ After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1609055797

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Medi-Cal Open Panel: Yes



Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER



### D3. Specialist Provider Directory

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PSYCHOLOGIST**


##### **LEBENSOHN CHIALVO, FLORENCIA**


Provider ID: 245225  
Board Certified Specialty: No  
 7910 FROST ST STE 350  
SAN DIEGO, CA 92123  
 Phone: (858) 496-4800  
 After Hours Phone: (858)  
496-4800

Provider Gender: Female  
NPI: 1134788730

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **PSYCHOLOGIST**

##### **LEBENSOHN CHIALVO, FLORENCIA**


Provider ID: 245224  
Board Certified Specialty: No  
 9333 GENESEE AVE STE  
200  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1134788730

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **LINKE, SARAH**

Provider ID: 273638  
Board Certified Specialty: No  
 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273



Provider Gender: Female  
NPI: 1487026415

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **PSYCHOLOGIST**

##### **LINKE, SARAH**

Provider ID: 273639  
Board Certified Specialty: No  
 4910 DIRECTORS PL STE  
250  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273


Provider Gender: Female  
NPI: 1487026415

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PSYCHOLOGIST**

##### **MAGINOT-CHESSER, TAMARA**

Provider ID: 273223  
Board Certified Specialty: No  
 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 Phone: (858) 534-8019  
Fax: (858) 534-6727

### D3. Specialist Provider Directory

 After Hours Phone: (858)  
534-8019

Provider Gender: Female

NPI: 1043441165

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **MCCULLUM, TIFFANY**

Provider ID: 290689

Board Certified Specialty: No

 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

Fax: (619) 205-1949

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1528306206

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **MONTOYA, JESSICA**

Provider ID: 274619

Board Certified Specialty: No

 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003421256

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **NING, GRACE**

Provider ID: 296219

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925


Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1598911315

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **NING, GRACE**

Provider ID: 290742

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700


Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1598911315

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, Mandarin


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **PSYCHOLOGIST**

##### **NORMAN, MARC**

Provider ID: 272916




Board Certified Specialty: No

### D3. Specialist Provider Directory

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (619) 543-2827  
 After Hours Phone: (619)  
543-2827

Provider Gender: Male  
NPI: 1922169101

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PSYCHOLOGIST** **NORMAN, MARC**


Provider ID: 276869  
Board Certified Specialty: No  
 350 DICKINSON ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1922169101

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST** **ORFF, HENRY**

Provider ID: 273009

Board Certified Specialty: No


 4520 EXECUTIVE DR STE  
P2  
SAN DIEGO, CA 92121  
 Phone: (844) 757-5337  
 After Hours Phone: (844)  
757-5337

Provider Gender: Male  
NPI: 1144685215

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **PSYCHOLOGIST** **ORTIZ, MARIA**

Provider ID: 290721

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
Fax: (619) 662-4158

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1497980775

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **PSYCHOLOGIST** **PATTERSON-HYATT, KIMBERLY**

Provider ID: 290730

Board Certified Specialty: No

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115  
 Phone: (619) 662-4100  
Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1780997742


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PSYCHOLOGIST** **PRINCE, RENEE**


Provider ID: 303603


Board Certified Specialty: No

### D3. Specialist Provider Directory

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 Fax: (619) 474-4008

 After Hours Phone: (844)  
200-2426

Provider Gender: Female


NPI: 1467737908


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-6:00PM

 Website: N/A


#### **PSYCHOLOGIST**


##### **RADOJEVIC, NATASHA**

Provider ID: 290690

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 Fax: (858) 279-0377

 After Hours Phone: (858)  
810-8700

Provider Gender: Female


NPI: 1821365008


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **PSYCHOLOGIST**


##### **SCHELLINGER, KRISTON**


Provider ID: 213750

Board Certified Specialty: No

 9333 GENESEE AVE STE  
200

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1710234273

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PSYCHOLOGIST**


##### **SCHELLINGER, KRISTON**


Provider ID: 213751

Board Certified Specialty: No

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

 Phone: (858) 246-1979

 After Hours Phone: (858)  
246-1979

Provider Gender: Female

NPI: 1710234273

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**


##### **SCHELLINGER, KRISTON**

Provider ID: 213752

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (858) 246-1979

 After Hours Phone: (858)  
246-1979

Provider Gender: Female

NPI: 1710234273


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes



Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### D3. Specialist Provider Directory

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 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PSYCHOLOGIST**

##### **TARLE, STEPHANIE**

Provider ID: 303115

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1659920403

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **TO, TUAN**

Provider ID: 290283

Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619)  
563-0250

Provider Gender: Male

NPI: 1255696183

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **TO, TUAN**

Provider ID: 290285

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Male


NPI: 1255696183

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **TO, TUAN**

Provider ID: 290284

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1255696183

 Provider English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A


#### **PSYCHOLOGIST**

##### **VANFOSSEN, BRIAN**

Provider ID: 295382

Board Certified Specialty: No

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619)  
325-1161

Provider Gender: Male


NPI: 1396072500


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PSYCHOLOGIST**


##### **VIERLING, SABRINA**

Provider ID: 290589

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)

### D3. Specialist Provider Directory

280-2058  
Provider Gender: Female  
NPI: 1215288238  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A

#### **PULMONARY DISEASES**

##### **BAILEY, JACOB**

Provider ID: 299923  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1598150039  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A

#### **PULMONARY DISEASES**

##### **BAILEY, JACOB**

Provider ID: 299924  
Board Certified Specialty: No  
📍 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1598150039  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A

#### **PULMONARY DISEASES**

##### **JOSHUA, JISHA**

Provider ID: 238061  
Board Certified Specialty: No  
📍 4520 EXECUTIVE DR STE  
P2  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
📞 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1023436417  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Hindi, Malayalam  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **PULMONARY DISEASES**

##### **JOSHUA, JISHA**

Provider ID: 238062  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
📞 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1023436417  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Hindi, Malayalam  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **PULMONARY DISEASES**

##### **LE, HUAN**


Provider ID: 300636  
Board Certified Specialty: No  
📍 5507 EL CAJON BLVD STE  
C  
SAN DIEGO, CA 92115  
☎ Phone: (619) 582-1448  
Fax: (619) 582-1081


### D3. Specialist Provider Directory

 After Hours Phone: (619) 582-1448

Provider Gender: Male

NPI: 1780797381

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY

HOSPITAL, SHARP CHULA


VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-W

9:00AM-5:00PM

TH 8:00AM-1:00PM

F 9:00AM-5:00PM

SA 8:00AM-11:00AM

 Website: N/A

#### **PULMONARY DISEASES**


##### **LE, HUAN**

Provider ID: 27358

Board Certified Specialty: No

 5507 EL CAJON BLVD STE  
C

SAN DIEGO, CA 92115


 Phone: (619) 582-1448


Fax: (619) 582-1081

 After Hours Phone: (619)  
582-1448

Provider Gender: Male

NPI: 1780797381

 Provider English Spoken: Y

 Provider Language(s)

Spoken: French, Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY

HOSPITAL, SHARP CHULA

VISTA MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\99

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-W

9:00AM-5:00PM

TH 8:00AM-1:00PM

F 9:00AM-6:00PM

SA 8:00AM-11:00AM

 Website: N/A

#### **PULMONARY DISEASES**


##### **MCGUIRE, WILLIAM**

Provider ID: 299986

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841684081

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

SHARP CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **PULMONARY DISEASES**


##### **PEARCE, ALEX**

Provider ID: 300055

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265896856

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **RADIATION ONCOLOGY**


##### **CARMONA, RUBEN**

Provider ID: 303100

Board Certified Specialty: No

 7901 FROST ST

SAN DIEGO, CA 92123

 Phone: (858) 939-5010


Fax: (619) 740-8499

 After Hours Phone: (858)  
939-5010

Provider Gender: Male

### D3. Specialist Provider Directory

NPI: 1275929242

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **RADIATION ONCOLOGY**

##### **COLEMAN, LORI**


Provider ID: 221091

Board Certified Specialty: No

 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123


 Phone: (858) 939-5010

Fax: (858) 939-5021

 After Hours Phone: (858)  
939-5010

Provider Gender: Female

NPI: 1053348920

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL,

PALOMAR MEDICAL CENTER,

Sharp Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **RADIATION ONCOLOGY**


##### **HATTANGADI GLUTH, JONA**

Provider ID: 262270

Board Certified Specialty: No

 16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127


 Phone: (858) 649-5100

Fax: (858) 649-5099

 After Hours Phone: (858)  
649-5100

Provider Gender: Female

NPI: 1467625491

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-5:00PM

F 8:00AM-8:00PM

 Website: N/A

#### **RADIATION ONCOLOGY**


##### **HATTANGADI GLUTH, JONA**

Provider ID: 254496

Board Certified Specialty: No

 16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

 Phone: (858) 649-5100

Fax: (858) 649-5099

 After Hours Phone: (858)  
649-5100

Provider Gender: Female

NPI: 1467625491

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-5:00PM  
F 8:00AM-8:00PM

 Website: N/A

#### **RADIATION ONCOLOGY**


##### **HOOPES, DAVID**

Provider ID: 262206

Board Certified Specialty: No

 16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

 Phone: (858) 649-5100


Fax: (858) 649-5099

 After Hours Phone: (858)  
649-5100

Provider Gender: Male

NPI: 1962520080

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON




### D3. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A

#### **RADIATION ONCOLOGY**


##### **HOOPES, DAVID**

Provider ID: 269725

Board Certified Specialty: No

 16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127


 Phone: (858) 649-5100

Fax: (858) 649-5099

 After Hours Phone: (858)  
649-5100

Provider Gender: Male

NPI: 1962520080

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A

#### **RADIATION ONCOLOGY**


##### **MURPHY, JAMES**

Provider ID: 262401

Board Certified Specialty: No

 16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127


 Phone: (559) 447-4949

Fax: (559) 447-4925

 After Hours Phone: (559)  
447-4949

Provider Gender: Male

NPI: 1730382631

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


 Website: N/A


#### **RADIATION ONCOLOGY**

##### **VOLPP, PAUL**


Provider ID: 221105

Board Certified Specialty: No

 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123


 Phone: (858) 939-5010

Fax: (858) 939-5021

 After Hours Phone: (858)  
939-5010

Provider Gender: Male

NPI: 1225186232

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

GROSSMONT HOSPITAL,


PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIATION ONCOLOGY**

##### **WEINSTEIN, GEOFFREY**

Provider ID: 220039

Board Certified Specialty: No

 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123

 Phone: (858) 939-5010


Fax: (858) 939-5021

 After Hours Phone: (858)  
939-5010

Provider Gender: Male

NPI: 1841233947

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,


SHARP MEMORIAL HOSPITAL,


SHARP CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **RADIOLOGY DIAGNOSTIC**

##### **BERMAN, ZACHARY**

Provider ID: 304163

Board Certified Specialty: No

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033521190

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **BERMAN, ZACHARY**

Provider ID: 269318

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033521190

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **BRANCH, CODY**

Provider ID: 283675

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851770622

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **BRANCH, CODY**

Provider ID: 304199

Board Certified Specialty: No

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851770622

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **CARSWELL, AIMEE**

Provider ID: 303055

Board Certified Specialty: No

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

☎ Phone: (858) 554-1212

Fax: (858) 795-1195

🕒 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1619156635

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
EISENHOWER MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **RADIOLOGY DIAGNOSTIC**

##### **CARSWELL, AIMEE**


*Provider ID: 304194*

*Board Certified Specialty: No*

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 *Phone: (858) 554-1212*

*Fax: (858) 795-1195*

 *After Hours Phone: (858) 554-1212*

*Provider Gender: Female*

*NPI: 1619156635*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*


*EISENHOWER MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **RADIOLOGY DIAGNOSTIC**

##### **CARSWELL, AIMEE**


*Provider ID: 303054*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 *Phone: (858) 554-1212*

*Fax: (858) 795-1195*

 *After Hours Phone: (858) 554-1212*

*Provider Gender: Female*

*NPI: 1619156635*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation:*

*EISENHOWER MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

#### **RADIOLOGY DIAGNOSTIC**

##### **CHENG, KAREN**

*Provider ID: 283226*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1427430511*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL CTR*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*


#### **RADIOLOGY DIAGNOSTIC**

##### **CHENG, KAREN**

*Provider ID: 283228*

*Board Certified Specialty: No*

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1427430511*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*


#### **RADIOLOGY DIAGNOSTIC**

##### **CHENG, KAREN**

*Provider ID: 304207*

*Board Certified Specialty: No*

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1427430511*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*

### D3. Specialist Provider Directory

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### RADIOLOGY DIAGNOSTIC

CHEWNING, RUSH

Provider ID: 301914

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-8863

Fax: (858) 966-8863

 After Hours Phone: (858)  
966-8863

Provider Gender: Male

NPI: 1083872212

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### RADIOLOGY DIAGNOSTIC


FAZELI, SOUDABEH

Provider ID: 299991

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639553613

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### RADIOLOGY DIAGNOSTIC

FAZELI, SOUDABEH

Provider ID: 304171

Board Certified Specialty: No

 6655 ALVARADO RD

SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639553613

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### RADIOLOGY DIAGNOSTIC


FAZELI, SOUDABEH

Provider ID: 299992

Board Certified Specialty: No

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639553613

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### RADIOLOGY DIAGNOSTIC


FORCIER, NANCY

Provider ID: 286956

Board Certified Specialty: No

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497721724

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,

Providence Mission Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

### D3. Specialist Provider Directory

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **RADIOLOGY DIAGNOSTIC**

##### **FORCIER, NANCY**


*Provider ID: 286954*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1497721724*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL,*


*Providence Mission Hospital*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


#### **RADIOLOGY DIAGNOSTIC**


##### **FOWLER, KATHRYN**

*Provider ID: 201289*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1255457941*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL*

*HOSPITAL, SCRIPPS MERCY*

*HOSPITAL, SCRIPPS MERCY*

*HOSPITAL CHULA VISTA,*

*SCRIPPS MEMORIAL*

*HOSPITAL ENCINITAS,*

*SCRIPPS GREEN HOSPITAL,*

*SCRIPPS GREEN HOSPITAL*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*

#### **RADIOLOGY DIAGNOSTIC**


##### **FOWLER, KATHRYN**

*Provider ID: 201291*

*Board Certified Specialty: No*

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1255457941*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL*

*HOSPITAL, SCRIPPS MERCY*

*HOSPITAL, SCRIPPS MERCY*

*HOSPITAL CHULA VISTA,*

*SCRIPPS MEMORIAL*

*HOSPITAL ENCINITAS,*

*SCRIPPS GREEN HOSPITAL,*

*SCRIPPS GREEN HOSPITAL*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*

#### **RADIOLOGY DIAGNOSTIC**

##### **GRISSOM, MURRAY**

*Provider ID: 271567*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1720465396*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA JOLLA*

*JOHN SALLY THORNTON,*

*Stanford Health Care,*

*STANFORD HEALTH CARE*

*TRI-VALLEY*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT*

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **GRISSOM, MURRAY**

Provider ID: 271569  
Board Certified Specialty: No  
330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1720465396  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
Stanford Health Care,  
STANFORD HEALTH CARE  
TRI-VALLEY  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **HANNSUN, GEMMY**

Provider ID: 282789  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273

Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1992120026  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Khmer, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **HANNSUN, GEMMY**

Provider ID: 282791  
Board Certified Specialty: No  
330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1992120026  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Khmer, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **HORKY, LAURA**

Provider ID: 241853  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1598967812  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **JAFFRAY, PAUL**

Provider ID: 299957  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273

### D3. Specialist Provider Directory

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1275700999

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Los Angeles


General Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **JAFFRAY, PAUL**

Provider ID: 299958

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1275700999

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Los Angeles


General Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **JAFFRAY, PAUL**

Provider ID: 304165

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1275700999

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Los Angeles

General Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **JAZBEH, SAMMER**

Provider ID: 304167

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120



 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1770825457

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **JAZBEH, SAMMER**

Provider ID: 271126

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1770825457

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **JAZBEH, SAMMER**

Provider ID: 271127

### D3. Specialist Provider Directory

Board Certified Specialty: No

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770825457

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **KONDILI, DHIMITER**

Provider ID: 283143

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699125450

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **KONDILI, DHIMITER**

Provider ID: 283145

Board Certified Specialty: No

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699125450

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **MARKS, ROBERT**

Provider ID: 300065

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952389934

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST MARY  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **MARKS, ROBERT**

Provider ID: 300064

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952389934

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST MARY  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A



### D3. Specialist Provider Directory

#### **RADIOLOGY DIAGNOSTIC**

##### **RITCHIE, DAVID**

Provider ID: 300031

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407201916

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **RITCHIE, DAVID**

Provider ID: 300032

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407201916

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **SADAT, SAYED**

Provider ID: 299969

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679000806

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **SADAT, SAYED**

Provider ID: 304202

Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679000806

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): JOHN SALLY THORNTON

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **SADAT, SAYED**

Provider ID: 299968

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679000806

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **SCHULTZ, HEATHER**

Provider ID: 240342

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871910810

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

### D3. Specialist Provider Directory


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**


##### **SCHULTZ, HEATHER**

Provider ID: 240344

Board Certified Specialty: No

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871910810

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **SEARLEMAN, ADAM**

Provider ID: 299949

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1134570641

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **SEARLEMAN, ADAM**

Provider ID: 299948

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1134570641

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **SLATER, JERRY**

Provider ID: 283310

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851746382

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
LOMA LINDA UNIVERSITY  
MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **SLATER, JERRY**

Provider ID: 283312

Board Certified Specialty: No

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851746382

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

### D3. Specialist Provider Directory

JOHN SALLY THORNTON,  
LOMA LINDA UNIVERSITY  
MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

**SPENGLER, NATHAN**

Provider ID: 303049

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1992919666

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

**SPENGLER, NATHAN**

Provider ID: 303048

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1992919666

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**


**STRAKA, CHRISTOPHER**

Provider ID: 276875

Board Certified Specialty: No

 16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127



 Phone: (858) 649-5100

Fax: (858) 649-5099

 After Hours Phone: (858)  
649-5100

Provider Gender: Male

NPI: 1801281399

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 17\120

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**


**SWEET, JASON**

Provider ID: 305028

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1326197393

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

**TADDONIO, MICHAEL**

Provider ID: 304179

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

### D3. Specialist Provider Directory

Provider Gender: Male

NPI: 1386987261

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**


##### **TADDONIO, MICHAEL**

Provider ID: 240408

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386987261


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**


##### **TADDONIO, MICHAEL**

Provider ID: 240407

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386987261

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**


##### **TADDONIO, MICHAEL**

Provider ID: 240405

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386987261

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **TADROS, ANTHONY**

Provider ID: 268546

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1306112057

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **TADROS, ANTHONY**

Provider ID: 304150

Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1306112057

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **THOMPSON, COLE**

Provider ID: 299989

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1700315264

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **THOMPSON, COLE**

Provider ID: 304175

Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1700315264

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **THOMPSON, COLE**

Provider ID: 299988

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1700315264

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **UNSDORFER, KYLE**

Provider ID: 300034

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285165183

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **UNSDORFER, KYLE**

Provider ID: 300035

Board Certified Specialty: No

330 LEWIS ST

### D3. Specialist Provider Directory

SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1285165183  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **VAHDOT, NOUSHIN**

Provider ID: 300070  
Board Certified Specialty: No  
📍 330 LEWIS ST  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1396700852  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **VAHDOT, NOUSHIN**

Provider ID: 300071  
Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1396700852  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **VAKILIAN, SIAVOSH**

Provider ID: 283207  
Board Certified Specialty: No  
📍 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
☎ Phone: (858) 505-4100  
☎ Fax: (858) 429-7939  
🕒 After Hours Phone: (858) 505-4100  
Provider Gender: Male  
NPI: 1427456151  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **VAKILIAN, SIAVOSH**

Provider ID: 283205  
Board Certified Specialty: No  
📍 3366 5TH AVE  
SAN DIEGO, CA 92103  
☎ Phone: (619) 230-0400  
☎ Fax: (858) 429-7938  
🕒 After Hours Phone: (619) 230-0400  
Provider Gender: Male  
NPI: 1427456151  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **YORK, VINCENT**

Provider ID: 283519  
Board Certified Specialty: No  
📍 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1790146611  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes

### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL): N  
After Hours Phone: (800) 926-8273

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **YORK, VINCENT**

Provider ID: 283517

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1790146611

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL** **THERAPIST**

##### **AGUERO, PETER**

Provider ID: 258299

Board Certified Specialty: No

9333 GENESEE AVE STE  
310

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

Provider Gender: Male

NPI: 1982120861

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL** **THERAPIST**

##### **AGUERO, PETER**

Provider ID: 258298

Board Certified Specialty: No

8929 UNIVERSITY CENTER  
LN STE 200

SAN DIEGO, CA 92122

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1982120861

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL** **THERAPIST**

##### **BARTZ, BRYAN**

Provider ID: 273381

Board Certified Specialty: No

8929 UNIVERSITY CENTER  
LN STE 200

SAN DIEGO, CA 92122

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669818993

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL** **THERAPIST**

##### **BARTZ, BRYAN**

Provider ID: 273380

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

### D3. Specialist Provider Directory

NPI: 1669818993

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### REGISTERED PHYSICAL


#### THERAPIST


#### **BERGERON, PATRICK**

Provider ID: 206534

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1285061390


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### REGISTERED PHYSICAL

#### THERAPIST

#### **BUNOSKY, ABIGAIL**

Provider ID: 258304

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780018416

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### REGISTERED PHYSICAL


#### THERAPIST

#### **BUNOSKY, ABIGAIL**

Provider ID: 246022

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780018416

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### REGISTERED PHYSICAL


#### THERAPIST

#### **CORTEZ, AARON**

Provider ID: 279194

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1639693187

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### REGISTERED PHYSICAL

#### THERAPIST



### D3. Specialist Provider Directory

#### **COSTELLO, MARK**

Provider ID: 295634

Board Certified Specialty: No

7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111

Phone: (858) 277-2277

Fax: (408) 945-4018

After Hours Phone: (858)  
277-2277

Provider Gender: Male

NPI: 1710193602

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Armenian,  
Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **REGISTERED PHYSICAL**

##### **THERAPIST**

#### **DANG, ERIC**

Provider ID: 258363

Board Certified Specialty: No

8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122

Phone: (858) 543-3333

Fax: (858) 657-1809

After Hours Phone: (858)  
543-3333

Provider Gender: Male

NPI: 1891237756

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL**

##### **THERAPIST**

#### **DANG, KAYLEE**

Provider ID: 279261

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1316426356

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL**

##### **THERAPIST**

#### **FARRAR, COURTNEY**

Provider ID: 303843

Board Certified Specialty: No

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Phone: (619) 325-1161

Fax: (619) 325-1717

After Hours Phone: (619)  
325-1161

Provider Gender: Male

NPI: 1124577952

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL**

##### **THERAPIST**

#### **FARRAR, COURTNEY**

Provider ID: 295259

Board Certified Specialty: No

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Phone: (619) 325-1161

Fax: (619) 325-1717

After Hours Phone: (619)  
325-1161

Provider Gender: Male

NPI: 1124577952

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 13\999

American Sign Language (ASL):

N

Accessibility: CONTACT

### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **JOHNSON, KENNADY**

Provider ID: 305041  
Board Certified Specialty: No  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1730834417

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **MC ELROY, CARTER**

Provider ID: 206523  
Board Certified Specialty: No  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1114472230  
Provider English Spoken: Y  
Provider Language(s)

Spoken: Thai  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **MC ELROY, CARTER**

Provider ID: 206522  
Board Certified Specialty: No  
8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122  
Phone: (855) 543-0333  
Fax: (858) 657-6873  
After Hours Phone: (855) 543-0333  
Provider Gender: Male  
NPI: 1114472230

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Thai  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **NGUYEN, HARRY**

Provider ID: 271871  
Board Certified Specialty: No  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273





Provider Gender: Male  
NPI: 1629558499  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **NUTHALL, KAITLIN**





Provider ID: 202326  
Board Certified Specialty: No  
8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122  
Phone: (858) 249-0832  
Fax: (858) 657-1809  
After Hours Phone: (858) 249-0832  
Provider Gender: Female  
NPI: 1992210090

### D3. Specialist Provider Directory

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL, UCSD*  
*LA JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **REGISTERED PHYSICAL THERAPIST**


##### **RICKERTS, MATTHEW**

*Provider ID: 287652*  
*Board Certified Specialty: No*  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1063882579*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*




#### **REGISTERED PHYSICAL THERAPIST**

##### **RUDD, CHRISTOPHER**

*Provider ID: 207560*  
*Board Certified Specialty: No*  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Male*  
*NPI: 1831539337*





 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*




 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **REGISTERED PHYSICAL THERAPIST**

##### **SKINNER, NICOLE**



*Provider ID: 206547*  
*Board Certified Specialty: No*  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1386964997*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA JOLLA*  
*JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*




 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **REGISTERED PHYSICAL THERAPIST**

##### **VANDEWIELE, EMILY**

*Provider ID: 285183*  
*Board Certified Specialty: No*  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1942818505*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA JOLLA*  
*JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

### D3. Specialist Provider Directory

#### **REGISTERED PHYSICAL THERAPIST**

##### **VASQUEZ, BENJAMIN**

Provider ID: 302870

Board Certified Specialty: No

4910 DIRECTORS PL  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568938413

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **WALKER, JULIE**

Provider ID: 258489

Board Certified Specialty: No

8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122

Phone: (855) 543-0333

Fax: (858) 535-6422

After Hours Phone: (855)  
543-0333

Provider Gender: Female

NPI: 1720489503

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **WILLIAMS, STACY**

Provider ID: 259683

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689962169

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **WILLIAMS, STACY**

Provider ID: 259684

Board Certified Specialty: No

4520 EXECUTIVE DR STE 1  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689962169

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **SPEECH PATHOLOGIST**

##### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296932

Board Certified Specialty: No

7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165


Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

### D3. Specialist Provider Directory

Min/Max Age: 18\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **SPEECH PATHOLOGIST**


#### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296929

Board Certified Specialty: No

 11440 W BERNARDO CT  
STE 300

SAN DIEGO, CA 92127

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female


NPI: 1063660165

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **SPEECH PATHOLOGIST**


#### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296930

Board Certified Specialty: No

 9655 GRANITE RIDGE DR  
STE 200

SAN DIEGO, CA 92123

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **SPEECH PATHOLOGIST**


#### **CALDERON MORALES, ASTRID**

Provider ID: 305580

Board Certified Specialty: No

 7510 CLAIREMONT MESA  
BLVD STE 103

SAN DIEGO, CA 92111



 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1619501186

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Armenian, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7:00AM-7:00PM

 Website: N/A

#### **SPEECH PATHOLOGIST**

#### **CALDERON MORALES, ASTRID**


Provider ID: 305581

Board Certified Specialty: No

 9655 GRANITE RIDGE DR

STE 200

SAN DIEGO, CA 92123

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1619501186


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Armenian, Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7:00AM-7:00PM


 Website: N/A

#### **SPEECH PATHOLOGIST**


#### **CALDERON MORALES, ASTRID**

Provider ID: 305579

Board Certified Specialty: No

 11440 W BERNARDO CT  
STE 300

SAN DIEGO, CA 92127

 Phone: (877) 757-8353


Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1619501186


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Armenian, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  N

### D3. Specialist Provider Directory

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7:00AM-7:00PM


 Website: N/A


#### **SPEECH PATHOLOGIST**

##### **CLARK, MELISSA**

Provider ID: 296922

Board Certified Specialty: No

 7510 CLAIREMONT MESA BLVD STE 102  
SAN DIEGO, CA 92111


 Phone: (877) 757-8353


Fax: (818) 357-2505

 After Hours Phone: (877) 757-8353

Provider Gender: Female

NPI: 1760546428

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Arabic, Armenian, Farsi, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: SU 7:00AM-9:00PM  
M-F 7:00AM-9:00PM


 Website: N/A


#### **SPEECH PATHOLOGIST**

##### **CLARK, MELISSA**

Provider ID: 296920

Board Certified Specialty: No

 11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127


 Phone: (877) 757-8353


Fax: (818) 357-2505

 After Hours Phone: (877) 757-8353

Provider Gender: Female

NPI: 1760546428

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Arabic, Armenian, Farsi, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: SU 7:00AM-7:00PM  
M-F 7:00AM-7:00PM

 Website: N/A

#### **SPEECH PATHOLOGIST**

##### **CLARK, MELISSA**


Provider ID: 296921

Board Certified Specialty: No

 9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123


 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877) 757-8353

Provider Gender: Female

NPI: 1760546428

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Arabic, Armenian, Farsi, Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: SU 7:00AM-7:00PM  
M-F 7:00AM-7:00PM


 Website: N/A


#### **SPEECH PATHOLOGIST**

##### **MADERA RIVERA, PAULA**

Provider ID: 296575

Board Certified Specialty: No

 7510 CLAIREMONT MESA BLVD STE 103  
SAN DIEGO, CA 92111

 Phone: (858) 277-2277

Fax: (818) 357-2505

 After Hours Phone: (858) 277-2277

Provider Gender: Female

NPI: 1205443769

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Arabic, Armenian, Farsi, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7:00AM-7:00PM

 Website: N/A


#### **SPEECH PATHOLOGIST**

##### **MADERA RIVERA, PAULA**

Provider ID: 296576

Board Certified Specialty: No

 9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)

### D3. Specialist Provider Directory

757-8353  
Provider Gender: Female  
NPI: 1205443769  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

#### **SPEECH PATHOLOGIST**

##### **MADERA RIVERA, PAULA**

Provider ID: 296578  
Board Certified Specialty: No  
 11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
 Phone: (877) 757-8353  
Fax: (818) 357-2505  
 After Hours Phone: (877)  
757-8353  
Provider Gender: Female  
NPI: 1205443769  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 7:00AM-7:00PM

Website: N/A

#### **SPEECH PATHOLOGIST**

##### **O'DORAN, KAYLA**

Provider ID: 296588  
Board Certified Specialty: No  
 11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
 Phone: (877) 757-8353  
Fax: (818) 357-2505  
 After Hours Phone: (877)  
757-8353  
Provider Gender: Female  
NPI: 1275021438

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

#### **SPEECH PATHOLOGIST**

##### **O'DORAN, KAYLA**

Provider ID: 296586  
Board Certified Specialty: No  
 7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111  
 Phone: (877) 757-8353  
Fax: (818) 357-2505  
 After Hours Phone: (877)  
757-8353  
Provider Gender: Female  
NPI: 1275021438

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

#### **SPEECH PATHOLOGIST**

##### **O'DORAN, KAYLA**

Provider ID: 296585  
Board Certified Specialty: No  
 9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
 Phone: (877) 757-8353  
Fax: (818) 357-2505  
 After Hours Phone: (877)  
757-8353  
Provider Gender: Female  
NPI: 1275021438  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

#### **SPEECH PATHOLOGIST**

### D3. Specialist Provider Directory

#### **SCHIEDERMAYER, BENJAMIN**

Provider ID: 288937

Board Certified Specialty: No

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164979837

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SPEECH PATHOLOGIST**

#### **UNGER, LINDSEY**

Provider ID: 207202

Board Certified Specialty: No

8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1972936813

Provider English Spoken: Y

Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY COLON SURGERY**

#### **EISENSTEIN, SAMUEL**

Provider ID: 286384

Board Certified Specialty: No

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (858) 657-7237

After Hours Phone: (858)  
657-7237

Provider Gender: Male

NPI: 1194983932

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY COLON SURGERY**

#### **EISENSTEIN, SAMUEL**

Provider ID: 286363

Board Certified Specialty: No

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1194983932

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **SURGERY COLON SURGERY**

#### **EISENSTEIN, SAMUEL**

Provider ID: 286364

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1194983932

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY COLON SURGERY**

#### **LIU, SHANGLEI**



### D3. Specialist Provider Directory

Provider ID: 273363

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1043558653

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UNIVERSITY HSP  
OF SAN DIEGO CO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY COLON SURGERY**

##### **LOPEZ, NICOLE**

Provider ID: 286387

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-6886

After Hours Phone: (619)  
543-6886

Provider Gender: Female

NPI: 1518163005

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY COLON SURGERY**

##### **LOPEZ, NICOLE**

Provider ID: 286366

Board Certified Specialty: No

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1518163005

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY COLON SURGERY**

##### **PARRY, LISA**

Provider ID: 286341

Board Certified Specialty: No

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235369067

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY COLON SURGERY**

##### **PARRY, LISA**

Provider ID: 278553

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235369067

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **SURGERY COLON SURGERY**

##### **RAMAMOORTHY, SONIA**

Provider ID: 286370

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122


 Phone: (800) 926-8273

Fax: (888) 529-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801812656

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY GENERAL**

##### **AL-NOURI, OMAR**

Provider ID: 211903

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103




Phone: (800) 926-8273



After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770742264

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY GENERAL**


##### **ARMANI, AVA**

Provider ID: 282141

Board Certified Specialty: Yes


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 822-6100

 After Hours Phone: (858)  
822-6100

Provider Gender: Female

NPI: 1861759383

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: MEDICAL

CTR AT UCSF, UCSF Medical

Center At Mission Bay, UCSF

MEDICAL CENTER AT MOUNT

ZION, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY GENERAL**

##### **BARNES, RYAN**


Provider ID: 129062

Board Certified Specialty: No

 7910 FROST ST STE 250  
SAN DIEGO, CA 92123

 Phone: (858) 565-0104

Fax: (858) 565-0194

 After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1831493501

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, PALOMAR

HEALTH


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-4:30PM

 Website: N/A

#### **SURGERY GENERAL**

### D3. Specialist Provider Directory

#### **BARNES, RYAN**

Provider ID: 299904

Board Certified Specialty: No

7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1831493501

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-4:30PM

Website: N/A

#### **SURGERY GENERAL**

#### **BENCH, SHAWN**

Provider ID: 299895

Board Certified Specialty: Yes

7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1669700753

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, KERN  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

Website: N/A

#### **SURGERY GENERAL**

#### **BENCH, SHAWN**

Provider ID: 129060

Board Certified Specialty: Yes

7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1669700753

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, KERN  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM  
Website: N/A

#### **SURGERY GENERAL**

#### **BERUMEN, JENNIFER**

Provider ID: 260052

Board Certified Specialty: No

8001 FROST ST  
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1558566372

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY GENERAL**

#### **BRODERICK, RYAN**

Provider ID: 247073

Board Certified Specialty: No

200 W ARBOR DR

### D3. Specialist Provider Directory

SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1619252418

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY GENERAL**

##### **BRODERICK, RYAN**

Provider ID: 286342

Board Certified Specialty: No

4303 LA JOLLA VILLAGE DR STE 2110

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1619252418

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY GENERAL**

##### **BRODERICK, RYAN**

Provider ID: 201617

Board Certified Specialty: Yes

4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121

Phone: (858) 657-8860

After Hours Phone: (858) 657-8860

Provider Gender: Male

NPI: 1619252418

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY GENERAL**

##### **BRUBAKER, ALEAH**

Provider ID: 285272

Board Certified Specialty: No

4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1790104305

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY GENERAL**

##### **BRUBAKER, ALEAH**

Provider ID: 289164

Board Certified Specialty: No

8001 FROST ST  
SAN DIEGO, CA 92123

Phone: (858) 966-8354

Fax: (858) 966-5815

After Hours Phone: (858) 966-8354

Provider Gender: Female

NPI: 1790104305

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

### D3. Specialist Provider Directory

American Sign Language (ASL): **CASILLAS BERUMEN, SERGIO**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY GENERAL**


**CASILLAS BERUMEN, SERGIO**

Provider ID: 304608

Board Certified Specialty: No

 6719 ALVARADO RD STE  
303

SAN DIEGO, CA 92120


 Phone: (619) 500-7699

Fax: (619) 483-3997

 After Hours Phone: (619)  
500-7699

Provider Gender: Male

NPI: 1437470762

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PALOMAR

MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY GENERAL**

Provider ID: 304609

Board Certified Specialty: No

 6402 EL CAJON BLVD STE  
100

SAN DIEGO, CA 92115


 Phone: (619) 582-4490

Fax: (619) 501-9702

 After Hours Phone: (619)  
582-4490

Provider Gender: Male

NPI: 1437470762

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PALOMAR


MEDICAL CENTER


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY GENERAL**

**FAIRBANKS, TIMOTHY**

Provider ID: 260842

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123


 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1407010556

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY GENERAL**


**HORGAN, SANTIAGO**

Provider ID: 286379

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 471-0700

 After Hours Phone: (619)  
471-0700

Provider Gender: Male

NPI: 1932297231

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes


### D3. Specialist Provider Directory


Min/Max Age: 0\999

American Sign Language (ASL):  8110 BIRMINGHAM WAY FL

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **SURGERY GENERAL**

#### **HORGAN, SANTIAGO**

Provider ID: 286367

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932297231

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY GENERAL**


#### **IGNACIO, ROMEO**


Provider ID: 217053

Board Certified Specialty: No

 8110 BIRMINGHAM WAY FL  
2


SAN DIEGO, CA 92123

 Phone: (858) 966-7711

 After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1538147145

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY GENERAL**

#### **JACOBSEN, GARTH**

Provider ID: 286356

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265649966

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):  N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **SURGERY GENERAL**

#### **JACOBSEN, GARTH**

Provider ID: 286355

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265649966

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY GENERAL**

#### **JACOBSEN, GARTH**

Provider ID: 201729

Board Certified Specialty: No

 4520 EXECUTIVE DR STE 111

### D3. Specialist Provider Directory

SAN DIEGO, CA 92121  
☎ Phone: (858) 657-8860  
📞 After Hours Phone: (858) 657-8860

Provider Gender: Male  
NPI: 1265649966

☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY GENERAL**

##### **KOSOY, DANIEL**

Provider ID: 82513

Board Certified Specialty: No

📍 8010 FROST ST STE 510  
SAN DIEGO, CA 92123

☎ Phone: (858) 499-1900  
Fax: (858) 637-4801

📞 After Hours Phone: (858) 499-1900

Provider Gender: Male  
NPI: 1770627259

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
9:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY GENERAL**

##### **MUELLER, GEORGE**

Provider ID: 300091

Board Certified Specialty: No

📍 7910 FROST ST STE 250  
SAN DIEGO, CA 92123

☎ Phone: (858) 565-0104  
Fax: (858) 565-0194

📞 After Hours Phone: (858) 565-0104

Provider Gender: Male  
NPI: 1629179684

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish,  
Vietnamese

Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH  
8:30AM-5:00PM  
F 8:30AM-4:00PM

🌐 Website: N/A

#### **SURGERY GENERAL**

##### **MUELLER, GEORGE**

Provider ID: 54298

Board Certified Specialty: No

📍 7910 FROST ST STE 250

SAN DIEGO, CA 92123  
☎ Phone: (858) 565-0104  
Fax: (858) 565-0194

📞 After Hours Phone: (858) 565-0104

Provider Gender: Male  
NPI: 1629179684

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish,  
Vietnamese

Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH  
8:30AM-5:00PM  
F 8:30AM-4:00PM

🌐 Website: N/A

#### **SURGERY GENERAL**

##### **POLLACK, LARRY**

Provider ID: 54346

Board Certified Specialty: Yes

📍 7910 FROST ST STE 250  
SAN DIEGO, CA 92123

☎ Phone: (858) 565-0104  
Fax: (858) 565-0194

📞 After Hours Phone: (858) 565-0104

Provider Gender: Male  
NPI: 1104998400

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: German, Spanish  
Cultural Competency: N

Hospital Affiliation: SHARP

### D3. Specialist Provider Directory

#### MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

 Website: N/A

#### SURGERY GENERAL

#### SANDLER, BRYAN

Provider ID: 286383

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1043410186

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### SURGERY GENERAL


#### SANDLER, BRYAN

Provider ID: 286357

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1043410186

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### SURGERY GENERAL

#### SANTORELLI, JARRETT

Provider ID: 272303

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033529201

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### SURGERY GENERAL

#### VASCULAR

#### AL-NOURI, OMAR

Provider ID: 275349

Board Certified Specialty: No

 4510 EXECUTIVE DR STE  
215

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770742264

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### SURGERY GENERAL



### D3. Specialist Provider Directory

#### **VASCULAR**

##### **BARLEBEN, ANDREW**

Provider ID: 275372

Board Certified Specialty: No

4510 EXECUTIVE DR STE 215

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1497936900

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY HAND**

##### **CAGE, DORI NEILL**

Provider ID: 296731

Board Certified Specialty: No

8008 FROST ST STE 403  
SAN DIEGO, CA 92123

Phone: (858) 715-9200

Fax: (858) 715-9202

After Hours Phone: (858)  
715-9200

Provider Gender: Female

NPI: 1871592253

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, Sharp

Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

Email: DCAGE@SDHAND.ORG

#### **SURGERY NEUROLOGICAL**

##### **BARBA, DAVID**

Provider ID: 244087

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-5720

After Hours Phone: (619)  
543-5720

Provider Gender: Male

NPI: 1093730251

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY NEUROLOGICAL**

##### **BELVERUD, SHAWN**

Provider ID: 202333

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1073817268

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **SURGERY NEUROLOGICAL**

##### **BEN-HAIM, SHARONA**

Provider ID: 304129

Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273


Fax: (888) 539-8781


### D3. Specialist Provider Directory

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1942469663

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **SURGERY NEUROLOGICAL**

##### **LEVY, MICHAEL**

Provider ID: 298705

Board Certified Specialty: No

 7910 FROST ST STE 180  
SAN DIEGO, CA 92123

 Phone: (858) 966-8574

Fax: (858) 966-7930

 After Hours Phone: (858) 966-8574

Provider Gender: Male

NPI: 1164593927

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

CHILDRENS HOSP OF LOS

ANGELES


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): NPI: 1437416591

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **SURGERY NEUROLOGICAL**


##### **MARSHALL, LAWRENCE**


Provider ID: 244150

Board Certified Specialty: No

 200 W ARBOR DR


SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1750306171

 Provider English Spoken: Y

 Provider Language(s)

Spoken: German, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **SURGERY NEUROLOGICAL**

##### **OSORIO, JOSEPH**

Provider ID: 304170


Board Certified Specialty: No

 6655 ALVARADO RD

SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **SURGERY NEUROLOGICAL**

##### **OSORIO, JOSEPH**


Provider ID: 242007

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### D3. Specialist Provider Directory

#### **SURGERY NEUROLOGICAL**

##### **PHAM, MARTIN**

Provider ID: 244158

Board Certified Specialty: No

📍 16950 VIA TAZON

SAN DIEGO, CA 92127

📞 Phone: (800) 926-8273

📞 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1609130921

📄 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY NEUROLOGICAL**

##### **SOUMEKH, MASSOUD**

Provider ID: 257468

Board Certified Specialty: Yes

📍 8008 FROST ST STE 401

SAN DIEGO, CA 92123

📞 Phone: (858) 560-8544

Fax: (858) 560-8546

📞 After Hours Phone: (858) 560-8544

Provider Gender: Male

NPI: 1265495014

📄 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: ALVARADO

HOSP MED CTR, ALVARADO

HOSPITAL LLC, SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH

9:00AM-4:30PM

🌐 Website: N/A

Email: JSOUMEKH@AOL.COM

#### **SURGERY NEUROLOGICAL**

##### **TOMLIN, JEFFREY**

Provider ID: 272950

Board Certified Specialty: No

📍 200 W ARBOR DR FL 1

SAN DIEGO, CA 92103

📞 Phone: (858) 657-8540

📞 After Hours Phone: (858) 657-8540

Provider Gender: Male

NPI: 1366530321

📄 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY NEUROLOGICAL**

##### **U, HOI**

Provider ID: 244132

Board Certified Specialty: No

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

📞 Phone: (800) 926-8273

📞 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1164468146

📄 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **ANDRY, JAMES**

Provider ID: 302086

Board Certified Specialty: No

📍 7910 FROST ST STE 340

SAN DIEGO, CA 92123

📞 Phone: (858) 824-1703

Fax: (858) 455-6473

📞 After Hours Phone: (858) 824-1703

Provider Gender: Male

NPI: 1679726103

📄 Provider English Spoken: Y

📄 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

### D3. Specialist Provider Directory


VALLEY HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS MERCY  
HOSPITAL, SHARP CHULA  
VISTA MED CTR, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, Sharp  
Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY ORTHOPEDIC**


##### **BALLARD, BROOKE**

Provider ID: 262204

Board Certified Specialty: No

 5555 RESERVOIR DR STE  
104

SAN DIEGO, CA 92120

 Phone: (619) 286-9480

Fax: (619) 286-4568

 After Hours Phone: (619)  
286-9480

Provider Gender: Female

NPI: 1841447950

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: ALVARADO

HOSPITAL LLC, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **BLAIS, MICAH**


Provider ID: 299943

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1972867562

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **BUI, CHRISTOPHER**


Provider ID: 241162

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1619231537

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY ORTHOPEDIC**

##### **BUKATA, SUSAN**

Provider ID: 277948

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932140639

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **BUKATA, SUSAN**

Provider ID: 304181

Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932140639

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **CAMPBELL, TANNER**

Provider ID: 301633

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-6789

Fax: (858) 966-8519

After Hours Phone: (858)  
966-6789

Provider Gender: Male

NPI: 1821593096

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **CHENG, YU TSUN**

Provider ID: 301903

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
3

SAN DIEGO, CA 92123

Phone: (858) 966-6789

Fax: (858) 966-6706

After Hours Phone: (858)  
966-6789

Provider Gender: Male

NPI: 1992982854

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, SOUTHWEST  
HEALTHCARE INLAND VALLEY

HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **CHIARAPPA, FRANK**

Provider ID: 304174

Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932536828

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **CHOI, JIHOON**

Provider ID: 284788

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285097741

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

### D3. Specialist Provider Directory

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### SURGERY ORTHOPEDIC


**CIDAMBI, EMILY**

Provider ID: 296446

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1659634699

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### SURGERY ORTHOPEDIC


**CIDAMBI, EMILY**

Provider ID: 246466

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
3

SAN DIEGO, CA 92123

 Phone: (858) 966-6789

Fax: (858) 966-6706

 After Hours Phone: (858)  
966-6789

Provider Gender: Female

NPI: 1659634699

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### SURGERY ORTHOPEDIC


**EDMONDS, ERIC**

Provider ID: 205495

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1013048412

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### SURGERY ORTHOPEDIC


**EDMONDS, ERIC**

Provider ID: 260841


Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
3

SAN DIEGO, CA 92123


 Phone: (858) 966-6789

Fax: (858) 966-6706

 After Hours Phone: (858)  
966-6789

Provider Gender: Male

NPI: 1013048412

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### SURGERY ORTHOPEDIC


**FLINT, JAMES**

Provider ID: 203178

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 657-8200

 After Hours Phone: (858)  
657-8200

Provider Gender: Male

NPI: 1629239140

 Provider English Spoken: Y  
Cultural Competency: N


### D3. Specialist Provider Directory


Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY ORTHOPEDIC**

##### **FLINT, JAMES**

Provider ID: 304177

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1629239140

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **SURGERY ORTHOPEDIC**

##### **GOEB, YANNICK**

Provider ID: 284794

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1730542747

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish


Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



#### **SURGERY ORTHOPEDIC**

##### **JACKSON, MADELEINE**

Provider ID: 301818

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1386140085

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **SURGERY ORTHOPEDIC**

##### **KUSNEZOV, NICHOLAS**

Provider ID: 303196

Board Certified Specialty: No

 7910 FROST ST STE 340  
SAN DIEGO, CA 92123

 Phone: (858) 824-1703  
Fax: (858) 455-6473

 After Hours Phone: (858)  
824-1703

Provider Gender: Male

NPI: 1396185161

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, PARADISE VALLEY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL ENCINITAS, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND




HEALTHCARE CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999




American Sign Language (ASL):  
N


### D3. Specialist Provider Directory




 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **PRUSS, ERIKA**



Provider ID: 303797  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
3  
SAN DIEGO, CA 92123  
 Phone: (858) 966-6789  
Fax: (858) 966-6706  
 After Hours Phone: (858)  
966-6789  
Provider Gender: Female  
NPI: 1538402441

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **SULLIVAN, THOMAS**




Provider ID: 285247  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781


 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1437565488  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



#### **SURGERY ORTHOPEDIC**

##### **SULLIVAN, THOMAS**

Provider ID: 304164  
Board Certified Specialty: No  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273




Provider Gender: Male  
NPI: 1437565488  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):


N



 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **TAYLOR, MARIO**




Provider ID: 299909  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273


Provider Gender: Male  
NPI: 1407380512  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **SURGERY ORTHOPEDIC**

##### **TAYLOR, MARIO**

Provider ID: 304142  
Board Certified Specialty: No  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1407380512  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes




### D3. Specialist Provider Directory

Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1548417652

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **SURGERY ORTHOPEDIC**


##### **UPASANI, VIDYADHAR**

Provider ID: 205914

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male


NPI: 1548417652


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A


#### **SURGERY ORTHOPEDIC**

##### **UPASANI, VIDYADHAR**

Provider ID: 260953

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
3  
SAN DIEGO, CA 92123

 Phone: (858) 966-6789

Fax: (858) 966-6706

 After Hours Phone: (858)  
966-6789

Provider Gender: Male

NPI: 1548417652

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY PEDIATRIC**

##### **BICKLER, STEPHEN**

Provider ID: 270090

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Male


NPI: 1891866653

 Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation: UCSD  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **SURGERY PEDIATRIC**

##### **GOSMAN, AMANDA**

Provider ID: 205841

Board Certified Specialty: Yes

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123



 Phone: (858) 966-5999

Fax: (858) 966-4064

 After Hours Phone: (858)  
966-5999

Provider Gender: Female


NPI: 1164436291

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY PEDIATRIC**

##### **KELLER, BENJAMIN**

Provider ID: 285941

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

### D3. Specialist Provider Directory

Fax: (858) 966-7712

☎ After Hours Phone: (858) 966-7711

Provider Gender: Male

NPI: 1285953364

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY PEDIATRIC**

##### **KELLER, BENJAMIN**

Provider ID: 272196

Board Certified Specialty: No

📍 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5999

Fax: (858) 966-4064

☎ After Hours Phone: (858) 966-5999

Provider Gender: Male

NPI: 1285953364

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY PEDIATRIC**

##### **KLING, KAREN**

Provider ID: 205340

Board Certified Specialty: No

📍 8110 BIRMINGHAM WAY FL 2  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-7711  
Fax: (858) 966-7712

☎ After Hours Phone: (858) 966-7711

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

Board Certified Specialty: No

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

Board Certified Specialty: No

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL

Board Certified Specialty: No

📍 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-7711

Fax: (858) 966-7712

☎ After Hours Phone: (858) 966-7711

Provider Gender: Female

NPI: 1982775144

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

Board Certified Specialty: No

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A





Board Certified Specialty: No

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19


American Sign Language (ASL): N





### D3. Specialist Provider Directory

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY PEDIATRIC**




##### **LAZAR, DAVID**





Provider ID: 205606  
Board Certified Specialty: No  
 8110 BIRMINGHAM WAY FL  
2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-7711  
Fax: (858) 966-7712  
 After Hours Phone: (858)  
966-7711  
Provider Gender: Male  
NPI: 1538365002

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY PEDIATRIC**




##### **THANGARAJAH, HARIHARAN**

Provider ID: 206172  
Board Certified Specialty: No  
 8110 BIRMINGHAM WAY FL  
2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-7711  
Fax: (858) 966-7712  
 After Hours Phone: (858)  
966-7711  
Provider Gender: Male  
NPI: 1598979593




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY PEDIATRIC**

##### **THANGARAJAH, HARIHARAN**


Provider ID: 256194  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
 Phone: (858) 966-7711  
 After Hours Phone: (858)  
966-7711  
Provider Gender: Male  
NPI: 1598979593





 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY PLASTIC**

##### **HINCHCLIFF, KATHARINE**

Provider ID: 277965  
Board Certified Specialty: No  
 7920 FROST ST STE 200  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5999  
Fax: (858) 966-8394  
 After Hours Phone: (858)  
966-5999  
Provider Gender: Female  
NPI: 1346674561

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY PLASTIC**

### D3. Specialist Provider Directory

#### **HINCHCLIFF, KATHARINE**

Provider ID: 277288

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346674561

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY PLASTIC**

#### **KOLB, FREDERIC**

Provider ID: 246240

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790341832

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY PLASTIC**

#### **KOLB, FREDERIC**

Provider ID: 246239

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790341832

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY PLASTIC**

#### **KOLB, FREDERIC**

Provider ID: 255576

Board Certified Specialty: No

7920 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 966-8394

After Hours Phone: (858)  
966-5999

Provider Gender: Female

NPI: 1790341832

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY PLASTIC**

#### **KOLB, FREDERIC**

Provider ID: 255575

Board Certified Specialty: No

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female






NPI: 1790341832



### D3. Specialist Provider Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **SURGERY PLASTIC**

##### **LEWIS, PRIYA**

Provider ID: 302132  
Board Certified Specialty: No  
 7920 FROST ST STE 200  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5999  
Fax: (858) 966-8394  
 After Hours Phone: (858)  
966-5999  
Provider Gender: Female  
NPI: 1720465024  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A





#### **SURGERY PLASTIC** **REID, CHRISTOPHER**

Provider ID: 245523  
Board Certified Specialty: No  
 7920 FROST ST STE 200  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5999  
Fax: (858) 966-8394  
 After Hours Phone: (858)  
966-5999  
Provider Gender: Male  
NPI: 1982964276




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **SURGERY PLASTIC**





##### **REID, CHRISTOPHER**

Provider ID: 224795  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1982964276  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY PLASTIC** **REID, CHRISTOPHER**

Provider ID: 255564  
Board Certified Specialty: No  
 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1982964276  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **SURGERY THORACIC**

##### **FOX, KENNETH**

### D3. Specialist Provider Directory

Provider ID: 257841

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8030

After Hours Phone: (858)  
966-8030

Provider Gender: Male

NPI: 1235153552

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY THORACIC**

##### **GANTA, SRUJAN**

Provider ID: 275611

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1265071005

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY THORACIC**

##### **GANTA, SRUJAN**

Provider ID: 256383

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1265071005

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY THORACIC**

##### **LEWIS, MICHAEL**

Provider ID: 296906

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8030

Fax: (858) 966-8032

After Hours Phone: (858)  
966-8030

Provider Gender: Male

NPI: 1780847533

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY THORACIC**

##### **NIGRO, JOHN**

Provider ID: 205367

Board Certified Specialty: No

3030 CHILDRENS WAY STE  
202

SAN DIEGO, CA 92123

Phone: (858) 966-8030

Fax: (858) 966-8032

After Hours Phone: (858)  
966-8030

Provider Gender: Male

NPI: 1881707818

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO




Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

### D3. Specialist Provider Directory

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **TRANSPLANT SURGERY**


##### **MEKEEL, KRISTIN**


Provider ID: 262109

Board Certified Specialty: Yes

 3020 CHILDRENS WAY STE 107

SAN DIEGO, CA 92123

 Phone: (858) 966-7711

 After Hours Phone: (858) 966-7711

Provider Gender: Female

NPI: 1104861947

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **TRANSPLANT SURGERY**

##### **SCHNICKEL, GABRIEL**

Provider ID: 262192

Board Certified Specialty: No

 8001 FROST ST  
SAN DIEGO, CA 92123

 Phone: (858) 966-8354

Fax: (858) 966-5815

 After Hours Phone: (858) 966-8354

Provider Gender: Male

NPI: 1619111440

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

RADY CHILDRENS HOSPITAL

SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **UROLOGY**

##### **CHEN, TONY**


Provider ID: 283960

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1245684497

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **UROLOGY**

##### **KATZ, JONATHAN**

Provider ID: 299918

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1952756207

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **UROLOGY**

##### **MONGA, MANOJ**

Provider ID: 274480

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

### D3. Specialist Provider Directory

NPI: 1174609127

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### UROLOGY

##### **MONGA, MANOJ**

Provider ID: 256847

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174609127

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### UROLOGY


##### **PATEL, DEVIN**

Provider ID: 246094

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 657-7876

 After Hours Phone: (858)  
657-7876

Provider Gender: Male

NPI: 1437505559

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,  
CEDARS SINAI MEDICAL


CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### UROLOGY

##### **SAIDIAN, AVA**

Provider ID: 284831

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1205281912

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### UROLOGY


##### **SALMASI, AMIRALI**

Provider ID: 203122

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1609187962

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes



Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



### D3. Specialist Provider Directory


 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### UROLOGY


##### **SALMASI, AMIRALI**

Provider ID: 302912

Board Certified Specialty: No


 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

 Phone: (858) 485-0554

 After Hours Phone: (858)  
485-0554

Provider Gender: Male

NPI: 1609187962

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON,  
GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### UROLOGY

##### **SWORDS, KELLY**

Provider ID: 206183

Board Certified Specialty: No

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123


 Phone: (858) 966-7484

Fax: (858) 966-4064

 After Hours Phone: (858)  
966-7484

Provider Gender: Female

NPI: 1316101256

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM


 Website: N/A

#### UROLOGY


##### **UNTERBERG, STEPHEN**

Provider ID: 295834

Board Certified Specialty: No

 11770 BERNARDO PLAZA  
CT STE 270

SAN DIEGO, CA 92128


 Phone: (858) 485-0554

Fax: (858) 429-7933

 After Hours Phone: (858)  
485-0554

Provider Gender: Male

NPI: 1215374210

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PALOMAR MEDICAL

CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM


 Website: N/A

#### UROLOGY


##### **UNTERBERG, STEPHEN**

Provider ID: 284665

Board Certified Specialty: No

 11770 BERNARDO PLAZA  
CT STE 270

SAN DIEGO, CA 92128

 Phone: (858) 485-0554

Fax: (858) 429-7933

 After Hours Phone: (858)  
485-0554

Provider Gender: Male

NPI: 1215374210

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PALOMAR MEDICAL

CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\110

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### UROLOGY







##### **UNTERBERG, STEPHEN**

Provider ID: 295833

Board Certified Specialty: Yes

 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103




### D3. Specialist Provider Directory

 Phone: (619) 297-4707  
Fax: (858) 429-7927  
 After Hours Phone: (619) 297-4707  
Provider Gender: Male  
NPI: 1215374210  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **UROLOGY**




##### **UNTERBERG, STEPHEN**

Provider ID: 284664  
Board Certified Specialty: Yes  
 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
 Phone: (619) 297-4707  
Fax: (858) 429-7927  
 After Hours Phone: (619) 297-4707  
Provider Gender: Male  
NPI: 1215374210  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes

Min/Max Age: 16\110  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **UROLOGY**

##### **WANG, LUKE**

Provider ID: 299933  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1033630173  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

### **SAN MARCOS**

#### **CARDIOVASCULAR DISEASE**








##### **LERNER, JONATHAN**

Provider ID: 303448  
Board Certified Specialty: No  
 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
 Phone: (760) 798-8855  
Fax: (619) 616-2104  
 After Hours Phone: (760)

798-8855  
Provider Gender: Male  
NPI: 1962899823  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **CERTIFIED ACUPUNCTURIST**

##### **CARRA, BARBARA**

Provider ID: 303128  
Board Certified Specialty: No  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1588173629  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Italian, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### **CERTIFIED ACUPUNCTURIST**

##### **GONZALEZ, ANDRES**

Provider ID: 298658

Board Certified Specialty: No

1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1841857729

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **BLAND, JACELIS**

Provider ID: 296766

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1801522859

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:30PM

Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **FODDA, RAMI**

Provider ID: 296603

Board Certified Specialty: No

1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1164660452

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-6:00PM  
SA 8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **FREEMAN, WANDA**

Provider ID: 305751

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1659504264

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **GARCIA, REGINA**

Provider ID: 297837

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1639673858

Provider English Spoken: Y

Cultural Competency: N


### D3. Specialist Provider Directory

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**HAN, ANGELA**

Provider ID: 300215

Board Certified Specialty: No

 150 VALPREDA RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1629242839

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: JOHN


MUIR MEDICAL CENTER


WALNUT CREEK CAMPUS


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**KOHOUT, KATHRYN**

Provider ID: 291105

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 556-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1316544331


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 14\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**MAROSOK, MICHELLE**

Provider ID: 305310

Board Certified Specialty: No

 838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

 Phone: (760) 748-8935

Fax: (760) 466-0078

 After Hours Phone: (760)  
748-8935

Provider Gender: Female

NPI: 1669166112

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER, PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 18\199

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**MOONEY, PATRICIA**

Provider ID: 280382

Board Certified Specialty: No

 838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

 Phone: (760) 747-8935

Fax: (760) 466-0078

 After Hours Phone: (760)  
747-8935

Provider Gender: Female

NPI: 1700470200


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


**PARSONS, MEKRAE**


Provider ID: 303220

Board Certified Specialty: No

 150 VALPREDA RD  
SAN MARCOS, CA 92069

### D3. Specialist Provider Directory


 Phone: (760) 736-6767

 Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1972090306

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


#### **PRIETO, ALEJANDRA**

Provider ID: 297888

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

 Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1699222620

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


#### **VAHDAT, VALERIE**

Provider ID: 294758

Board Certified Specialty: No

 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069


 Phone: (833) 867-4642

 Fax: (360) 462-5827

 After Hours Phone: (833)  
867-4642

Provider Gender: Female

NPI: 1093474090

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED REGISTERED**


#### **NURSE MIDWIFE**


#### **BELANGER, TANYA**

Provider ID: 290739

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

 Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1407287469

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **CHIROPRACTOR**


#### **HINES, TAYTE**


Provider ID: 302080

Board Certified Specialty: No

 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

 Phone: (833) 867-4642

 Fax: (360) 462-5827

 After Hours Phone: (833)  
867-4642

Provider Gender: Male

NPI: 1598265647

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **CHIROPRACTOR**



#### **HINES, TAYTE**


Provider ID: 302081

Board Certified Specialty: No


 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

### D3. Specialist Provider Directory

 Phone: (833) 867-4642  
 Fax: (360) 462-5827


 After Hours Phone: (833) 867-4642


Provider Gender: Male  
NPI: 1598265647

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



#### **FAMILY PRACTICE**

##### **NATH, DEVARSHI**

Provider ID: 296592

Board Certified Specialty: No



 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 Phone: (760) 736-6767  
 Fax: (760) 736-6767

 After Hours Phone: (760) 736-6767

Provider Gender: Male

NPI: 1275630618


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bengali

Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 2\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



#### **FAMILY PRACTICE**

##### **NATH, DEVARSHI**

Provider ID: 305242

Board Certified Specialty: No


 150 VALPREDA RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767  
 Fax: (760) 736-8740

 After Hours Phone: (760) 736-6767

Provider Gender: Male

NPI: 1275630618

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Bengali

Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 2\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



#### **INTERNAL MEDICINE**

##### **PONIACHIK, SAMUEL**

Provider ID: 305472

Board Certified Specialty: No


 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
 Fax: (760) 566-1501

 After Hours Phone: (760) 736-6767

Provider Gender: Male

NPI: 1467485078

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-6:00PM

 Website: N/A



#### **INTERNAL MEDICINE**

##### **PONIACHIK, SAMUEL**

Provider ID: 299258

Board Certified Specialty: No

 1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078

 Phone: (760) 520-8200  
 Fax: (360) 462-2749

 After Hours Phone: (760) 520-8200

Provider Gender: Male

NPI: 1467485078

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **INTERNAL MEDICINE**



##### **TOLENTINO, ARTURO**



Provider ID: 298696

Board Certified Specialty: No

 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

### D3. Specialist Provider Directory

 Phone: (833) 867-4642  
Fax: (360) 462-5827  
 After Hours Phone: (833) 867-4642  
Provider Gender: Male  
NPI: 1609066018

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Tagalog  
Cultural Competency: N  
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\17  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:00AM-5:00PM

 Website: N/A

#### INTERVENTIONAL


#### CARDIOLOGY

#### **DO, HULBERT**

Provider ID: 291583

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760) 736-6767

Provider Gender: Male

NPI: 1679733760


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:00AM-8:00PM

SA 8:00AM-8:00PM

 Website: N/A

#### INTERVENTIONAL


#### CARDIOLOGY

#### **DO, HULBERT**

Provider ID: 295941

Board Certified Specialty: No

 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

 Phone: (760) 798-8855

Fax: (619) 616-2104

 After Hours Phone: (760) 798-8855

Provider Gender: Male

NPI: 1679733760

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp

Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### INTERVENTIONAL


#### CARDIOLOGY

#### **MOHAMEDALI, BURHAN**

Provider ID: 245578

Board Certified Specialty: No

 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

 Phone: (760) 798-8855


Fax: (760) 755-5245

 After Hours Phone: (760) 798-8855

Provider Gender: Male

NPI: 1831393289

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Swahili  
Cultural Competency: N


Hospital Affiliation: SHARP CHULA VISTA MED CTR,


Adventist Health and Rideout


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9:00AM-5:00PM

 Website: N/A

#### INTERVENTIONAL


#### CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 295847

Board Certified Specialty: No

 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

 Phone: (760) 798-8855

Fax: (619) 616-2104

 After Hours Phone: (760) 798-8855

Provider Gender: Female

NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp


Grossmont Hospital, SHARP

### D3. Specialist Provider Directory


#### CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### INTERVENTIONAL


#### CARDIOLOGY

#### SUDHAKAR, DEEPTHI

Provider ID: 291607

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp


Grossmont Hospital, SHARP


CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### INTERVENTIONAL


#### CARDIOLOGY

#### SUDHAKAR, DEEPTHI

Provider ID: 296052

Board Certified Specialty: No

 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

 Phone: (760) 798-8855

Fax: (619) 616-2104

 After Hours Phone: (760)  
798-8855

Provider Gender: Female

NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SHARP


CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 15\99

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### NEUROLOGY

#### ANDER, AZIZ

Provider ID: 290382

Board Certified Specialty: No

 838 NORDAHL RD STE 310  
SAN MARCOS, CA 92069


 Phone: (442) 999-5977

Fax: (442) 999-5914

 After Hours Phone: (442)  
999-5977

Provider Gender: Male

NPI: 1316131832

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Faroese  
Cultural Competency: N

Hospital Affiliation: DESERT


REGIONAL MED CTR, JOHN F  
KENNEDY MEMORIAL HOSP,  
PALOMAR HEALTH, PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-4:30PM

 Website: N/A


#### NEUROLOGY

#### HOSSEIN ZADEH MALEKI, ANA

Provider ID: 304998

Board Certified Specialty: No

 838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

 Phone: (760) 281-3662


Fax: (760) 316-5268

 After Hours Phone: (760)  
281-3662

Provider Gender: Female

NPI: 1316471485

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic, Persian

Cultural Competency: N


Hospital Affiliation: TEMECULA  
VALLEY HOSPITAL INC


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



### D3. Specialist Provider Directory

#### **NEUROLOGY**

##### **SORIA LOPEZ, JOSE**

Provider ID: 295745

Board Certified Specialty: No

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Phone: (760) 281-3662

Fax: (760) 316-5268

After Hours Phone: (760)  
281-3662

Provider Gender: Male

NPI: 1225474034

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, TEMECULA  
VALLEY HOSPITAL INC

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-6:00PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **CABRERA, MICHELLE**

Provider ID: 303025

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1174774723

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Adventist

Health and Rideout

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **HINSHAW, PAUL**

Provider ID: 288907

Board Certified Specialty: No

120 CRAVEN RD STE 101  
SAN MARCOS, CA 92078

Phone: (760) 740-2710

Fax: (858) 207-0003

After Hours Phone: (760)  
740-2710

Provider Gender: Male

NPI: 1215170717

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OPHTHALMOLOGY**

##### **GUAN, HOWARD**

Provider ID: 302370

Board Certified Specialty: No

100 N RANCHO SANTA FE  
RD STE 126

SAN MARCOS, CA 92069

Phone: (760) 598-0400

Fax: (760) 290-7044

After Hours Phone: (760)  
598-0400

Provider Gender: Male

NPI: 1134427636

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY MED CTR,

LOMA LINDA UNIVERSITY

CHILDRENS HOSPITAL,

RIVERSIDE COUNTY

REGIONAL MED CTR, TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 13\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OPHTHALMOLOGY**

##### **GUAN, HOWARD**




Provider ID: 303144





Board Certified Specialty: No

100 N RANCHO SANTA FE  
RD STE 126

SAN MARCOS, CA 92069







### D3. Specialist Provider Directory




 Phone: (760) 598-0400  
 Fax: (760) 290-7044  
 After Hours Phone: (760) 598-0400  
Provider Gender: Male  
NPI: 1134427636

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: LOMA LINDA UNIVERSITY MED CTR, LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL, RIVERSIDE COUNTY REGIONAL MED CTR, TRI CITY MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\0  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **OPHTHALMOLOGY**










##### **PRESTERA, TORY**

Provider ID: 290590  
Board Certified Specialty: Yes  
 100 N RANCHO SANTA FE RD STE 126  
SAN MARCOS, CA 92069  
 Phone: (760) 598-0400  
 Fax: (760) 598-5270  
 After Hours Phone: (760) 598-0400  
Provider Gender: Male  
NPI: 1346224557  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Thai  
Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 10\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A  
Email: PRESTERA@YAHOO.COM

#### **OPHTHALMOLOGY**









##### **PRESTERA, TORY**

Provider ID: 204707  
Board Certified Specialty: Yes  
 100 N RANCHO SANTA FE RD STE 126  
SAN MARCOS, CA 92069  
 Phone: (760) 598-0400  
 Fax: (760) 598-5270  
 After Hours Phone: (760) 598-0400  
Provider Gender: Male  
NPI: 1346224557  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Thai  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

Email: PRESTERA@YAHOO.COM



#### **PEDIATRICS**

##### **LUM HO, RACHEL**

Provider ID: 303150  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 Fax: (760) 736-6797  
 After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1215469283  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM SA 8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRICS**

##### **LUM HO, RACHEL**

Provider ID: 304047  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 Fax: (760) 736-6797  
 After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1215469283

### D3. Specialist Provider Directory

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-5:00PM

 Website: N/A


#### PEDIATRICS

##### **POSADAS, EMERITO**

Provider ID: 257536

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767


Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1720093198

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog


Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-6:00PM

 Website: N/A


#### PEDIATRICS

##### **QUINTERO, CAROLYN**

Provider ID: 303142

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1023033156

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-6:00PM  
SA 8:00AM-5:00PM

 Website: N/A


#### PHYSICIANS ASSISTANT

##### **CELESTINO, MISH EL**

Provider ID: 302439

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1578263760

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PHYSICIANS ASSISTANT

##### **GRAF, HALEY**

Provider ID: 301290

Board Certified Specialty: No

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 Phone: (760) 436-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
436-6767

Provider Gender: Female

NPI: 1598394371


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 2\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PHYSICIANS ASSISTANT

##### **HERNANDEZ, MIRIAM**

Provider ID: 298336

Board Certified Specialty: No

 150 VALPRED A RD

### D3. Specialist Provider Directory

SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

Fax: (760) 736-6767

🕒 After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1457903700

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### PHYSICIANS ASSISTANT

##### **MATHIAS, WILLIAM**

Provider ID: 302570

Board Certified Specialty: No

📍 150 VALPREDA RD  
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

Fax: (760) 566-1501

🕒 After Hours Phone: (760) 736-6767

Provider Gender: Male

NPI: 1285806323

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PHYSICIANS ASSISTANT

##### **POLLEY, SHANNON**

Provider ID: 296093

Board Certified Specialty: No

📍 150 VALPREDA RD  
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

Fax: (760) 736-8740

🕒 After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1225608722

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-5:00PM

🌐 Website: N/A

#### PSYCHOLOGIST

##### **ALTAMIRANO, LEON**

Provider ID: 290362

Board Certified Specialty: No

📍 150 VALPREDA RD  
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

Fax: (760) 736-8740

🕒 After Hours Phone: (760) 736-6767

Provider Gender: Male

NPI: 1619271517

🗨 Provider English Spoken: Y  
🗨 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### PSYCHOLOGIST

##### **ARIELLA, LYNDIA**

Provider ID: 299716

Board Certified Specialty: No

📍 150 VALPREDA RD  
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

Fax: (760) 736-8740

🕒 After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1073518965

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\50

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PSYCHOLOGIST

##### **CORTIZO, ROSA**

Provider ID: 290796

Board Certified Specialty: No

📍 150 VALPREDA RD  
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

Fax: (760) 736-8740

🕒 After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1952316648

### D3. Specialist Provider Directory

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A



#### **PSYCHOLOGIST**





##### **FLYNN, DANIELLE**

Provider ID: 290795  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
736-6767  
Provider Gender: Female  
NPI: 1477785137  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PSYCHOLOGIST**









##### **GEORGIEV, MARY JO**

Provider ID: 290793  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 737-6767  
Fax: (760) 736-8740

 After Hours Phone: (760)  
737-6767  
Provider Gender: Female  
NPI: 1518996875  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A





#### **PSYCHOLOGIST**

##### **IMAM, SYED**

Provider ID: 298174  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 566-1501  
 After Hours Phone: (760)  
736-6767  
Provider Gender: Male  
NPI: 1447428271  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 15\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A







#### **PSYCHOLOGIST**

##### **SIMPSON, ERIC**

Provider ID: 290803  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
736-6767  
Provider Gender: Male  
NPI: 1710110416  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PSYCHOLOGIST**

##### **TORRES, HECTOR**

Provider ID: 290788  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
736-6767  
Provider Gender: Male  
NPI: 1720265614  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### D3. Specialist Provider Directory

 Website: N/A


#### **RHEUMATOLOGY**

##### **AL NAHLAWI, BASMA**

Provider ID: 290068

Board Certified Specialty: No

 334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078


 Phone: (760) 736-8091

Fax: (760) 736-8092

 After Hours Phone: (760)  
736-8091

Provider Gender: Female

NPI: 1144455262

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY MED CTR

MURRIETA, PALOMAR

MEDICAL CENTER, LOMA


LINDA UNIVERSITY MED CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **RHEUMATOLOGY**


##### **AL NAHLAWI, BASMA**

Provider ID: 295532

Board Certified Specialty: No

 960 W SAN MARCOS BLVD  
STE 210

SAN MARCOS, CA 92078


 Phone: (760) 736-8091

Fax: (760) 736-8092

 After Hours Phone: (760)  
736-8091

Provider Gender: Female

NPI: 1144455262

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY MED CTR

MURRIETA, PALOMAR

MEDICAL CENTER, LOMA

LINDA UNIVERSITY MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **FAMILY PRACTICE**

##### **ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 294925

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1588197826

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PARADISE VALLEY

HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### **SAN YSIDRO**


#### **CERTIFIED NURSE PRACTITIONER**

##### **IBARRA, MARTHA**

Provider ID: 304292

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100


Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1114957289

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

### D3. Specialist Provider Directory

#### **FAMILY PRACTICE**

##### **ARRIETA, NOEMI**

Provider ID: 297794

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1912223496

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-8:00PM

SA 8:00AM-2:00PM

Website: N/A

#### **FAMILY PRACTICE**

##### **DALUGDUGAN, ESTHER**

Provider ID: 302285

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1962662718

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

##### **MALEKMADANI, ARIENNE**

Provider ID: 303333

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1124648332

Provider English Spoken: Y

Provider Language(s)  
Spoken: Persian, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

##### **NAVARRO, VANESSA**

Provider ID: 297756

Board Certified Specialty: No

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 785-3384

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1952563421

Provider English Spoken: Y

Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

SA 8:00AM-2:30PM

Website: N/A

#### **FAMILY PRACTICE**

##### **ORTEGA, LUIS**

Provider ID: 295225

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100


Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Provider Gender: Male

### D3. Specialist Provider Directory

NPI: 1558924936

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A


#### **FAMILY PRACTICE**

##### **ORTIZ ILIZALITURRI, ANA**

Provider ID: 296008

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1316407026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL


CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **FAMILY PRACTICE**

##### **VAN PRATT LEVIN, AISHA**


Provider ID: 303300

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1821550559

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: Sharp


Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **GENERAL PRACTICE**

##### **GARCIA-SANDOVAL, DAMARIS**

Provider ID: 302644

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 662-4198

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1447838883

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **GENERAL PRACTICE**

##### **SAMI, REMAN**

Provider ID: 305484

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1295362242

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM



### D3. Specialist Provider Directory


 Website: N/A


#### **INFECTIOUS DISEASE**

##### **ALDOUS, JEANNETTE**

Provider ID: 290421

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1073650339

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **INTERNAL MEDICINE**

##### **BULOW, KWI**

Provider ID: 302346

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1073608576

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:30AM-5:00PM

 Website: N/A


#### **INTERNAL MEDICINE**

##### **PROMER, KATHERINE**


Provider ID: 293527

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100


Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1306280607

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, SCRIPPS MEMORIAL

HOSPITAL, PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-8:00PM

SA 8:00AM-2:00PM


 Website: N/A


#### **INTERNAL MEDICINE**

##### **RAMIREZ SANCHEZ, CLAUDIA**

Provider ID: 296122

Board Certified Specialty: Yes

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1659720555

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL


CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-8:00PM

SA 8:00AM-2:00PM


 Website: N/A


#### **INTERNAL MEDICINE**

##### **SY, RAMON**

Provider ID: 297757

Board Certified Specialty: No

 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

### D3. Specialist Provider Directory

Fax: (619) 785-3384

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1982617403

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DINH, MY**

Provider ID: 290490

Board Certified Specialty: No

📍 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

☎ Phone: (619) 428-4463

Fax: (213) 250-3369

☎ After Hours Phone: (619)  
428-4463

Provider Gender: Female

NPI: 1316146996

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
9:00AM-5:00PM

🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **GOLDSTEIN, EDWARD**

Provider ID: 290471

Board Certified Specialty: No

📍 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 205-1967

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1982617494

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **GOMEZ, DANIELA**

Provider ID: 294885

Board Certified Specialty: No

📍 4004 BEYER BLVD STE 400  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 205-6341

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1255878997

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-2:00PM

🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **GOMEZ, DANIELA**

Provider ID: 294886

Board Certified Specialty: No

📍 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 205-1967

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1255878997

☑ Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999


American Sign Language (ASL):

## D3. Specialist Provider Directory

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-2:00PM  
 Website: N/A


### OPHTHALMOLOGY

#### **DE SILVA, NIHAL**

Provider ID: 290551  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100



Provider Gender: Male

NPI: 1003834789

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999



American Sign Language (ASL):




N

 Accessibility: CONTACT PROVIDER  
 Website: N/A

### PEDIATRICS




#### **FUJII, CINDY**

Provider ID: 298309  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100  
Provider Gender: Female  
NPI: 1871664821  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM  
 Website: N/A



### PEDIATRICS

#### **RODRIGUEZ, ALDO**

Provider ID: 295779  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 662-6305  
 After Hours Phone: (619)  
662-4100

Provider Gender: Male




NPI: 1508209651

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Portuguese,  
Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Hours: SU 10:00AM-4:00PM  
M 8:30AM-8:00PM  
W-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM  
 Website: N/A



### PEDIATRICS

#### **TAYLOR, TASHA**

Provider ID: 290077  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100



Provider Gender: Female

NPI: 1528144433

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Website: N/A

### PSYCHOLOGIST

#### **IBANEZ, BERENICE**


Provider ID: 290465  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6305

### D3. Specialist Provider Directory

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1740394386

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **JOHNSON, JENNIFER**

Provider ID: 301296

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1023783248

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\64

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **REGISTERED PHYSICAL THERAPIST**


##### **TORRES, JOANN**

Provider ID: 296045

Board Certified Specialty: No


 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1134732522

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **SPEECH PATHOLOGIST**


##### **HILL, CARLA**

Provider ID: 295894


Board Certified Specialty: No

 3364 BEYER BLVD STE  
102-103

SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 600-4870

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1043950751

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### **SANTEE**


#### **PHYSICIANS ASSISTANT**

##### **ROSENBLATT, SHERI**

Provider ID: 295738

Board Certified Specialty: No

 120 TOWN CENTER PKWY  
SANTEE, CA 92071

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1114041621

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10:00AM-4:00PM

M-F 8:30AM-5:30PM

SA 10:00AM-2:30PM

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**


##### **MOORE, BRIAN**

Provider ID: 243961

Board Certified Specialty: No

 9640 MISSION GORGE RD  
STE H

SANTEE, CA 92071

 Phone: (619) 460-2770

### D3. Specialist Provider Directory

Fax: (619) 460-2774

☎ After Hours Phone: (619)  
460-2770

Provider Gender: Male

NPI: 1831144005

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
7:00AM-5:00PM

🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **VENKATESH, VIJAY**

Provider ID: 269661

Board Certified Specialty: No

📍 9640 MISSION GORGE RD  
STE H  
SANTEE, CA 92071

☎ Phone: (619) 460-2770

Fax: (619) 460-2774

☎ After Hours Phone: (619)  
460-2770

Provider Gender: Male

NPI: 1689627085

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **BOUELLE, DAVID**

Provider ID: 248308

Board Certified Specialty: No

📍 9830 PROSPECT AVE STE A  
SANTEE, CA 92071

☎ Phone: (619) 448-4860

Fax: (619) 448-1639

☎ After Hours Phone: (760)  
591-7750

Provider Gender: Male

NPI: 1063461101

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 7:00AM-7:00PM  
TU 7:00AM-5:00PM  
W 7:00AM-7:00PM  
TH 7:00AM-5:00PM  
F 7:00AM-7:00PM

🌐 Website: N/A

### **TEMECULA**

#### **CERTIFIED ACUPUNCTURIST**

##### **CRAFT, KEVIN**

Provider ID: 290944

Board Certified Specialty: No

📍 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

☎ Phone: (951) 225-6400

Fax: (360) 462-2751

☎ After Hours Phone: (951)  
225-6400

Provider Gender: Male

NPI: 1659745610

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: TU-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **MIRACLE, ANGELYN**

Provider ID: 300260

Board Certified Specialty: No

📍 31170 TEMECULA PKWY  
STE 200  
TEMECULA, CA 92592

☎ Phone: (951) 699-3299

Fax: (951) 302-1313

☎ After Hours Phone: (951)  
699-3299

Provider Gender: Female

NPI: 1144539842

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

### D3. Specialist Provider Directory

8:00AM-5:00PM  
Website: N/A

#### PHYSICIANS ASSISTANT

##### **ANWAR, YASMIN**

Provider ID: 300846

Board Certified Specialty: No

31515 RANCHO PUEBLO RD  
STE 102  
TEMECULA, CA 92592

Phone: (951) 225-7873

Fax: (951) 305-9117

After Hours Phone: (951)  
225-7873

Provider Gender: Female

NPI: 1588602247

Provider English Spoken: Y

Provider Language(s)  
Spoken: Persian, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### PSYCHOLOGIST

##### **WOODWORTH, JENNIFER**

Provider ID: 290633

Board Certified Specialty: No

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Phone: (951) 225-6400

Fax: (858) 633-4697

After Hours Phone: (951)  
225-6400

Provider Gender: Female

NPI: 1639362494

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-5:00PM

Website: N/A

#### SURGERY GENERAL

##### VASCULAR

##### **HOWE, STEVEN**

Provider ID: 206759

Board Certified Specialty: No

31700 TEMECULA VALLEY  
PARKWAY  
TEMECULA, CA 92592

Phone: (951) 303-2349

Fax: (951) 303-8591

After Hours Phone: (951)  
303-2349

Provider Gender: Male

NPI: 1497702740

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON, TRI  
CITY MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### VISTA

#### ANESTHESIOLOGY PAIN

##### MANAGEMENT

##### **GUPTA, ANUJ**

Provider ID: 297703

Board Certified Specialty: No

2023 W VISTA WAY STE D  
VISTA, CA 92083

Phone: (619) 330-8771

Fax: (619) 330-8772

After Hours Phone: (619)  
330-8771

Provider Gender: Male

NPI: 1073629549

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR,

PARADISE VALLEY HOSPITAL,  
TRI CITY MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

Email:

CARAMEDBILL@AOL.COM

#### CARDIOVASCULAR DISEASE

##### **DO, HULBERT**

Provider ID: 290574

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

### D3. Specialist Provider Directory

Fax: (760) 414-3892

☎ After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679733760

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 9:00AM-8:00PM  
M-TH 9:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED ACUPUNCTURIST**

##### **SONG, CAROL**

Provider ID: 290550

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1518166685

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH  
8:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **AYELE, MAHOGANY**

Provider ID: 257587

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (844) 308-5003

Fax: (760) 414-3763

☎ After Hours Phone: (844)  
308-5003

Provider Gender: Female

NPI: 1902120421

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **AYELE, MAHOGANY**

Provider ID: 257586

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760)

631-5000

Provider Gender: Female

NPI: 1902120421

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **BERNETICH, MEGHAN**

Provider ID: 304506

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3702

☎ After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1629354360

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

### D3. Specialist Provider Directory

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BERNETICH, MEGHAN**

Provider ID: 302526

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3702

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1629354360

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\24

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CARDINELL, ANNA**

Provider ID: 291411

Board Certified Specialty: No

📍 910 SYCAMORE AVE STE  
270  
VISTA, CA 92081

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1306978614

🗨 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CHILAKA, SAMUEL**

Provider ID: 301312

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679140644

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CHILAKA, SAMUEL**

Provider ID: 301311

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679140644

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CHRISTY, TYLER**

Provider ID: 303928

Board Certified Specialty: No

📍 517 N HORNE ST  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1689094971

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT



### D3. Specialist Provider Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **CHRISTY, TYLER**

Provider ID: 303927  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1689094971

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **CHRISTY, TYLER**

Provider ID: 303932  
Board Certified Specialty: No  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1689094971  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **CHRISTY, TYLER**

Provider ID: 303929  
Board Certified Specialty: No  
105 DURIAN ST STE A  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1689094971

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **CORY, ALLISON**

Provider ID: 245207

Board Certified Specialty: No  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000

Provider Gender: Female  
NPI: 1194027706

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **HALGEDAHL, YI**

Provider ID: 241907  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892


After Hours Phone: (760)  
631-5000


Provider Gender: Female  
NPI: 1619246907


Provider English Spoken: Y  
Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999

### D3. Specialist Provider Directory

American Sign Language (ASL):  1000 VALE TERRACE DR  
VISTA, CA 92084

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

**HARRIS, PAMELA**

Provider ID: 303439

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1407545221

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM


 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**HARRIS, PAMELA**

Provider ID: 302286

Board Certified Specialty: No

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1407545221

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM


 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

**HARRIS, PAMELA**

Provider ID: 302291

Board Certified Specialty: No

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1407545221

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

**HARRIS, PAMELA**

Provider ID: 302287

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1407545221

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

**HERNANDEZ, JESSICA**

Provider ID: 302297

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

### D3. Specialist Provider Directory

NPI: 1013668680


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **HERNANDEZ, JESSICA**

Provider ID: 302301

Board Certified Specialty: No

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female


NPI: 1013668680


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **HERNANDEZ, JESSICA**

Provider ID: 304493

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013668680


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **HERNANDEZ, JESSICA**

Provider ID: 302296

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female


NPI: 1013668680



 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **HERNANDEZ, JESSICA**

Provider ID: 304492

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female


NPI: 1013668680


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**


##### **KELLEHER, BRIDGET**

Provider ID: 298085

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000


 After Hours Phone: (760)  
631-5000

Provider Gender: Female


NPI: 1245695006

 Provider English Spoken: Y

### D3. Specialist Provider Directory

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY*  
*MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT*  
*PROVIDER*


 *Website: N/A*


#### **CERTIFIED NURSE** **PRACTITIONER**

##### **KELLEHER, BRIDGET**

*Provider ID: 298083*  
*Board Certified Specialty: No*

 134 GRAPEVINE RD  
VISTA, CA 92083

 *Phone: (760) 631-5000*

 *After Hours Phone: (760)*  
*631-5000*

*Provider Gender: Female*

*NPI: 1245695006*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: TRI CITY*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT*  
*PROVIDER*


 *Website: N/A*


#### **CERTIFIED NURSE** **PRACTITIONER**

##### **KELLEHER, BRIDGET**

*Provider ID: 305737*

*Board Certified Specialty: No*

 105 DURIAN ST STE B  
VISTA, CA 92083


 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)*  
*631-5000*

*Provider Gender: Female*

*NPI: 1245695006*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: TRI CITY*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*

#### **CERTIFIED NURSE** **PRACTITIONER**

##### **KORMANIK, PATRICIA**

*Provider ID: 282072*

*Board Certified Specialty: No*

 910 SYCAMORE AVE STE  
102

VISTA, CA 92081


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1093895047*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA JOLLA*


*JOHN SALLY THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*


 *Website: N/A*


#### **CERTIFIED NURSE** **PRACTITIONER**

##### **MONTGOMERY, KEITH ALLEN**

*Provider ID: 295288*

*Board Certified Specialty: No*

 134 GRAPEVINE RD  
VISTA, CA 92083

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)*  
*631-5000*

*Provider Gender: Male*

*NPI: 1790978617*

 *Provider English Spoken: Y*


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 6\999*

*American Sign Language (ASL):*  
N


 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-TU*  
*8:00AM-5:00PM*

*W 10:00AM-7:00PM*

*TH-F 8:00AM-5:00PM*

*SA 9:00AM-4:00PM*

 *Website: N/A*

#### **CERTIFIED NURSE** **PRACTITIONER**

### D3. Specialist Provider Directory

#### **MONTGOMERY, KEITH ALLEN**

Provider ID: 295284

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1790978617

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 6\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:00AM-5:00PM  
W 10:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **NICHOLAS, ESTELA**

Provider ID: 239866

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1558384792

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU-TH 8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **PRITZKER, JOELY**

Provider ID: 239773

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619384351

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **SHAHBAZ, LINNAE**

Provider ID: 304820

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1427712215

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: TU-W  
0:00PM-8:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **SRILASAK, MICHELE**

Provider ID: 281857

Board Certified Specialty: No

910 SYCAMORE AVE STE  
102  
VISTA, CA 92081

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265487326

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

### D3. Specialist Provider Directory


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**TAYLOR, CHRISTOPHER**

Provider ID: 295507

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1851747166


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-2:00PM  
SA 9:00AM-4:00PM

 Website: N/A


#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**TAYLOR, CHRISTOPHER**

Provider ID: 295504

Board Certified Specialty: No

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1851747166


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-2:00PM  
SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**TAYLOR, CHRISTOPHER**

Provider ID: 295502

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1851747166

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-2:00PM

SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**WINDHAM, SUZONNE**

Provider ID: 303726

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1679926208


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

**WINDHAM, SUZONNE**

Provider ID: 303842

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

### D3. Specialist Provider Directory

Provider Gender: Female

NPI: 1679926208


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

#### **WINDHAM, SUZONNE**

Provider ID: 303840

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female


NPI: 1679926208


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

#### **WINDHAM, SUZONNE**

Provider ID: 303721

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1679926208


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM

 Website: N/A


#### CERTIFIED NURSE


#### PRACTITIONER

#### **WINDHAM, SUZONNE**

Provider ID: 303724

Board Certified Specialty: No

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female


NPI: 1679926208


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM

 Website: N/A

#### CERTIFIED NURSE


#### PRACTITIONER

#### **YCASAS, EMILY**

Provider ID: 298837

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1033841861


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-8:00PM

 Website: N/A

#### CERTIFIED REGISTERED


#### NURSE MIDWIFE

#### **GUIDI, CASEY**

Provider ID: 300224

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

### D3. Specialist Provider Directory

Fax: (760) 414-3892

☎ After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013349919

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **GUIDI, CASEY**

Provider ID: 303315

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013349919

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH  
8:00AM-8:00PM

F 8:00AM-5:00PM

SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CHIROPRACTOR**

##### **CORTEZ, JAIME**

Provider ID: 290483

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 414-3892

Fax: (760) 631-5000

☎ After Hours Phone: (760)  
414-3892

Provider Gender: Male

NPI: 1508195348

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CHIROPRACTOR**

##### **JU, NATHANIEL**

Provider ID: 290220

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1972883882

☑ Provider English Spoken: Y

☑ Provider Language(s)

Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH  
8:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CHIROPRACTOR**

##### **JU, NATHANIEL**

Provider ID: 290222

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1972883882

☑ Provider English Spoken: Y

☑ Provider Language(s)

Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **FAMILY PRACTICE**

##### **HIKES, RYAN**

Provider ID: 291652

Board Certified Specialty: No



### D3. Specialist Provider Directory

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1609862358

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

#### **MARTINEZ, LESLY**

Provider ID: 298007

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1629509260

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM

W-F 8:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

#### **MARTINEZ, LESLY**

Provider ID: 298003

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1629509260

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM

W-F 8:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

#### **NGUYEN, DANIELA**

Provider ID: 305347

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1891069662

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

#### **NGUYEN, DANIELA**

Provider ID: 305346

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1891069662

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

#### **VIDAL, MONICA**

Provider ID: 293354

### D3. Specialist Provider Directory

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1871791749

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### FAMILY PRACTICE

##### **VIDAL, MONICA**

Provider ID: 293349

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (844) 308-5003

Fax: (760) 414-3763

After Hours Phone: (844)  
308-5003

Provider Gender: Female

NPI: 1871791749

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

Website: N/A

#### HOSPICE AND PALLIATIVE

##### MEDICINE

##### **RUBENSIK, TAMARA**

Provider ID: 282128

Board Certified Specialty: No

910 SYCAMORE AVE STE  
102

VISTA, CA 92081

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811200652

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INFECTIOUS DISEASE

##### **HALPERIN, JASON**

Provider ID: 296420

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1952626228

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

Website: N/A

#### INTERNAL MEDICINE

##### **DAO, MARC**

Provider ID: 297754

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3763

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1467542175

Provider English Spoken: Y

Provider Language(s)  
Spoken: French,  
Vietnamese




Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL,

PALOMAR MEDICAL CENTER,  
SHARP MEMORIAL HOSPITAL,






### D3. Specialist Provider Directory


SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, EL CENTRO  
REGIONAL MEDICAL CENTER,  
PALOMAR HEALTH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A

#### **INTERVENTIONAL CARDIOLOGY**









##### **PARKS, MONICA**

Provider ID: 302414  
Board Certified Specialty: No  
 906 SYCAMORE AVE STE  
104  
VISTA, CA 92081  
 Phone: (760) 630-2550  
Fax: (760) 726-2305  
 After Hours Phone: (760)  
630-2550  
Provider Gender: Female  
NPI: 1740634971  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish,  
Vietnamese  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, TRI CITY  
MEDICAL CTR  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A








#### **OBSTETRICS / GYNECOLOGY**

##### **ARRIETA, IRIS**

Provider ID: 290607  
Board Certified Specialty: No  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1659614303  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
8:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A




#### **OBSTETRICS / GYNECOLOGY**

##### **BINDER, PRATIBHA**

Provider ID: 282168  
Board Certified Specialty: No  
 910 SYCAMORE AVE STE  
102  
VISTA, CA 92081  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1174758031  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DIETERICH, FREDERICK**

Provider ID: 304868  
Board Certified Specialty: No  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Male  
NPI: 1720183650  
 Provider English Spoken: Y  
Cultural Competency: N


### D3. Specialist Provider Directory

Hospital Affiliation: Providence  
St Jude Medical Center,  
PLACENTIA LINDA HOSP,  
Foothill Regional Medical  
Center, LOS ALAMITOS  
MEDICAL CENTER

Medi-Cal Open Panel: Yes  
Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-4:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **HAWKINS, MELISSA**

Provider ID: 290596

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3755

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1851620447

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\999


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-7:00PM

F 8:00AM-5:00PM

SA 9:00AM-4:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **LEONARD, LISA**

Provider ID: 290710

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1477588598

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
9:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


#### **OPTOMETRIST**

##### **GEE, JENNIFER**

Provider ID: 273113

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1336589332

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC


MEDICAL CENTER - D P APH


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM


 Website: N/A


#### **OPTOMETRIST**

##### **GEE, JENNIFER**

Provider ID: 273114

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1336589332

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,

### D3. Specialist Provider Directory

CALIFORNIA PACIFIC  
MEDICAL CENTER - D P A P H

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  Website: N/A

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:00AM-5:00PM  
TU 9:30AM-5:00PM  
W 8:00AM-5:00PM  
TH 10:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


#### **OPTOMETRIST**

##### **GEE, JENNIFER**

Provider ID: 290209

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1336589332

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P A P H


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:00AM-5:00PM

TU 9:30AM-5:00PM  
W 8:00AM-5:00PM  
TH 10:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
Website: N/A


#### **OPTOMETRIST**

##### **GEE, JENNIFER**

Provider ID: 290208

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1336589332

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P A P H

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH

8:00AM-8:00PM

F 9:00AM-5:00PM

SA 9:00AM-4:00PM

 Website: N/A


#### **OPTOMETRIST**

##### **KIM, MICHAEL**

Provider ID: 290697

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1164546313


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-W

8:00AM-5:00PM

TH 10:30AM-7:30PM

F 8:00AM-5:00PM

 Website: N/A


#### **OPTOMETRIST**

##### **KIM, MICHAEL**

Provider ID: 290903

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1164546313

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes



Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### D3. Specialist Provider Directory

 Hours: SU 8:00AM-5:00PM  
M-F 8:00AM-5:00PM  
 Website: N/A


#### **OPTOMETRIST**

##### **KIM, MICHAEL**

Provider ID: 245239

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male


NPI: 1164546313


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-W  
8:00AM-5:00PM  
TH 10:30AM-7:30PM  
F 8:00AM-5:00PM

 Website: N/A


#### **OPTOMETRIST**

##### **MORA, WENDY**

Provider ID: 290238

Board Certified Specialty: No


 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1376958389

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OPTOMETRIST**

##### **MORA, WENDY**

Provider ID: 290236

Board Certified Specialty: No


 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1376958389

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


#### **OPTOMETRIST**

##### **MORA, WENDY**

Provider ID: 242634

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1376958389

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


#### **OPTOMETRIST**

##### **TAM, EMILY**

Provider ID: 277978

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1497161236

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

### D3. Specialist Provider Directory


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 9:00AM-4:00PM

M-TH 8:00AM-8:00PM

F 8:00AM-5:00PM

SA 9:00AM-4:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **TAM, EMILY**

Provider ID: 290316

Board Certified Specialty: No

 134 GRAPEVINE RD

VISTA, CA 92083


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1497161236

 Provider English Spoken: Y

 Provider Language(s) Spoken: Mandarin


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Website: N/A

#### **OPTOMETRIST**


##### **TAM, EMILY**

Provider ID: 290315

Board Certified Specialty: No

 1000 VALE TERRACE DR

VISTA, CA 92084


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1497161236

 Provider English Spoken: Y

 Provider Language(s) Spoken: Mandarin

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 9:00AM-4:00PM

M-TH 8:00AM-8:00PM

F 8:00AM-5:00PM

SA 9:00AM-4:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **TRAN, JESSICA**

Provider ID: 303733


Board Certified Specialty: No

 134 GRAPEVINE RD

VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1457922957

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

SA 9:00AM-4:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **TRAN, JESSICA**

Provider ID: 304596

Board Certified Specialty: No

 134 GRAPEVINE RD

VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1457922957

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

SA 9:00AM-4:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **TRAN, JESSICA**

Provider ID: 304595

Board Certified Specialty: No

 1000 VALE TERRACE DR

VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3702

 After Hours Phone: (760) 631-5000

Provider Gender: Female





NPI: 1457922957



### D3. Specialist Provider Directory

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A

#### **OPTOMETRIST**

##### **TRAN, JESSICA**

Provider ID: 303729  
Board Certified Specialty: No  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3702  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1457922957  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 5\21


American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A

#### **PEDIATRICS**

##### **RAHIMI, NASSRIN**

Provider ID: 257581  
Board Certified Specialty: No



 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1063438166

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi


Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM


 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **WALLACE, STEPHANIE**

Provider ID: 239770  
Board Certified Specialty: No



 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892


 After Hours Phone: (888)  
216-8482

Provider Gender: Female

NPI: 1518104942




 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
 Hours: M 8:00AM-5:00PM  
TU-TH 8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A

#### **PODIATRIST**

##### **MILLER, JULIE**

Provider ID: 305464  
Board Certified Specialty: No  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1619115664

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, TRI CITY MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Website: N/A



### D3. Specialist Provider Directory

#### **PODIATRIST**

##### **MILLER, JULIE**

Provider ID: 290666

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3763

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619115664

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, TRI CITY MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

#### **PULMONARY DISEASES**

##### **BAUTISTA, JENNIFER**

Provider ID: 300864

Board Certified Specialty: No

2067 W VISTA WAY STE 160  
VISTA, CA 92083

Phone: (760) 230-8994

Fax: (760) 944-1309

After Hours Phone: (760)  
230-8994

Provider Gender: Female

NPI: 1770727034

Provider English Spoken: Y

Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, COMMUNITY

HOSPITAL OF THE MONTEREY

PENINSULA, NATIVIDAD

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 21\199

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **REGISTERED PHYSICAL**

##### **THERAPIST**

##### **AMBROSE, CHRISTOPHER**

Provider ID: 248009

Board Certified Specialty: No

2067 W VISTA WAY STE 185  
VISTA, CA 92083

Phone: (760) 631-5888

Fax: (760) 631-5880

After Hours Phone: (760)  
591-7750

Provider Gender: Male

NPI: 1114977535

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 8\125

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 7:00AM-7:00PM

TU 7:00AM-5:00PM

W 7:00AM-7:00PM

TH 7:00AM-5:00PM

F 7:00AM-7:00PM

Website: N/A

#### **SURGERY GENERAL**

##### **ARMANI, AVA**

Provider ID: 282144

Board Certified Specialty: No

910 SYCAMORE AVE STE  
102

VISTA, CA 92081

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1861759383

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: MEDICAL

CTR AT UCSF, UCSF Medical

Center At Mission Bay, UCSF

MEDICAL CENTER AT MOUNT

ZION, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY GENERAL**

##### **GROVE, JAY**

Provider ID: 245227

### D3. Specialist Provider Directory

Board Certified Specialty: No

📍 2385 S MELROSE DR  
VISTA, CA 92081

☎ Phone: (760) 300-3647

Fax: (760) 482-1316

🕒 After Hours Phone: (760)  
300-3647

Provider Gender: Male

NPI: 1912971334

🗣 Provider English Spoken: Y

🗣 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CTR, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### WILDOMAR

#### ANESTHESIOLOGY

**HYLTON, DIANA**

Provider ID: 241737

Board Certified Specialty: No

📍 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932527751

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### ANESTHESIOLOGY

**KRAUSE, MARTIN**

Provider ID: 287654

Board Certified Specialty: No

📍 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

☎ Phone: (951) 677-1111

Fax: (951) 677-9757

🕒 After Hours Phone: (951)  
677-1111

Provider Gender: Male

NPI: 1417243239

🗣 Provider English Spoken: Y

🗣 Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### EMERGENCY MEDICINE

**LI, JINGHONG**

Provider ID: 255940

Board Certified Specialty: No

📍 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

☎ Phone: (951) 677-1111

🕒 After Hours Phone: (951)  
677-1111

Provider Gender: Female

NPI: 1619014479

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\999

American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PULMONARY DISEASES

**KUMAR, AVNEE**






Provider ID: 300013

Board Certified Specialty: No

📍 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595








### D3. Specialist Provider Directory

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 Phone: (951) 677-1111  
Fax: (951) 677-9757  
 After Hours Phone: (951)  
677-1111  
Provider Gender: Female  
NPI: 1750745394  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PULMONARY DISEASES**

#### **SURI, RAJAT**

Provider ID: 283349  
Board Certified Specialty: No  
 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
 Phone: (951) 677-1111  
Fax: (951) 677-9757  
 After Hours Phone: (951)  
677-1111  
Provider Gender: Male  
NPI: 1144615337  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

## D4. Hospital Directory - General Acute Care Hospital

### SAN DIEGO

#### ALVARADO HOSPITAL LLC

Provider ID: 170056

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (619) 287-3270

After Hours Phone: (619)  
287-3270

Accepting New Patients: No

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: M-F  
8:00AM-4:30PM

License Number: N/A

NPI: 1265468946

Website: [www.alvaradohospital.com](http://www.alvaradohospital.com)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### LA MESA

#### GROSSMONT HOSPITAL

Provider ID: 170046

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (619) 740-6000

After Hours Phone: (619)  
740-6000

Accepting New Patients: No

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7

days/week

License Number: 080000006

NPI: 1528041811

Website: [www.sharp.com/hospitals/grossmont/](http://www.sharp.com/hospitals/grossmont/)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Birthing Friendly: Y

### SAN DIEGO

#### KINDRED HOSPITAL SAN DIEGO

Provider ID: 169663

1940 EL CAJON BLVD  
SAN DIEGO, CA 92104

Phone: (619) 543-4500

After Hours Phone: (619)  
543-4500

Accepting New Patients: No  
Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: N/A

NPI: 1992880512

Website: N/A

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### POWAY

#### PALOMAR HEALTH

Provider ID: 170052

15615 POMERADO RD  
POWAY, CA 92064

Phone: (858) 613-4000

After Hours Phone: (858)  
613-4000

Accepting New Patients: No  
Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000127

NPI: 1376513754

Website: [www.palomarhealth.org/facilities/palomar-poway-outpatient](http://www.palomarhealth.org/facilities/palomar-poway-outpatient)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Birthing Friendly: Y

### ESCONDIDO

#### PALOMAR MEDICAL CENTER

Provider ID: 173011

2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

Phone: (442) 281-5000

After Hours Phone: (442)  
281-5000

Accepting New Patients: No  
Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000083

NPI: 1457321317

Website: [www.palomarhealth.org/facilities/palomar-](http://www.palomarhealth.org/facilities/palomar-)

## D4. Hospital Directory - General Acute Care Hospital

*medical- center*  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### NATIONAL CITY

#### PARADISE VALLEY HOSPITAL

Provider ID: 170057  
2400 E 4TH ST  
NATIONAL CITY, CA 91950  
Phone: (619) 470-4321  
After Hours Phone: (619) 470-4321

Accepting New Patients: No  
Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N  
Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

License Number: N/A  
NPI: 1356410351

Website: [www.paradisevall eyhospital.net](http://www.paradisevall eyhospital.net)

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### SAN DIEGO

#### RADY CHILDRENS HOSPITAL SAN DIEGO

Provider ID: 171083  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 576-1700  
After Hours Phone: (858) 576-1700

Accepting New Patients: No

Min/Max Age: 0\150  
Site English Spoken: Y  
Cultural Competency: N  
Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

License Number: N/A  
NPI: 1710065933

Website: [www.rchsd.org](http://www.rchsd.org)  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### LA JOLLA

#### SCRIPPS GREEN HOSPITAL

Provider ID: 171084  
10666 N TORREY PINES RD MS 220  
LA JOLLA, CA 92037  
Phone: (858) 455-9100  
After Hours Phone: (858) 455-9100

Accepting New Patients: No  
Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N  
Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

License Number: 080000139  
NPI: 1841233780

Website: [www.scripps.org/locations/hospitals\\_\\_scripps-green-hospital](http://www.scripps.org/locations/hospitals__scripps-green-hospital)

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

#### SCRIPPS MEMORIAL HOSPITAL

Provider ID: 170045  
9888 GENESEE AVE  
LA JOLLA, CA 92037  
Phone: (800) 727-4777  
After Hours Phone: (800) 727-4777

Accepting New Patients: No  
Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N  
Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

License Number: 080000050  
NPI: 1841277704

Website: [www.scripps.org/locations/hospitals\\_\\_scripps-memorial-hospital-la-jolla](http://www.scripps.org/locations/hospitals__scripps-memorial-hospital-la-jolla)

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Birthing Friendly: Y

### ENCINITAS

#### SCRIPPS MEMORIAL HOSPITAL ENCINITAS


Provider ID: 170305  
354 SANTA FE DR  
ENCINITAS, CA 92024  
Phone: (760) 753-6501  
After Hours Phone: (760) 753-6501

Accepting New Patients: No  
Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N  
Hospital Accreditation Status:


## D4. Hospital Directory - General Acute Care Hospital

JCAHO


 Hours: 24 Hours / 7 days/week

License Number: 080000148

NPI: 1700829199

 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-memorial-hospital-encinitas](http://www.scripps.org/locations/hospitals__scripps-memorial-hospital-encinitas)

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Birthing Friendly: Y


### SAN DIEGO

**SCRIPPS MERCY HOSPITAL**

Provider ID: 170048


 4077 5TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 294-8111


 After Hours Phone: (619) 294-8111

Accepting New Patients: No

Min/Max Age: 0\150


 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO


 Hours: 24 Hours / 7 days/week

License Number: N/A

NPI: 1659359446

 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-mercy-hospital-san-diego](http://www.scripps.org/locations/hospitals__scripps-mercy-hospital-san-diego)

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Birthing Friendly: Y


### CHULA VISTA


**SCRIPPS MERCY HOSPITAL**

**CHULA VISTA**

Provider ID: 170256

 435 H ST  
CHULA VISTA, CA 91910

 Phone: (619) 691-7000


 After Hours Phone: (619) 691-7000

Accepting New Patients: No

Min/Max Age: 0\150


 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

 Hours: 24 Hours / 7 days/week

License Number: 090000074

NPI: 1659359446

 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-mercy-hospital-chula-vista](http://www.scripps.org/locations/hospitals__scripps-mercy-hospital-chula-vista)

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


### SAN DIEGO

**SELECT SPECIALTY HOSPITAL**  
**SAN DIEGO**

Provider ID: 170165

 555 WASHINGTON ST  
SAN DIEGO, CA 92103

 Phone: (619) 260-8300


 After Hours Phone: (619) 260-8300

Accepting New Patients: No

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

 Hours: 24 Hours / 7 days/week

License Number: 090000404

NPI: 1639172133

 Website: N/A

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


### CHULA VISTA

**SHARP CHULA VISTA MED CTR**

Provider ID: 170251

 751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

 Phone: (619) 502-5800


 After Hours Phone: (619) 502-5800

Accepting New Patients: No

Min/Max Age: 0\150


 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

 Hours: 24 Hours / 7 days/week

License Number: 090000008

NPI: 1396728630

 Website: [www.sharp.com/hospitals/chula-vista/](http://www.sharp.com/hospitals/chula-vista/)

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

## D4. Hospital Directory - General Acute Care Hospital

### CORONADO

#### SHARP CORONADO HOSP AND HEALTHCARE CTR

Provider ID: 170252

250 PROSPECT PL  
CORONADO, CA 92118

Phone: (619) 522-3600

After Hours Phone: (619) 522-3600

Accepting New Patients: No

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: N/A

NPI: 1154304475

Website: [www.sharp.com/hospitals/coronado/](http://www.sharp.com/hospitals/coronado/)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### SAN DIEGO

#### SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Provider ID: 170054

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 939-3400

After Hours Phone: (858) 939-3400

Accepting New Patients: No

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000039

NPI: 1407839921

Website: [www.sharp.com](http://www.sharp.com)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### SHARP MEMORIAL HOSPITAL

Provider ID: 170047

7901 FROST ST  
SAN DIEGO, CA 92123

Phone: (858) 939-3400

After Hours Phone: (858) 939-3400

Accepting New Patients: No

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: N/A

NPI: 1407839921

Website: [www.sharp.com/hospitals/memorial/](http://www.sharp.com/hospitals/memorial/)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Birthing Friendly: Y

### OCEANSIDE

#### TRI CITY MEDICAL CTR

Provider ID: 170049

4002 VISTA WAY  
OCEANSIDE, CA 92056

Phone: (760) 724-8411

After Hours Phone: (760) 724-8411

Accepting New Patients: No

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: N/A

NPI: 1801861190

Website: [www.tricitymed.org](http://www.tricitymed.org)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Birthing Friendly: Y

### LA JOLLA

#### UCSD LA JOLLA JOHN SALLY THORNTON

Provider ID: 170053

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 657-7000

After Hours Phone: (858) 657-7000

Accepting New Patients: No

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 090000101

NPI: 1497021265


Website: N/A

American Sign Language (ASL):

## D4. Hospital Directory - General Acute Care Hospital

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N


 *Accessibility: CONTACT  
PROVIDER*


### SAN DIEGO

#### UCSD MEDICAL CTR

*Provider ID: 170051*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (619) 543-6222*

 *After Hours Phone: (619)  
543-6222*

*Accepting New Patients: No*


*Min/Max Age: 0\150*

 *Site English Spoken: Y*

*Cultural Competency: N*


*Hospital Accreditation Status:*

*JCAHO*

 *Hours: 24 Hours / 7  
days/week*

*License Number: 090000101*

*NPI: 1184722779*

 *Website: <https://health.ucsd.edu/locations/pages/hillcrest.aspx>*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

*Birthing Friendly: Y*




## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)


#### CARLSBAD

N

 Accessibility: CONTACT PROVIDER

 Website: [www.sharp.com/hospitals/coronado/departments/long-term-care.cfm](http://www.sharp.com/hospitals/coronado/departments/long-term-care.cfm)


Credentials and/or certifications:


 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

#### LA COSTA HOUSE

Provider ID: 662923

 6433 FLAMENCO ST  
CARLSBAD, CA 92009

 Phone: (760) 721-1706

Fax: (760) 721-9872

 After Hours Phone: (760) 721-1706

Accepting New Patients: No

NPI: 1962488007

 Website: N/A

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

#### SOUTH BAY POST ACUTE CARE

Provider ID: 394308


 553 F ST  
CHULA VISTA, CA 91910

 Phone: (619) 426-8611

Fax: (619) 240-7378

 After Hours Phone: (619) 426-8611

Accepting New Patients: No

 Hours: M-F  
9:00AM-5:30PM

NPI: 1376946277

 Website: <http://southbaypostacute.com>

Credentials and/or certifications:

 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Filipino, Pilipino

Cultural Competency: N

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

#### EL CAJON

#### AVOCADO POST ACUTE

Provider ID: 171985

 510 E WASHINGTON AVE  
EL CAJON, CA 92020


 Phone: (619) 440-1211

Fax: (619) 956-3929


 After Hours Phone: (619) 440-1211

Accepting New Patients: No

NPI: 1568484517

 Website: [www.avocadopostacute.com](http://www.avocadopostacute.com)

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

#### CHULA VISTA

#### BIRCH PATRICK CONV CTR

Provider ID: 171998

 751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911


 Phone: (619) 502-3600

Fax: (619) 502-5835

 After Hours Phone: (619) 502-3600

Accepting New Patients: No

NPI: 1538142369

 Website: [www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm)

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):


#### CORONADO

#### VILLA CORONADO


#### CONVALESCENT

Provider ID: 172644

 233 PROSPECT PL  
CORONADO, CA 92118

 Phone: (619) 552-3900

Fax: (619) 522-3939


 After Hours Phone: (619) 552-3900

Accepting New Patients: No  
NPI: 1184607418

#### COTTONWOOD CANYON HEALTHCARE CENTER

Provider ID: 171983

 1391 E MADISON AVE  
EL CAJON, CA 92021

 Phone: (619) 444-1107

## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)

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Fax: (619) 444-1403

☎ After Hours Phone: (619) 444-1107

Accepting New Patients: No  
NPI: 1013953199

🌐 Website: <http://cottonwoodcanyonhc.com>

Credentials and/or certifications:

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

#### COUNTRY HILLS HEALTH CARE CENTER

Provider ID: 416853

📍 1580 BROADWAY  
EL CAJON, CA 92021

☎ Phone: (619) 441-8745

☎ After Hours Phone: (619) 441-8745

Accepting New Patients: No  
NPI: 1700973963

🌐 Website: [www.countryhills.com](http://www.countryhills.com)

Credentials and/or certifications:

☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: American Sign Language, Arabic, Korean, Spanish, Tagalog, Farsi, Vietnamese, Mandarin

Cultural Competency: N

American Sign Language (ASL): Y

♿ Accessibility: CONTACT PROVIDER

#### COUNTRY HILLS POST ACUTE

Provider ID: 503510

📍 1580 BROADWAY  
EL CAJON, CA 92021

☎ Phone: (619) 441-8745

Fax: (619) 441-9029

☎ After Hours Phone: (619) 441-8745

Accepting New Patients: No  
NPI: 1063974285

🌐 Website: N/A  
Credentials and/or

certifications:

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

#### GRANITE HILLS HEALTHCARE AND WELLNESS CENTRE LLC

Provider ID: 286282

📍 1340 E MADISON AVE  
EL CAJON, CA 92021

☎ Phone: (619) 447-1020

Fax: (619) 447-1024

☎ After Hours Phone: (619) 447-1020

Accepting New Patients: No  
NPI: 1346516937

🌐 Website: N/A  
Credentials and/or

certifications:

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

#### MAGNOLIA POST ACUTE CARE

Provider ID: 380518

📍 635 S MAGNOLIA AVE  
EL CAJON, CA 92020

☎ Phone: (616) 442-8826

Fax: (619) 442-0288

☎ After Hours Phone: (616) 442-8826

Accepting New Patients: No  
NPI: 1316340227

🌐 Website: N/A  
Credentials and/or certifications:

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

#### PARKSIDE HEALTH AND WELLNESS CENTER

Provider ID: 349923

📍 444 W LEXINGTON AVE  
EL CAJON, CA 92020

☎ Phone: (619) 442-7744

☎ After Hours Phone: (619) 442-7744

Accepting New Patients: No  
NPI: 1447653340

🌐 Website: <http://parksidehealth.net>

Credentials and/or certifications:

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N




























American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)

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PROVIDER	N	N
<b>SAN DIEGO POST ACUTE CENTER</b> Provider ID: 173508  1201 S ORANGE AVE EL CAJON, CA 92020  Phone: (619) 441-1988 Fax: (619) 441-7416  After Hours Phone: (619) 441-1988 Accepting New Patients: No NPI: 1285061085  Website: <a href="http://sdpostacute.com">http://sdpostacute.com</a> Credentials and/or certifications: <input type="checkbox"/> Site English Spoken: Y Cultural Competency: N American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER	<b>THE BRADLEY COURT</b> Provider ID: 419158  675 E BRADLEY AVE EL CAJON, CA 92021  Phone: (619) 448-6633 Fax: (619) 448-5462  After Hours Phone: (619) 448-6633 Accepting New Patients: No NPI: 1629129267  Website: N/A Credentials and/or certifications: <input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> Site Language(s) Spoken: Tagalog, Spanish Cultural Competency: N American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER	<b>VICTORIA POST ACUTE CARE</b> Provider ID: 387720  654 S ANZA ST EL CAJON, CA 92020  Phone: (619) 440-5005  After Hours Phone: (619) 440-5005 Accepting New Patients: No NPI: 1326441239  Website: <a href="http://www.VICTORIAPOSTACUTE.com">www.VICTORIAPOSTACUTE.com</a> Credentials and/or certifications: <input type="checkbox"/> Site English Spoken: Y Cultural Competency: N American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER
<b>SOMERSET SUBACUTE AND CARE</b> Provider ID: 348526  151 CLAYDELLE AVE EL CAJON, CA 92020  Phone: (619) 442-0245 Fax: (614) 423-3631  After Hours Phone: (619) 442-0245 Accepting New Patients: No NPI: 1073916987  Website: <a href="http://sometersubacute.com">http://sometersubacute.com</a> Credentials and/or certifications: <input type="checkbox"/> Site English Spoken: Y Cultural Competency: N American Sign Language (ASL):	<b>VICTORIA POST ACUTE CARE</b> Provider ID: 387720  654 S ANZA ST EL CAJON, CA 92020  Phone: (619) 440-5005  After Hours Phone: (619) 440-5005 Accepting New Patients: No NPI: 1326441239  Website: <a href="http://victoriapostacute.com">http://victoriapostacute.com</a> Credentials and/or certifications: <input type="checkbox"/> Site English Spoken: Y Cultural Competency: N American Sign Language (ASL):	<b>VILLA LAS PALMAS HEALTHCARE CTR</b> Provider ID: 172020  622 S ANZA ST EL CAJON, CA 92020  Phone: (619) 442-0544  After Hours Phone: (619) 442-0544 Accepting New Patients: No NPI: 1023048295  Website: <a href="http://villalaspalmascares.com">http://villalaspalmascares.com</a> Credentials and/or certifications: <input type="checkbox"/> Site English Spoken: Y Cultural Competency: N American Sign Language (ASL):

## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)


 Accessibility: CONTACT PROVIDER


#### ENCINITAS

##### AVIARA HEALTHCARE CENTER

Provider ID: 171995

 944 REGAL RD  
ENCINITAS, CA 92024

 Phone: (760) 944-0331

 After Hours Phone: (760) 944-0331

Accepting New Patients: No  
NPI: 1518146620

 Website: <http://aviarahealthcare.com>

Credentials and/or


certifications:

Site English Spoken: Y

Site Languages(s) Spoken: Tagalog, Spanish

Cultural Competency: N


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


##### ENCINITAS NURSING AND REHAB CTR

Provider ID: 171977


 900 SANTA FE DR  
ENCINITAS, CA 92024

 Phone: (760) 753-6423

Fax: (760) 753-4979

 After Hours Phone: (760) 753-6423

Accepting New Patients: No

 Hours: M-F  
8:00AM-5:00PM

NPI: 1265415749

 Website: [www.covenantcare.com](http://www.covenantcare.com)

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Cultural Competency: N


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

##### THE DORTHY AND JOSEPH GOLDBERG HEALTHCARE CENTER

Provider ID: 172000


 211 SAXONY RD  
ENCINITAS, CA 92024

 Phone: (760) 632-0081

Fax: (760) 516-2016

 After Hours Phone: (760) 632-0081

Accepting New Patients: No

 Hours: M-F  
7:00AM-4:00PM

NPI: 1659482032

 Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

#### ESCONDIDO

##### ESCONDIDO CARE CENTER

Provider ID: 172027


 421 E MISSION AVE  
ESCONDIDO, CA 92025

 Phone: (760) 747-0430

Fax: (760) 747-0569

 After Hours Phone: (760) 747-0430

Accepting New Patients: No

 Hours: M-F  
8:00AM-4:30PM

NPI: 1588660765

 Website: <http://escondidopostacute.com>

Credentials and/or


certifications:

Site English Spoken: Y

Site Languages(s) Spoken: Tagalog, Spanish

Cultural Competency: N


American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

##### LIFE CARE CENTER OF ESCONDIDO

Provider ID: 172010

 1980 FELICITA RD  
ESCONDIDO, CA 92025

 Phone: (760) 741-6109

 After Hours Phone: (760) 741-6109

Accepting New Patients: No  
NPI: 1386681286

 Website: <http://lifecarecentrofescondido.com>

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER

##### PALOMAR HEIGHTS CARE CTR


Provider ID: 170055



## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)


 1260 E OHIO AVE  
ESCONDIDO, CA 92027  
 Phone: (760) 746-1100  
 After Hours Phone: (760)  
746-1100

Accepting New Patients: No  
NPI: 1255337440

 Website: <http://palomarheightsrehab.com>  
Credentials and/or  
certifications:



 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: N  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **PALOMAR VISTA HEALTHCARE CTR**

Provider ID: 171988

 201 N FIG ST  
ESCONDIDO, CA 92025  
 Phone: (760) 746-0303  
Fax: (760) 738-1749

 After Hours Phone: (760)  
746-0303

Accepting New Patients: No  
NPI: 1861491490

 Website: <http://palomarvista.com>

Credentials and/or  
certifications:



 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

#### **VALLE VISTA POST ACUTE**


Provider ID: 171968

 1025 W 2ND AVE  
ESCONDIDO, CA 92025  
 Phone: (760) 745-1842

Fax: (760) 745-4346

 After Hours Phone: (760)  
745-1842

Accepting New Patients: No

 Hours: M-F  
8:00AM-5:00PM

NPI: 1659369262

 Website: [www.covenantcare.com](http://www.covenantcare.com)

Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FALLBROOK**

#### **FALLBROOK SKILLED NURSING**


Provider ID: 298744

 325 POTTER ST  
FALLBROOK, CA 92028  
 Phone: (760) 728-2330

Fax: (909) 863-4644

 After Hours Phone: (760)  
728-2330

Accepting New Patients: No


 Hours: M-F  
8:00AM-5:00PM

NPI: 1265823264

 Website: [www.progressivecarecenters.com](http://www.progressivecarecenters.com)

Credentials and/or  
certifications:

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish, Tagalog



Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **VIA RIO HOUSE**


Provider ID: 662930

 1262 VIA ENCINOS DR  
FALLBROOK, CA 92028  
 Phone: (760) 547-1976

Fax: (760) 721-9872

 After Hours Phone: (760)  
547-1976

Accepting New Patients: No  
NPI: 1962488007

 Website: N/A  
Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **LA JOLLA**

#### **LA JOLLA NURSING AND REHAB CTR**

Provider ID: 171975

 2552 TORREY PINES RD  
LA JOLLA, CA 92037  
 Phone: (858) 453-5810

Fax: (858) 214-1212


 After Hours Phone: (858)  
453-5810

Accepting New Patients: No







 Hours: M-F

## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)


8:00AM-5:00PM  
NPI: 1457486078  
 Website: [www.covenantcare.com](http://www.covenantcare.com)  
Credentials and/or certifications:  
 Site English Spoken: Y  
 Site Languages(s) Spoken: , Spanish  
Cultural Competency: N  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER





#### THE COVE AT LA JOLLA

Provider ID: 305514  
 7160 FAY AVE  
LA JOLLA, CA 92037  
 Phone: (858) 459-4361  
 After Hours Phone: (858) 459-4361  
Accepting New Patients: No  
 Hours: M-F 7:30AM-4:00PM  
NPI: 1588067482  
 Website: <http://thecoveatla.com>  
Credentials and/or certifications:  
 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER






#### LA MESA

#### ARBOR HILLS NURSING CENTER






Provider ID: 172007  
 7800 PARKWAY DR

LA MESA, CA 91942  
 Phone: (619) 460-2330  
 After Hours Phone: (619) 460-2330  
Accepting New Patients: No  
NPI: 1356345706  
 Website: [www.lifegen.net/arborshills/](http://www.lifegen.net/arborshills/)  
Credentials and/or certifications:  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Tagalog, Spanish, Russian  
Cultural Competency: N  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

#### CARE MERIDIAN LA MESA

Provider ID: 173379  
 5640 AZTEC DR  
LA MESA, CA 91942  
 Phone: (949) 263-6632  
Fax: (619) 465-0019  
 After Hours Phone: (949) 263-6632  
Accepting New Patients: No  
NPI: 1235404674  
 Website: [www.neurorestorative.com](http://www.neurorestorative.com)  
Credentials and/or certifications:  
 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

#### COUNTRY MANOR LA MESA HEALTHCARE CENTER

Provider ID: 172023  
 5696 LAKE MURRAY BLVD  
LA MESA, CA 91942  
 Phone: (619) 460-7871  
 After Hours Phone: (619) 460-7871  
Accepting New Patients: No  
NPI: 1457345001  
 Website: N/A  
Credentials and/or certifications:  
 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

#### GROSSMONT HOSPITAL DP SNF

Provider ID: 172643  
 5555 GROSSMONT CENTER DR  
LA MESA, CA 91942  
 Phone: (619) 740-4110  
 After Hours Phone: (619) 740-4110  
Accepting New Patients: No  
NPI: 1417930249  
 Website: [www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm)  
Credentials and/or certifications:  
 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

#### GROSSMONT POST ACUTE

## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)

#### CARE

Provider ID: 310488

8787 CENTER DR  
LA MESA, CA 91942

Phone: (619) 460-4444

Fax: (619) 713-5116

After Hours Phone: (619)  
460-4444

Accepting New Patients: No

NPI: 1689077588

Website: <http://grossmontpostacute.com>

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### HILLDALE HABILITATION CENTER

Provider ID: 527671

7979 LA MESA BLVD  
LA MESA, CA 91942

Phone: (619) 465-8010

Fax: (619) 465-8348

After Hours Phone: (619)  
465-8010

Accepting New Patients: No

Hours: M-F  
8:00AM-5:00PM

NPI: 1073736427

Website: N/A  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT

#### PROVIDER

#### LA MESA HEALTHCARE CTR

Provider ID: 172022

3780 MASSACHUSETTS  
AVE

LA MESA, CA 91941

Phone: (619) 465-1313

Fax: (619) 465-8429

After Hours Phone: (619)  
465-1313

Accepting New Patients: No  
NPI: 1003852666

Website: <http://lamesahealthcare.com>

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### PARKWAY HILLS NURSING & REHAB

Provider ID: 417047

7760 PARKWAY DR  
LA MESA, CA 91942

Phone: (619) 469-0124

Fax: (619) 828-7654

After Hours Phone: (619)  
469-0124

Accepting New Patients: No

Hours: M-TH  
9:00AM-5:00PM  
F 5:00AM-5:00PM

NPI: 1174926448

Website: N/A  
Credentials and/or  
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Farsi, Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### LEMON GROVE

#### BELLA VISTA HEALTH CENTER

Provider ID: 419062

7922 PALM ST  
LEMON GROVE, CA 91945

Phone: (619) 644-1000

Fax: (619) 797-2920

After Hours Phone: (619)  
644-1000

Accepting New Patients: No  
NPI: 1760709687

Website: [www.bellavistahealth.com](http://www.bellavistahealth.com)

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### LEMON GROVE CARE AND REHAB CTR

Provider ID: 172013

8351 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 463-0294


Fax: (619) 461-1064

After Hours Phone: (619)  
463-0294

Accepting New Patients: No  
NPI: 1336134204

## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)

 Website: <http://lemongrovecare.com>


Credentials and/or certifications:

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


#### NATIONAL CITY

##### CASTLE MANOR NURSING AND REHABILITATION CTR

Provider ID: 171978


 541 S V AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 791-7900

 After Hours Phone: (619) 791-7900

Accepting New Patients: No

NPI: 1497759856

 Website: [www.lifegen.net/castlemanor/index.html](http://www.lifegen.net/castlemanor/index.html)

Credentials and/or

certifications:

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

##### FRIENDSHIP MANOR NURSING AND REHABILITATION CTR

Provider ID: 171973

 902 EUCLID AVE  
NATIONAL CITY, CA 91950


 Phone: (619) 791-7700

Fax: (619) 791-7791


 After Hours Phone: (619)

791-7700

Accepting New Patients: No

 Hours: M-F  
9:00AM-5:00PM

NPI: 1235133687

 Website: [www.lifegen.net/friendshipmanor/](http://www.lifegen.net/friendshipmanor/)

Credentials and/or

certifications:

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):


N


 Accessibility: CONTACT PROVIDER

##### PARADISE VALLEY HEALTH CARE CENTER

Provider ID: 171106


 2575 E 8TH ST  
NATIONAL CITY, CA 91950

 Phone: (619) 470-6700

 After Hours Phone: (619) 470-6700

Accepting New Patients: No

NPI: 1275513293

 Website: <http://pvhcc.com>

Credentials and/or

certifications:

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER


##### WINDSOR GARDENS CONV CTR OF SAN DIEGO

Provider ID: 172011

 220 E 24TH ST  
NATIONAL CITY, CA 91950

 Phone: (619) 474-6741

Fax: (619) 474-1925

 After Hours Phone: (619) 474-6741

Accepting New Patients: No

NPI: 1730176538

 Website: [www.windsorcare.com](http://www.windsorcare.com)

Credentials and/or

certifications:

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


#### OCEANSIDE

##### LA PALOMA HEALTHCARE CTR

Provider ID: 172021

 3232 THUNDER DR  
OCEANSIDE, CA 92056

 Phone: (760) 724-2193

 After Hours Phone: (760) 724-2193

Accepting New Patients: No


NPI: 1265462436

 Website: [WWW.LAPALOMAHEALTHCARE.COM](http://WWW.LAPALOMAHEALTHCARE.COM)

Credentials and/or

certifications:

 Site English Spoken: Y

 Site Language(s) Spoken: Spanish, Armenian, Korean, Tagalog

Cultural Competency: N

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER



## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)

#### MCNEALY HOUSE

Provider ID: 662925

4602 ALLENDE AVE  
OCEANSIDE, CA 92057

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)  
721-1706

Accepting New Patients: No

NPI: 1962488007

Website: N/A  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### MICHALOWSKI HOME

Provider ID: 662925

4602 ALLENDE AVE  
OCEANSIDE, CA 92057

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)  
721-1706

Accepting New Patients: No

NPI: 1962488007

Website: N/A  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### POWAY

#### BOULDER CREEK POST ACUTE

Provider ID: 276987

12696 MONTE VISTA RD  
POWAY, CA 92064

Phone: (858) 487-6242

Fax: (858) 487-4282

After Hours Phone: (858)  
487-6242

Accepting New Patients: No

Hours: M-F  
8:00AM-5:30PM

NPI: 1073902672

Website: [http://bouldercre  
ekpa.com](http://bouldercre<br/>ekpa.com)

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### POWAY HEALTHCARE CENTER

Provider ID: 171989

15632 POMERADO RD  
POWAY, CA 92064

Phone: (858) 485-5153

Fax: (858) 485-7694

After Hours Phone: (858)  
485-5153

Accepting New Patients: No

NPI: 1407035512

Website: [http://powaycare.  
com](http://powaycare.<br/>com)

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### THE VILLAS AT POWAY

Provider ID: 172642

15615 POMERADO RD  
POWAY, CA 92064

Phone: (858) 613-4545

After Hours Phone: (858)  
613-4545

Accepting New Patients: No  
NPI: 1619947090

Website: [www.palomarheal  
th.org/skilled-  
nursing/villa-  
pomerado](http://www.palomarheal<br/>th.org/skilled-<br/>nursing/villa-<br/>pomerado)

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### SAN DIEGO

#### ACCESS TO INDEPENDENCE

Provider ID: 417267

8885 RIO SAN DIEGO DR  
STE 131

SAN DIEGO, CA 92108

Phone: (619) 293-3500

Fax: (619) 704-2054

After Hours Phone: (619)  
293-3500

Accepting New Patients: No

Hours: M-F  
8:00AM-5:00PM

NPI: 1083039861

Website: N/A  
Credentials and/or


certifications:

Site English Spoken: Y






## D5. Long term Support Services (LTSS)


### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)

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*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*



#### **ARROYO VISTA NURSING CTR**

*Provider ID: 172028*  
 3022 45TH ST  
SAN DIEGO, CA 92105  
 *Phone: (619) 283-5855*  
*Fax: (619) 284-6327*  
 *After Hours Phone: (619) 283-5855*  
*Accepting New Patients: No*  
 *Hours: SU-SA 9:00AM-5:00PM*  
*NPI: 1487640066*  
 *Website: <http://arroyovistacare.com>*  
*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Mandarin, Spanish, Vietnamese, Arabic, Tagalog*






*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

#### **BALBOA NURSING AND REHAB CTR**

*Provider ID: 416840*  
 3520 4TH AVE  
SAN DIEGO, CA 92103  
 *Phone: (619) 291-5270*  
 *After Hours Phone: (619) 291-5270*  
*Accepting New Patients: No*  
*NPI: 1578521274*

 *Website: <http://balboahc.com>*  
*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Mandarin, Spanish, Tagalog, Vietnamese*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

#### **BRIGHTON PLACE SAN DIEGO**






*Provider ID: 402624*  
 1350 EUCLID AVE  
SAN DIEGO, CA 92105  
 *Phone: (619) 263-2166*  
*Fax: (619) 264-9231*  
 *After Hours Phone: (619) 263-2166*  
*Accepting New Patients: No*  
*NPI: 1346258274*  
 *Website: N/A*  
*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

#### **CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR**

*Provider ID: 171971*  
 11895 AVENUE OF INDUSTRY  
SAN DIEGO, CA 92128  
 *Phone: (858) 673-0101*  
*Fax: (858) 673-8320*

 *After Hours Phone: (858) 673-0101*  
*Accepting New Patients: No*  
*NPI: 1083727093*  
 *Website: <http://carmelmountain.net>*  
*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Tagalog, Armenian, Mandarin, Spanish, Russian, Korean, Vietnamese*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

#### **GOLDEN HILL POST ACUTE**

*Provider ID: 614821*  
 1201 34TH ST  
SAN DIEGO, CA 92102  
 *Phone: (619) 232-2946*  
*Fax: (619) 702-7358*  
 *After Hours Phone: (619) 232-2946*  
*Accepting New Patients: No*  
*NPI: 1598229437*  
 *Website: N/A*  
*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish, Tagalog*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

#### **HILLCREST HEIGHTS**

## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)

#### HEALTHCARE CENTER

Provider ID: 509489

4033 6TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 297-4086

Fax: (619) 297-9238

After Hours Phone: (619)  
297-4086

Accepting New Patients: No

Hours: M-F  
8:00AM-5:00PM

NPI: 1558825067

Website: N/A

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### JACOB HEALTH CARE CENTER LLC

Provider ID: 172617

4075 54TH ST  
SAN DIEGO, CA 92105

Phone: (619) 582-5168

Fax: (619) 325-0194

After Hours Phone: (619)  
582-5168

Accepting New Patients: No

NPI: 1881684900

Website: [www.jacobhealthcare.com](http://www.jacobhealthcare.com)

Credentials and/or  
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### MISSION HILLS POST ACUTE CARE

Provider ID: 339053

3680 REYNARD WAY  
SAN DIEGO, CA 92103

Phone: (619) 297-4484

Fax: (855) 214-6992

After Hours Phone: (619)  
297-4484

Accepting New Patients: No

NPI: 1669875563

Website: <http://missionhillspostacute.com>

Credentials and/or  
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### RADY CHILDRENS

#### CONVALESCENT HOSPITAL

Provider ID: 172200

8022 BIRMINGHAM DR  
SAN DIEGO, CA 92123

Phone: (858) 966-5833

Fax: (858) 966-8558

After Hours Phone: (858)  
966-5833

Accepting New Patients: No

NPI: 1992881478

Website: [www.rchsd.org](http://www.rchsd.org)

Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### REO VISTA HEALTHCARE CTR

Provider ID: 171993

6061 BANBURY ST  
SAN DIEGO, CA 92139

Phone: (619) 475-2211

Fax: (619) 479-9126

After Hours Phone: (619)  
475-2211

Accepting New Patients: No  
NPI: 1255499174

Website: <http://reovista.com>

Credentials and/or  
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### ST PAULS HEALTH CARE CENTER

Provider ID: 288531

235 NUTMEG ST  
SAN DIEGO, CA 92103

Phone: (619) 677-3895

After Hours Phone: (619)  
677-3895

Accepting New Patients: No  
NPI: 1972619104

Website: N/A

Credentials and/or

## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)

certifications: CMS

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

#### THE PAVILION AT OCEAN POINT

Provider ID: 262151

📍 3202 DUKE ST  
SAN DIEGO, CA 92110

☎ Phone: (619) 224-4141

📞 After Hours Phone: (619) 224-4141

Accepting New Patients: No

NPI: 1538174990

🌐 Website: N/A  
Credentials and/or

certifications:

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

#### THE SPRINGS AT PACIFIC REGENT

Provider ID: 172008

📍 3884 NOBEL DR  
SAN DIEGO, CA 92122

☎ Phone: (858) 625-8700

Fax: (858) 625-8777

📞 After Hours Phone: (858) 625-8700

Accepting New Patients: No

NPI: 1003198342

🌐 Website: N/A  
Credentials and/or

certifications:

☐ Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):

♿ Accessibility: CONTACT PROVIDER

#### UNIVERSITY CARE CENTER

Provider ID: 172024

📍 5602 UNIVERSITY AVE  
SAN DIEGO, CA 92105

☎ Phone: (619) 583-1993

Fax: (619) 501-3559

📞 After Hours Phone: (619) 583-1993

Accepting New Patients: No

NPI: 1871522672

🌐 Website: <http://universitycarecenter.com>

Credentials and/or  
certifications:

☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Tagalog, Mandarin, Russian, Vietnamese, Farsi, Spanish

Cultural Competency: N

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

#### VILLA RANCHO BERNARDO CARE CENTER

Provider ID: 172009

📍 15720 BERNARDO CENTER DR  
SAN DIEGO, CA 92127

☎ Phone: (858) 672-3900

Fax: (858) 672-9247

📞 After Hours Phone: (858) 672-3900

Accepting New Patients: No

NPI: 1518063437

🌐 Website: [www.villaranchobernardo.com](http://www.villaranchobernardo.com)

Credentials and/or  
certifications:

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

#### WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL

Provider ID: 172012

📍 1201 34TH ST  
SAN DIEGO, CA 92102

☎ Phone: (619) 232-2946

Fax: (310) 595-3529

📞 After Hours Phone: (619) 232-2946

Accepting New Patients: No

NPI: 1811963028

🌐 Website: <https://windsorgoldenhill.com>

Credentials and/or  
certifications:

☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

### SAN MARCOS

#### CARLO HOUSE

Provider ID: 662931


📍 411 CARLO ST  
SAN MARCOS, CA 92078

## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)

 Phone: (760) 721-1706  
 Fax: (760) 721-9872  
 After Hours Phone: (760) 721-1706

Accepting New Patients: No  
NPI: 1962488007

 Website: N/A  
Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


#### SANTEE

#### STANFORD COURT SKILLED NURSING AND REHAB CENTER


Provider ID: 171994

 8778 CUYAMACA ST  
SANTEE, CA 92071


 Phone: (619) 449-5555

 After Hours Phone: (619) 449-5555

Accepting New Patients: No


 Hours: SU-SA  
8:00AM-5:00PM

NPI: 1184628554

 Website: [www.lifegen.net/Stanfordcourt/](http://www.lifegen.net/Stanfordcourt/)

Credentials and/or certifications:

 Site English Spoken: Y

 Site Languages(s) Spoken: Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL): N

 Accessibility: CONTACT


#### PROVIDER

#### SPRING VALLEY

#### AMAYA SPRINGS HEALTH CARE CENTER

Provider ID: 420233

 8625 LAMAR ST  
SPRING VALLEY, CA 91977

 Phone: (323) 326-6186

Fax: (619) 461-3575

 After Hours Phone: (323) 326-6186

Accepting New Patients: No

NPI: 1518974542

 Website: N/A

Credentials and/or certifications:

 Site English Spoken: Y

Cultural Competency: N


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

#### BRIGHTON PLACE SPRING VALLEY

Provider ID: 417094

 9009 CAMPO RD  
SPRING VALLEY, CA 91977

 Phone: (619) 460-2711

Fax: (619) 460-0451

 After Hours Phone: (619) 460-2711

Accepting New Patients: No

NPI: 1780682021

 Website: N/A

Credentials and/or certifications:

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

#### MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC

Provider ID: 171969


 325 KEMPTON ST  
SPRING VALLEY, CA 91977

 Phone: (619) 931-1151

Fax: (224) 233-1397

 After Hours Phone: (619) 931-1151

Accepting New Patients: No

 Hours: SU-SA  
8:00AM-5:00PM

NPI: 1649375403

 Website: [covlivingmountmiguel.org](http://covlivingmountmiguel.org)

Credentials and/or certifications:

 Site English Spoken: Y

Cultural Competency: N


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

#### MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC

Provider ID: 171969


 325 KEMPTON ST  
SPRING VALLEY, CA 91977

 Phone: (619) 931-1151

Fax: (224) 233-1397

 After Hours Phone: (619) 931-1151

Accepting New Patients: No

 Hours: SU-SA  
8:00AM-5:00PM

NPI: 1649375403

 Website: [www.mountmiguel.org](http://www.mountmiguel.org)

## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)

*lcovenantvillage.org*  
Credentials and/or  
certifications:  
❑ Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

#### VALLEY CENTER

##### AMREEN HOME

Provider ID: 658588  
📍 13873 OAKWOOD GLEN PL  
VALLEY CENTER, CA 92082  
☎ Phone: (760) 751-9879  
☎ Fax: (760) 749-3019  
🕒 After Hours Phone: (760)  
751-9879  
Accepting New Patients: No  
NPI: 1700160405  
🌐 Website: N/A  
Credentials and/or  
certifications:  
❑ Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

#### VISTA

##### ANZA HOUSE

Provider ID: 662920  
📍 1736 ANZA AVE  
VISTA, CA 92084  
☎ Phone: (760) 721-1706  
☎ Fax: (760) 721-9872  
🕒 After Hours Phone: (760)  
721-1706

Accepting New Patients: No  
NPI: 1962488007  
🌐 Website: N/A  
Credentials and/or  
certifications:  
❑ Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

##### GRACE HOUSE

Provider ID: 662919  
📍 2507 HIBISCUS AVE  
VISTA, CA 92081  
☎ Phone: (760) 721-1706  
☎ Fax: (760) 721-9872  
🕒 After Hours Phone: (760)  
721-1706  
Accepting New Patients: No  
NPI: 1962488007  
🌐 Website: N/A  
Credentials and/or  
certifications:  
❑ Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

##### LA FUENTE POST ACUTE

Provider ID: 429590  
📍 247 E BOBIER DR  
VISTA, CA 92084  
☎ Phone: (760) 945-3033  
🕒 After Hours Phone: (760)  
945-3033  
Accepting New Patients: No  
🕒 Hours: SU-SA  
8:30AM-5:00PM

NPI: 1366802696  
🌐 Website: N/A  
Credentials and/or  
certifications:  
❑ Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

##### LIFE CARE CENTER OF VISTA

Provider ID: 171970  
📍 304 N MELROSE DR  
VISTA, CA 92083  
☎ Phone: (760) 724-8222  
☎ Fax: (760) 941-4870  
🕒 After Hours Phone: (760)  
724-8222  
Accepting New Patients: No  
🕒 Hours: SU-SA  
9:00AM-5:00PM  
NPI: 1811942063  
🌐 Website: *www.lcca.com*  
Credentials and/or  
certifications:  
❑ Site English Spoken: Y  
❑ Site Language(s) Spoken:  
Tagalog  
Cultural Competency: N  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER


##### MARSHALL HOUSE

Provider ID: 662924  
📍 758 S MELROSE DR  
VISTA, CA 92081  
☎ Phone: (760) 721-1706  
☎ Fax: (760) 721-9872  
🕒 After Hours Phone: (760)






## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)




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721-1706  
Accepting New Patients: No  
NPI: 1962488007  
 Website: N/A  
Credentials and/or  
certifications:  
 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

#### MONTGOMERY HOUSE






Provider ID: 662927  
 1658 MONTGOMERY DR  
VISTA, CA 92084  
 Phone: (760) 721-1706  
Fax: (760) 721-9872  
 After Hours Phone: (760)  
721-1706  
Accepting New Patients: No  
NPI: 1962488007  
 Website: N/A  
Credentials and/or  
certifications:  
 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

#### ORIENTE HOUSE





Provider ID: 662928  
 3081 ORIENTE DR  
VISTA, CA 92084  
 Phone: (760) 721-1706  
Fax: (760) 721-9872  
 After Hours Phone: (760)  
721-1706  
Accepting New Patients: No

NPI: 1962488007  
 Website: N/A  
Credentials and/or  
certifications:  
 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

#### SUSAN PARHAM HOUSING CORPORATION






Provider ID: 662929  
 1658 ANZA AVE  
VISTA, CA 92084  
 Phone: (760) 721-1706  
Fax: (760) 721-9872  
 After Hours Phone: (760)  
721-1706  
Accepting New Patients: No  
NPI: 1093137762  
 Website: N/A  
Credentials and/or  
certifications:  
 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

#### VISTA HEALTHCARE CENTER



Provider ID: 171990  
 247 E BOBIER DR  
VISTA, CA 92084  
 Phone: (760) 945-3033  
Fax: (760) 724-3169  
 After Hours Phone: (760)  
945-3033  
Accepting New Patients: No  
 Hours: M-F

8:00AM-5:00PM  
NPI: 1912189812  
 Website: <http://astorhealth.com>  
Credentials and/or  
certifications:  
 Site English Spoken: Y  
 Site Language(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: N  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

#### VISTA HOUSE

Provider ID: 662916  
 1768 MONTE MAR RD  
VISTA, CA 92084  
 Phone: (760) 721-1706  
Fax: (760) 721-9872  
 After Hours Phone: (760)  
721-1706  
Accepting New Patients: No  
NPI: 1962488007  
 Website: N/A  
Credentials and/or  
certifications:  
 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

#### VISTA KNOLL SPECIALIZED CARE FACILITY

Provider ID: 172017  
 2000 WESTWOOD RD  
VISTA, CA 92083  
 Phone: (760) 630-2273  
Fax: (760) 630-0913


## D5. Long term Support Services (LTSS)

### I. Long Term Care (LTC) and Skilled Nursing Facility (SNF)

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 *After Hours Phone: (760)  
630-2273*

*Accepting New Patients: No*


 *Hours: SU-SA  
8:30AM-5:00PM*

*NPI: 1275533929*

 *Website: <http://vistaknoll.com>*

*Credentials and/or  
certifications:*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken:  
Korean, Tagalog,  
Vietnamese, Spanish*

*Cultural Competency: N*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*



## D5. Long term Support Services (LTSS)

### II. County In-Home Support Services (IHSS)


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#### SAN DIEGO

#### AGING & INDEPENDENCE SERVICES

*Specialty: Case Management*

 5560 OVERLAND AVE  
SAN DIEGO, CA 92123

 Phone: (858) 495-5885


License Number: 1710308986

Accessibility: CONTACT

#### PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome\\_supportive\\_services.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome_supportive_services.html)

## D5. Long term Support Services (LTSS)

### III. Community-Based Adult Services (CBAS) - Adult Day Services

#### CHULA VISTA

##### OPEN ARMS ADHC

Provider ID: 417307

301 E J ST  
CHULA VISTA, CA 91910

Phone: (619) 420-1404

Fax: (619) 420-1408

After Hours Phone: (619)  
420-1404

Accepting New Patients: No

Hours: M-F  
7:00AM-3:00PM

License Number: 060002076

NPI: 1598882169

Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: N

Cultural Competency: N

Facility has access to skilled  
medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: <http://openarmsa.dhc.com>

#### EL CAJON

##### EL CAJON ADHC

Provider ID: 637126

854 JACKMAN ST  
EL CAJON, CA 92020

Phone: (619) 328-2112

Fax: (619) 328-0069

After Hours Phone: (619)  
328-2112

Accepting New Patients: No

Hours: SU-SA  
9:00AM-3:00PM

License Number: 550008511

NPI: 1184207631

Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: N

Cultural Competency: N

Facility has access to skilled  
medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: N/A

##### MAGNOLIA ADULT DAY

##### HEALTH CARE

Provider ID: 408541

490 N MAGNOLIA AVE  
EL CAJON, CA 92020

Phone: (619) 444-1522

Fax: (619) 444-1516

After Hours Phone: (619)  
444-1522

Accepting New Patients: No

Hours: M-F  
8:00AM-4:00PM

License Number: 60000821

NPI: 1487864468

Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: N

Cultural Competency: N

Facility has access to skilled  
medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: <http://magnoliaa>

dhc.com

##### WESTERN ADHC

Provider ID: 417305

240 S MAGNOLIA AVE  
EL CAJON, CA 92020

Phone: (619) 631-7222

After Hours Phone: (619)  
631-7222

Accepting New Patients: No

Hours: M-F  
8:00AM-3:30PM

NPI: 1821125550

Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: N

Cultural Competency: N

Facility has access to skilled  
medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: <https://sites.google.com/site/westernadhcec/contact-us>

#### LA MESA

##### GOLDEN LIFE ADHC

Provider ID: 619502

9158 FLETCHER PKWY  
LA MESA, CA 91942

Phone: (619) 357-7753

Fax: (619) 439-6038

After Hours Phone: (619)  
357-7753

Accepting New Patients: No

NPI: 1093921900

Accessibility: CONTACT  
PROVIDER

## D5. Long term Support Services (LTSS)

### III. Community-Based Adult Services (CBAS) - Adult Day Services

American Sign Language (ASL): Provider ID: 404183

N

Language line interpreter services: N

Cultural Competency: N

Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English

Languages: N

Website: N/A

#### NATIONAL CITY

##### HORIZON CBAS

Provider ID: 642082

1035 HARBISON AVE  
NATIONAL CITY, CA 91950

Phone: (619) 474-1822

Fax: (619) 474-1826

After Hours Phone: (619)  
474-1822

Accepting New Patients: No  
License Number: 060000582

NPI: 1396476388

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: N

Cultural Competency: N

Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English

Languages: N

Website: N/A

#### POWAY

##### POWAY ADULT DAY HEALTH CARE CENTER

12250 CROSTHWAITE CIR  
POWAY, CA 92064

Phone: (858) 748-5044

Fax: (858) 748-5405

After Hours Phone: (858)  
748-5044

Accepting New Patients: No  
License Number: 60000822

NPI: 1568659977

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: N

Cultural Competency: N

Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English

Languages: N

Website: N/A

#### SAN DIEGO

##### SAN DIEGO FAMILY CIRCLE ADULT DAY HEALTH CARE

Provider ID: 539018

4428 CONVOY ST STE 288  
SAN DIEGO, CA 92111

Phone: (858) 244-4555

Fax: (858) 724-3302

After Hours Phone: (858)  
244-4555

Accepting New Patients: No  
Site Languages(s) Spoken:

Vietnamese, Mandarin,  
Spanish

Hours: M-F  
8:00AM-5:00PM

License Number: 550005837

NPI: 1396201828

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: Y

Cultural Competency: N

Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English

Languages: Y

Website: Sandiegofamilycircle.com

##### LOVING CARE ADHC

Provider ID: 419961

2565 CAMINO DEL RIO S  
STE 201

SAN DIEGO, CA 92108

Phone: (619) 718-9777

Fax: (619) 569-2855

After Hours Phone: (619)  
718-9777

Accepting New Patients: No

Hours: SU-SA  
8:30AM-4:00PM

NPI: 1346455961

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: N

Cultural Competency: N

Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English

Languages: N

Website: www.lovingcareadhc.com

## D5. Long term Support Services (LTSS)


### III. Community-Based Adult Services (CBAS) - Adult Day Services


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#### **CASA PACIFICA ADHCC**

Provider ID: 417303

 1424 30TH ST STE C  
SAN DIEGO, CA 92154

 Phone: (619) 424-8181

 After Hours Phone: (619)  
424-8181

Accepting New Patients: No

NPI: 1609920305

 Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):

N

Language line interpreter  
services: N

Cultural Competency: N

Facility has access to skilled  
medical interpreters on site?: N

Interpreter Non-English

Languages: N

 Website: www.casa- pacific  
a.com

Language line interpreter  
services: N

Cultural Competency: N

Facility has access to skilled  
medical interpreters on site?: N  
Interpreter Non-English

Languages: N

 Website: www.americaread  
hc.com


#### **SAN MARCOS**

#### **AMERICARE ADULT DAY HEALTH CARE CENTER**

Provider ID: 420060

 340 RANCHEROS DR STE  
196

SAN MARCOS, CA 92069

 Phone: (760) 682-2424

Fax: (760) 471-5104

 After Hours Phone: (760)  
682-2424

Accepting New Patients: No

License Number: 060000832

NPI: 1528271186

 Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):

N

## D6. Mental Health Directory

### ALPINE

#### **KHALEEL, AMMAR**

Provider Gender: Male

License Number: LCS110302

NPI: 1841744208

Provider English Spoken: Y

Arabic

Cultural Competency: N

AMMAR KHALEEL

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-4:00PM

#### **CELAYA, PATRICIA**

Provider Gender: Female

License Number: PSY33233

NPI: 1952656902

Provider English Spoken: Y  
Spanish

Cultural Competency: N

PATRICIA E CELAYA

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 425-1184

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
Site Language(s) Spoken:  
Spanish  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-4:00PM

#### **GALLO, LINDA**

Provider Gender: Female

License Number: PSY27375

NPI: 1427773621

Provider English Spoken: Y

Cultural Competency: N

LINDA C GALLO

780 BAY BLVD STE 200  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 240-7852

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

#### **GOULD, HILARY**

Provider Gender: Female

License Number: PSY31088

NPI: 1104297696

Provider English Spoken: Y

Cultural Competency: N

HILARY GOULD

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 271-0260

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

### CHULA VISTA

#### **BAYLON, ALDO**

Provider Gender: Male

License Number: PSY29904

NPI: 1649429150

Provider English Spoken: Y

Cultural Competency: N

ALDO BAYLON

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 425-6941

After Hours Phone: (619)


## D6. Mental Health Directory

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

### JUAREZ, AMERICA

Provider Gender: Female


License Number: LCS92516

NPI: 1386281541


Provider English Spoken: Y

Cultural Competency: N

AMERICA P JUAREZ

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### KURZ, TROY

Provider Gender: Male


License Number: A157190

NPI: 1154862357


Provider English Spoken: Y

Cultural Competency: N


TROY L KURZ


 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 425-6941

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-8:00PM

SA 8:00AM-4:00PM

### MALAK, LAWRENCE

Provider Gender: Male


License Number: A115345

NPI: 1467773028


Provider English Spoken: Y

Cultural Competency: N


LAWRENCE T MALAK

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### MARTINEZ, STEPHANIE

Provider Gender: Female


License Number: A152787

NPI: 1699126367


Provider English Spoken: Y  
Spanish

Cultural Competency: N

STEPHANIE MARTINEZ

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 271-0260

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

### OJHA, PRITI

Provider Gender: Female


License Number: A139807

NPI: 1760897284


Provider English Spoken: Y

Cultural Competency: N

PRITI OJHA

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y


## D6. Mental Health Directory

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10:00AM-4:00PM  
M-TU 8:30AM-8:00PM  
W-F 8:30AM-5:30PM  
SA 8:00AM-2:00PM

### SHIELDS, SEBASTIAN

Provider Gender: Male

License Number: MFC124495


NPI: 1558895342

Provider English Spoken: Y  
Spanish

Cultural Competency: N

SEBASTIAN L SHIELDS

 678 3RD AVE  
CHULA VISTA, CA 91910


 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)  
662-4100

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### TROYER, EMILY

Provider Gender: Female

License Number: A149101


NPI: 1326484437

Provider English Spoken: Y

Cultural Competency: N

EMILY A TROYER

 678 3RD AVE  
CHULA VISTA, CA 91910


 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)  
662-4100

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-4:00PM

### WIJAYARATNE, IMANIE

Provider Gender: Male

License Number: PSY25044


NPI: 1932358355

Provider English Spoken: Y


Cultural Competency: N

IMANIE S WIJAYARATNE

 678 3RD AVE  
CHULA VISTA, CA 91910


 Phone: (619) 662-4100

Fax: (619) 271-0260

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

## EL CAJON

### ARAIZA, ERNESTINA

Provider Gender: Female

License Number: PSY32549


NPI: 1568608636

Provider English Spoken: Y

Cultural Competency: N

ERNESTINA ARAIZA

 875 EL CAJON BLVD  
EL CAJON, CA 92020


 Phone: (619) 662-4100

Fax: (619) 785-3356

 After Hours Phone: (619)  
662-4100


 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### ARNOLD, REBECCA

Provider Gender: Female

License Number: MFC95778


NPI: 1225580350

Provider English Spoken: Y

Cultural Competency: N

REBECCA L ARNOLD

 855 E MADISON AVE  
EL CAJON, CA 92020


 Phone: (619) 440-0251


Fax: (858) 633-4692

 After Hours Phone: (619)  
440-0251

## D6. Mental Health Directory

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 Website: N/A  
Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CASEY, SHANNON

Provider Gender: Female

License Number: PSY31889


NPI: 1548873755

Provider English Spoken: Y

Cultural Competency: N

SHANNON K CASEY

 215 W MADISON AVE  
EL CAJON, CA 92020


 Phone: (619) 667-6125

Fax: (619) 590-9036

 After Hours Phone: (619)  
667-6125

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CRUZ, GUADALUPE

Provider Gender: Male

License Number: LCS101900

NPI: 1649727942


Provider English Spoken: Y

Spanish

Cultural Competency: N

GUADALUPE A CRUZ

 855 E MADISON AVE  
EL CAJON, CA 92020


 Phone: (619) 440-2751

Fax: (360) 462-2746

 After Hours Phone: (619)  
440-2751

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### DIA, ALI

Provider Gender: Male

License Number: A47803

NPI: 1912031030


Provider English Spoken: Y

Arabic

Cultural Competency: N

ALI R DIA

 875 EL CAJON BLVD  
EL CAJON, CA 92020


 Phone: (619) 662-4100

Fax: (619) 785-3356

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:30AM-5:30PM

### FRAGOSO, DOMINIQUE

Provider Gender: Female


License Number: LCS12601


NPI: 1518521830

Provider English Spoken: Y


Cultural Competency: N

DOMINIQUE C FRAGOSO

 215 W MADISON AVE  
EL CAJON, CA 92020


 Phone: (619) 667-6125

Fax: (619) 590-9036

 After Hours Phone: (619)  
667-6125

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### GUARDADO-SOTO, RAQUEL

Provider Gender: Female

License Number: PSY26883


NPI: 1194999276

Provider English Spoken: Y

Cultural Competency: N

RAQUEL GUARDADO-SOTO

 855 E MADISON AVE  
EL CAJON, CA 92020


 Phone: (619) 440-2751

Fax: (858) 633-4692

 After Hours Phone: (619)  
440-2751

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999



## D6. Mental Health Directory

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American Sign Language (ASL): Fax: (619) 590-9036

N

 Accessibility: CONTACT PROVIDER

### KOH, STEVE

Provider Gender: Male

License Number: A103468

NPI: 1467650473


Provider English Spoken: Y

Korean

Cultural Competency: N

STEVE H KOH

 875 EL CAJON BLVD  
EL CAJON, CA 92020


 Phone: (619) 662-4100

Fax: (619) 205-6305


 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### MAXWELL, MELISSA

Provider Gender: Female

License Number: LCS90791


NPI: 1275182826


Provider English Spoken: Y


Cultural Competency: N

MELISSA K MAXWELL


 215 W MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 667-6125

 After Hours Phone: (619)  
667-6125

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

### ORLANDO, FRANCESCA

Provider Gender: Female

License Number: LCS107210


NPI: 1275097081

Provider English Spoken: Y

Cultural Competency: N

FRANCESCA A ORLANDO

 215 W MADISON AVE  
EL CAJON, CA 92020


 Phone: (619) 401-6236

Fax: (619) 590-9036

 After Hours Phone: (619)  
401-6236

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### POSTLETHWAITE, ALEJANDRA

Provider Gender: Female

License Number: A88938


NPI: 1750566915

Provider English Spoken: Y

Cultural Competency: N

ALEJANDRA POSTLETHWAITE

 855 E MADISON AVE  
EL CAJON, CA 92020


 Phone: (619) 440-2751

Fax: (858) 633-4692

 After Hours Phone: (619)  
440-2751

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

### WEAVER, AMANDA

Provider Gender: Female


License Number: MFC105361


NPI: 1174266423

Provider English Spoken: Y

Cultural Competency: N

AMANDA R WEAVER

 875 EL CAJON BLVD  
EL CAJON, CA 92020


 Phone: (619) 662-4100

Fax: (619) 205-6305


 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  N








 Accessibility: CONTACT PROVIDER

## D6. Mental Health Directory

### WHEELER, KIM

Provider Gender: Female  
License Number: PSY34237  
NPI: 1700577434  
Provider English Spoken: Y  
Cultural Competency: N

KIM N WHEELER





 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 785-3356  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 11\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM





### ENCINITAS

### GARCIA, ROSEMARIE

Provider Gender: Female  
License Number: MFC123590  
NPI: 1710410980  
Provider English Spoken: Y  
Cultural Competency: N

ROSEMARIE C GARCIA







 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Accepting New Patients: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### GOMEZ, JUANITA

Provider Gender: Female  
License Number: PSY27439  
NPI: 1790915759  
Provider English Spoken: Y  
Cultural Competency: N








JUANITA GOMEZ

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT  
PROVIDER

### LOPEZ, JOANNA

Provider Gender: Female  
License Number: MFC50381  
NPI: 1275664385  
Provider English Spoken: Y  
Cultural Competency: N

JOANNA M LOPEZ







 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### ESCONDIDO

### ARLINGHAUS, RENE

Provider Gender: Female  
License Number: LCS80909  
NPI: 1568973964  
Provider English Spoken: Y  
Cultural Competency: N

RENE M ARLINGHAUS

 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
Fax: (619) 662-4196  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT

## D6. Mental Health Directory

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM

### **BECERRA, GABRIEL**

Provider Gender: Male  
License Number: LCS114743  
NPI: 1205313319  
Provider English Spoken: Y  
Spanish

Cultural Competency: N

**GABRIEL CELESTINO**

**BECERRA**

425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8340  
Fax: (360) 462-2752

After Hours Phone: (760)  
520-8340

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 7:00AM-7:30PM  
TU 7:00AM-4:30PM  
W 7:00AM-7:30PM  
TH-F 7:00AM-4:30PM

### **BELINSKY, MARIA**

Provider Gender: Female  
License Number: LCS69175  
NPI: 1760867824  
Provider English Spoken: Y  
Spanish

Cultural Competency: N

**MARIA T BELINSKY**

426 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 690-5900  
Fax: (858) 633-4693

After Hours Phone: (760)  
690-5900

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **BELINSKY, MARIA**

Provider Gender: Female  
License Number: LCS69175  
NPI: 1760867824

Provider English Spoken: Y  
Spanish

Cultural Competency: N

**MARIA T BELINSKY**

460 N ELM ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8100  
Fax: (858) 633-4691

After Hours Phone: (760)  
520-8100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **BELINSKY, MARIA**

Provider Gender: Female

License Number: LCS69175  
NPI: 1760867824

Provider English Spoken: Y  
Spanish

Cultural Competency: N

**MARIA T BELINSKY**

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Phone: (760) 737-6900  
Fax: (760) 520-8100

After Hours Phone: (760)  
737-6900

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **CARLTON PENN, CORNELIA**

Provider Gender: Female  
License Number: PSY14310  
NPI: 1891720611

Provider English Spoken: Y  
German

Cultural Competency: N

**CORNELIA J CARLTON-PENN**

425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8340  
Fax: (360) 462-2752

After Hours Phone: (760)  
520-8340

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken:  
Spanish


TDD: U

## D6. Mental Health Directory

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### CASTILLO, TIFFANY

Provider Gender: Female

License Number: A158480


NPI: 1114459252

Provider English Spoken: Y  
Spanish


Cultural Competency: N

TIFFANY A CASTILLO

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340


Fax: (360) 462-2752

 After Hours Phone: (760)  
520-8340

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### CASTILLO, TIFFANY

Provider Gender: Female

License Number: A158480


NPI: 1114459252

Provider English Spoken: Y  
Spanish


Cultural Competency: N

TIFFANY A CASTILLO

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340


Fax: (360) 462-2752

 After Hours Phone: (760)  
520-8340

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### CHRISTENSEN, PATTI

Provider Gender: Female

License Number: LCS24129


NPI: 1245434745


Provider English Spoken: Y

Cultural Competency: N

PATTI J CHRISTENSEN

 1002 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (760) 741-2660

 After Hours Phone: (760)  
741-2660

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:30AM-5:00PM

### DOCKERY, LEE

Provider Gender: Male


License Number: A178136

NPI: 1225526320

Provider English Spoken: Y  
Cultural Competency: N

LEE M DOCKERY

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8300

Fax: (858) 633-4698

 After Hours Phone: (760)  
520-8300

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### ESTRADA PATINO, ANGELA

Provider Gender: Female

License Number: PSY31789


NPI: 1629339015

Provider English Spoken: Y  
Spanish

Cultural Competency: N

ANGELA J ESTRADA PATINO






 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

Fax: (760) 466-1373

 After Hours Phone: (760)









## D6. Mental Health Directory

520-8100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 14\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-0:00PM








### FU, KATHERINE

Provider Gender: Female  
License Number: A187562  
NPI: 1356877807  
Provider English Spoken: Y  
Cultural Competency: N






### KATHERINE FU



 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
Fax: (619) 662-4196  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### GUZZO, RICHARD









Provider Gender: Male  
License Number: LCS8288  
NPI: 1497898431  
Provider English Spoken: Y  
Cultural Competency: N  
RICHARD L GUZZO  
 1002 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (760) 737-6960  
 After Hours Phone: (760)  
737-6960  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:00PM

### HARRIS, LAURA

Provider Gender: Female  
License Number: LCS18214  
NPI: 1255640280  
Provider English Spoken: Y  
Cultural Competency: N  
LAURA S HARRIS  
 1002 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (760) 741-2660  
Fax: (760) 741-2647  
 After Hours Phone: (760)  
741-2660  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### KULKARNI, NISHAT





Provider Gender: Male  
License Number: A187134  
NPI: 1669034732  
Provider English Spoken: Y  
Cultural Competency: N  
NISHAT KULKARNI  
 425 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8300  
Fax: (858) 633-4698  
 After Hours Phone: (760)  
520-8300  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### MAGOS, DANIEL

Provider Gender: Male  
License Number: LCS88270  
NPI: 1578983664  
Provider English Spoken: Y  
Cultural Competency: N  
DANIEL K MAGOS

## D6. Mental Health Directory

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 425 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8300  
Fax: (858) 633-4698  
 After Hours Phone: (760)  
520-8300  
 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### MARTINEZ, NORAYMA

Provider Gender: Female

License Number: LCS100019


NPI: 1669808267

Provider English Spoken: Y

Cultural Competency: N

NORAYMA MARTINEZ

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900


Fax: (360) 462-2748

 After Hours Phone: (760)  
737-6900

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

### POSTLETHWAITE, ALEJANDRA

Provider Gender: Female

License Number: A88938


NPI: 1750566915

Provider English Spoken: Y

Cultural Competency: N

ALEJANDRA POSTLETHWAITE

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8300

Fax: (858) 633-4698

 After Hours Phone: (760)  
520-8300

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PRASAD, AMITHA

Provider Gender: Female

License Number: A158657

NPI: 1821436882


Provider English Spoken: Y

Cultural Competency: N

AMITHA, PRASAD


 2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

 Phone: (760) 294-9270

Fax: (760) 294-9268

 After Hours Phone: (760)  
294-9270

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### PRATHER, ALLYSON

Provider Gender: Female

License Number: MFC45441


NPI: 1083725006

Provider English Spoken: Y

Cultural Competency: N

ALLYSON M PRATHER

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8300


Fax: (858) 633-4698

 After Hours Phone: (760)  
520-8300

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### RIOS, SIERRA

Provider Gender: Female

License Number: LCS91970

NPI: 1942746128

Provider English Spoken: Y

Spanish

Cultural Competency: N

## D6. Mental Health Directory

### SIERRA K RIOS

425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8340  
Fax: (360) 462-2752  
After Hours Phone: (760) 520-8340  
Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
Site Language(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

### ROBLEDO, DAMIAN

Provider Gender: Male

License Number: LCS66152

NPI: 1376831289

Provider English Spoken: Y  
Spanish

Cultural Competency: N

### DAMIAN ROBLEDO

425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8340  
Fax: (360) 462-2752  
After Hours Phone: (760) 520-8340  
Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M 7:00AM-7:30PM  
TU 7:00AM-4:30PM  
W 7:00AM-7:30PM  
TH-F 7:00AM-4:30PM

### RODARTE, GABRIEL

Provider Gender: Male

License Number: A87906

NPI: 1184649212

Provider English Spoken: Y  
Spanish

Cultural Competency: N

### GABRIEL RODARTE

425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8340  
Fax: (858) 633-4698  
After Hours Phone: (760) 520-8340  
Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

### STONE, CALVIN

Provider Gender: Male

License Number: 20A18127

NPI: 1275995870

Provider English Spoken: Y  
Cultural Competency: N

### CALVIN T STONE

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300  
Fax: (858) 633-4698

After Hours Phone: (760) 520-8300

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### STREET, KYLE

Provider Gender: Male

License Number: 20A21304

NPI: 1457912131

Provider English Spoken: Y  
Cultural Competency: N

### KYLE A STREET

425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8300  
Fax: (858) 633-4698  
After Hours Phone: (760) 520-8300  
Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
Site Language(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

### SUOZZO, JOSEPH

## D6. Mental Health Directory

Provider Gender: Male  
License Number: PSY18393  
NPI: 1821013228

Provider English Spoken: Y  
Cultural Competency: N  
JOSEPH M SUOZZO

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340  
Fax: (858) 633-4698

After Hours Phone: (760)  
520-8340

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### TEETER-WITT, ALYSSA

Provider Gender: Female  
License Number: PSY31075  
NPI: 1932308442

Provider English Spoken: Y  
Cultural Competency: N

ALYSSA TEETER-WITT

426 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 690-5900  
Fax: (858) 633-4693

After Hours Phone: (760)  
690-5900

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### TEETER-WITT, ALYSSA

Provider Gender: Female  
License Number: PSY31075  
NPI: 1932308442

Provider English Spoken: Y  
Cultural Competency: N

ALYSSA TEETER-WITT

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300  
Fax: (858) 633-4698

After Hours Phone: (760)  
520-8300

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### THOMAS, PAULA

Provider Gender: Female  
License Number: LCS29517  
NPI: 1821389966

Provider English Spoken: Y  
Cultural Competency: N

PAULA M THOMAS

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340  
Fax: (360) 462-2752

After Hours Phone: (760)  
520-8340

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
Site Language(s) Spoken:  
Spanish, German, French,  
Cappadocian Greek, Hindi  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### TIZNADO, MONICA

Provider Gender: Female  
License Number: MFC81074  
NPI: 1497895197

Provider English Spoken: Y  
Spanish

Cultural Competency: N  
MONICA M TIZNADO

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340  
Fax: (360) 462-2752

After Hours Phone: (760)  
520-8340

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### TIZNADO, MONICA

Provider Gender: Female  
License Number: MFC81074



## D6. Mental Health Directory

NPI: 1497895197

Provider English Spoken: Y

Spanish

Cultural Competency: N

MONICA M TIZNADO

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340

Fax: (360) 462-2752

After Hours Phone: (760)  
520-8340

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### VALLEZ-BARLAM, ANDREA

Provider Gender: Female

License Number: PSY9962

NPI: 1710902143

Provider English Spoken: Y

German, Spanish

Cultural Competency: N

ANDREA VALLEZ-BARLAM

426 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 690-5900

Fax: (858) 633-4693

After Hours Phone: (760)  
690-5900

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### VALLEZ-BARLAM, ANDREA

Provider Gender: Female

License Number: PSY9962

NPI: 1710902143

Provider English Spoken: Y

German, Spanish

Cultural Competency: N

ANDREA VALLEZ-BARLAM

488 E VALLEY PKWY STE  
404

ESCONDIDO, CA 92025

Phone: (760) 466-9800

Fax: (858) 633-4693

After Hours Phone: (760)  
466-9800

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
German, Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### VAQUERO, JUANA

Provider Gender: Female

License Number: PSY28364

NPI: 1023459708

Provider English Spoken: Y

Cultural Competency: N

JUANA VAQUERO

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300

Fax: (858) 633-4698

After Hours Phone: (760)  
520-8300

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### VENNAM, VAMSI

Provider Gender: Male

License Number: 20A19415

NPI: 1679070569

Provider English Spoken: Y

Cultural Competency: N

VAMSI K VENNAM

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300

Fax: (858) 633-4698

After Hours Phone: (760)  
520-8300

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### WOODWORTH, JENNIFER

## D6. Mental Health Directory

Provider Gender: Female  
License Number: PSY26963  
NPI: 1639362494

Provider English Spoken: Y  
Cultural Competency: N

JENNIFER WOODWORTH

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340

Fax: (858) 633-4698

After Hours Phone: (760)  
520-8340

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FALLBROOK

#### CARDOZA, CLAUDIA

Provider Gender: Female  
License Number: LCS82778  
NPI: 1871084715

Provider English Spoken: Y  
Spanish

Cultural Competency: N

CLAUDIA J CARDOZA

1328 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 451-4730

Fax: (760) 457-4700

After Hours Phone: (760)  
451-4730

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken:

Spanish

TDD: U

Min/Max Age: 6\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

#### GILROY, LAURA

Provider Gender: Female

License Number: LCS27123

NPI: 1437427978

Provider English Spoken: Y

Cultural Competency: N

LAURA L GILROY

1328 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 451-4720

Fax: (760) 457-4700

After Hours Phone: (760)  
451-4720

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### MAGEE, ANNA

Provider Gender: Female

License Number: LCS107407

NPI: 1194234609

Provider English Spoken: Y

Cultural Competency: N

ANNA M MAGEE

1328 S MISSION RD

FALLBROOK, CA 92028

Phone: (760) 451-4720

Fax: (760) 457-4700

After Hours Phone: (760)  
451-4720

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### MCAULEY, ROBERT

Provider Gender: Male

License Number: G23317

NPI: 1194881888

Provider English Spoken: Y

Cultural Competency: N

ROBERT A MCAULEY

1328 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 451-4730

Fax: (760) 457-4700

After Hours Phone: (760)  
451-4730

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 12\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### MILES, RENEE

Provider Gender: Female

License Number: LCS70204

NPI: 1053763623

## D6. Mental Health Directory

Provider English Spoken: Y

Cultural Competency: N

RENEE S MILES

1328 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 451-4720

Fax: (760) 457-4700

After Hours Phone: (760)  
451-4720

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### RODARTE, GABRIEL

Provider Gender: Male

License Number: A87906

NPI: 1184649212

Provider English Spoken: Y  
Spanish

Cultural Competency: N

GABRIEL RODARTE

1328 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 541-4730

Fax: (760) 457-4700

After Hours Phone: (760)  
541-4730

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## IMPERIAL BEACH

### GONZALEZ, CLAUDIA

Provider Gender: Female

License Number: LCS100328

NPI: 1770055543

Provider English Spoken: Y

Cultural Competency: N

CLAUDIA GONZALEZ

949 PALM AVE  
IMPERIAL BEACH, CA 91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### ZUREK, BEDEANIA

Provider Gender: Female

License Number: LCS74215

NPI: 1942375811

Provider English Spoken: Y

Cultural Competency: N

BEDEANIA R ZUREK

949 PALM AVE  
IMPERIAL BEACH, CA 91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## LA JOLLA

### BAILIS, JESSICA

Provider Gender: Female

License Number: PSY27537

NPI: 1760739049

Provider English Spoken: Y

Cultural Competency: N

JESSICA R BAILIS

8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### BOOTH, CHRISTOPHER

Provider Gender: Male

License Number: PSY26073

NPI: 1568893162

Provider English Spoken: Y

Cultural Competency: N

CHRISTOPHER R BOOTH

8950 VILLA LA JOLLA DR



## D6. Mental Health Directory

STE C101  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM




### **BOOTH, CHRISTOPHER**



Provider Gender: Male  
License Number: PSY26073  
NPI: 1568893162  
Provider English Spoken: Y  
Cultural Competency: N  
CHRISTOPHER R BOOTH  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### **BOUTELLE, KERRI**



Provider Gender: Male  
License Number: PSY21823  
NPI: 1780620906  
Provider English Spoken: Y  
Cultural Competency: N  
KERRI N BOUTELLE  
 3344 N TORREY PINES CT  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **BOUTELLE, KERRI**



Provider Gender: Male  
License Number: PSY21823  
NPI: 1780620906  
Provider English Spoken: Y  
Cultural Competency: N  
KERRI N BOUTELLE  
 8950 VILLA LA JOLLA DR  
STE C212  
LA JOLLA, CA 92037  
 Phone: (858) 246-1654  
 After Hours Phone: (858) 246-1654  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### **BOUTELLE, KERRI**


Provider Gender: Male  
License Number: PSY21823  
NPI: 1780620906  
Provider English Spoken: Y  
Cultural Competency: N  
KERRI N BOUTELLE  
 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### **BRAR, SIMERJEET**

Provider Gender: Female  
License Number: A144765  
NPI: 1417393307  
Provider English Spoken: Y  
Cultural Competency: N  
SIMERJEET K BRAR  
 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

## D6. Mental Health Directory

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

### CHESHER, NICHOLAS

Provider Gender: Male

License Number: PSY29290


NPI: 1124539697

Provider English Spoken: Y

Cultural Competency: N

NICHOLAS J CHESHER

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

### CLAUDAT, KIMBERLY

Provider Gender: Female

License Number: PSY28581


NPI: 1699200949

Provider English Spoken: Y

Cultural Competency: N

KIMBERLY B CLAUDAT

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

### CRANDAL, BRENT

Provider Gender: Male

License Number: PSY26294

NPI: 1588739452

Provider English Spoken: Y


Cultural Competency: N


BRENT R CRANDAL

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8372

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### DUARTE, KRISTEN

Provider Gender: Female

License Number: PSY31227

NPI: 1093119364


Provider English Spoken: Y

Cultural Competency: N


KRISTEN L DUARTE

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)

926-8273

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

### DUARTE, KRISTEN

Provider Gender: Female

License Number: PSY31227


NPI: 1093119364

Provider English Spoken: Y

Cultural Competency: N


KRISTEN L DUARTE

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)

926-8273

 Website: N/A

## D6. Mental Health Directory

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### EICHEN, DAWN

Provider Gender: Female  
License Number: PSY27823  
NPI: 1861043366

Provider English Spoken: Y  
Cultural Competency: N

DAWN M EICHEN

3344 N TORREY PINES CT  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### EICHEN, DAWN

Provider Gender: Female  
License Number: PSY27823  
NPI: 1861043366

Provider English Spoken: Y  
Cultural Competency: N

DAWN M EICHEN

8950 VILLA LA JOLLA DR  
STE C212  
LA JOLLA, CA 92037

Phone: (858) 246-1654  
Fax: (858) 246-3181

After Hours Phone: (858)  
246-1654

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### EICHEN, DAWN

Provider Gender: Female  
License Number: PSY27823  
NPI: 1861043366

Provider English Spoken: Y  
Cultural Competency: N

DAWN M EICHEN

8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### ELLEDDGE, LINDSAY

Provider Gender: Female  
License Number: LCS96136  
NPI: 1619428828

Provider English Spoken: Y  
Cultural Competency: N

LINDSAY E ELLEDGE

8950 VILLA LA JOLLA DR  
STE 101  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FINN, DAPHNA

Provider Gender: Female  
License Number: A152291  
NPI: 1639522725

Provider English Spoken: Y  
Cultural Competency: N

DAPHNA M FINN

8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037


Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

## D6. Mental Health Directory


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### HUEGE, STEVEN

Provider Gender: Male

License Number: C141122

NPI: 1598716367


Provider English Spoken: Y

Cultural Competency: N

STEVEN F HUEGE


 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### HUEGE, STEVEN

Provider Gender: Male


License Number: C141122


NPI: 1598716367

Provider English Spoken: Y

Cultural Competency: N


STEVEN F HUEGE

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### KHAFAJA, MOHAMAD

Provider Gender: Male

License Number: A115892

NPI: 1780867119

Provider English Spoken: Y


Arabic

Cultural Competency: N

MOHAMAD H KHAFAJA

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### LASSWELL, EVE

Provider Gender: Female

License Number: PSY30220

NPI: 1013483635


Provider English Spoken: Y


Cultural Competency: N

EVE N LASSWELL

 8950 VILLA LA JOLLA DR  
STE C101


LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273


 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### LEDBETTER, ALEX

Provider Gender: Male

License Number: 20A20454

NPI: 1073017315


Provider English Spoken: Y


Cultural Competency: N

ALEX W LEDBETTER


 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)

## D6. Mental Health Directory








926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### LEE, DAVID






Provider Gender: Male  
License Number: A124329  
NPI: 1871884130  
Provider English Spoken: Y  
Korean  
Cultural Competency: N  
DAVID J LEE  
 9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM



### LI, XIA

Provider Gender: Female  
License Number: A163344  
NPI: 1336670413  
Provider English Spoken: Y








Mandarin  
Cultural Competency: N  
XIA LI  
 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### LINKE, SARAH



Provider Gender: Female  
License Number: PSY27116  
NPI: 1487026415  
Provider English Spoken: Y  
Cultural Competency: N  
SARAH E LINKE  
 8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### MAGINOT-CHESSER, TAMARA

Provider Gender: Female  
License Number: PSY28678  
NPI: 1043441165  
Provider English Spoken: Y  
Cultural Competency: N  
TAMARA R MAGINOT  
CHESSER  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (858) 534-7792  
Fax: (619) 471-9017  
 After Hours Phone: (858)  
534-7792  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### MARTINEZ, STEPHANIE

Provider Gender: Female  
License Number: A152787  
NPI: 1699126367  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
STEPHANIE MARTINEZ  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273



## D6. Mental Health Directory

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Yes

🗨 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### MAXWELL, BENJAMIN

Provider Gender: Male

License Number: A108124

NPI: 1740415926

Provider English Spoken: Y

Cultural Competency: N

BENJAMIN K MAXWELL

📍 8950 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

☎ Phone: (858) 534-8019

Fax: (858) 534-6727

☎ After Hours Phone: (858) 534-8019

🌐 Website: N/A

Accepting New Patients: Yes

🗨 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
9:00AM-5:00PM

### MENDEZ, ANDRES

Provider Gender: Male

License Number: PSY28907

NPI: 1841482692

Provider English Spoken: Y  
Spanish

Cultural Competency: N

ANDRES G MENDEZ

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Yes

🗨 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### MOORE, SHAVON

Provider Gender: Female

License Number: A152789

NPI: 1053682773

Provider English Spoken: Y

Cultural Competency: N

SHAVON C MOORE

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Yes

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### MOORE, SHAVON

Provider Gender: Female

License Number: A152789

NPI: 1053682773

Provider English Spoken: Y

Cultural Competency: N

SHAVON C MOORE

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 826-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 826-8273

🌐 Website: N/A

Accepting New Patients: Yes

🗨 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620

Provider English Spoken: Y

Vietnamese

Cultural Competency: N

## D6. Mental Health Directory

HOANG A NGUYEN

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (619) 497-6673

After Hours Phone: (619)  
497-6673

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

### NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620

Provider English Spoken: Y

Vietnamese

Cultural Competency: N

HOANG A NGUYEN

8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

### QAYOUMI, WALI

Provider Gender: Male

License Number: A168429

NPI: 1093178220

Provider English Spoken: Y

French

Cultural Competency: N

WALI Z QAYOUMI

9350 CAMPUS POINT DR  
STE LLB

LA JOLLA, CA 92037

Phone: (619) 284-3746

Fax: (888) 579-8781

After Hours Phone: (619)  
284-3746

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

### QAYOUMI, WALI

Provider Gender: Male

License Number: A168429

NPI: 1093178220

Provider English Spoken: Y

French

Cultural Competency: N

WALI Z QAYOUMI

9500 GILMAN DR STE 2069  
LA JOLLA, CA 92093

Phone: (858) 822-5881

Fax: (888) 539-8781

After Hours Phone: (858)  
822-5881

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### REED, KRISTIE

Provider Gender: Female

License Number: PSY30934

NPI: 1679869556

Provider English Spoken: Y

Cultural Competency: N

KRISTIE L REED

8950 VILLA LA JOLLA DR  
STE C212

LA JOLLA, CA 92037

Phone: (800) 926-8372

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8372

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### REED, KRISTIE

Provider Gender: Female

License Number: PSY30934

NPI: 1679869556


## D6. Mental Health Directory

*Provider English Spoken: Y*

*Cultural Competency: N*

KRISTIE L REED

 3344 N TORREY PINES CT  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273


 Website: N/A

*Accepting New Patients: Yes*

 Site English Spoken: Y  
TDD: U

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
N

 Accessibility: CONTACT  
PROVIDER

### **RICHARD, MARLA**

*Provider Gender: Female*

*License Number: G65188*


*NPI: 1578720934*


*Provider English Spoken: Y*

*Cultural Competency: N*

MARLA G RICHARD


 9300 MEDIAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273


 Website: N/A


*Accepting New Patients: Yes*

 Site English Spoken: Y  
TDD: U

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### **RICHARD, MARLA**

*Provider Gender: Female*

*License Number: G65188*

*NPI: 1578720934*


*Provider English Spoken: Y*


*Cultural Competency: N*

MARLA G RICHARD

 8950 VILLA LA JOLLA DR  
STE C101


LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A


*Accepting New Patients: Yes*

 Site English Spoken: Y  
TDD: U

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### **SCHNEEBERGER, ANDRES**

*Provider Gender: Male*

*License Number: C175502*

*NPI: 1184867376*


*Provider English Spoken: Y*

*Cultural Competency: N*

ANDRES R SCHNEEBERGER


 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

*Accepting New Patients: Yes*

 Site English Spoken: Y  
TDD: U

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
N

 Accessibility: CONTACT  
PROVIDER

### **TARLE, STEPHANIE**

*Provider Gender: Female*

*License Number: PSY32155*

*NPI: 1659920403*


*Provider English Spoken: Y*

*Cultural Competency: N*

STEPHANIE J TARLE

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273


 Website: N/A

*Accepting New Patients: Yes*

 Site English Spoken: Y  
TDD: U

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
N

 Accessibility: CONTACT  
PROVIDER

### **TARVER, LESLIE**

*Provider Gender: Female*

*License Number: A169181*

*NPI: 1811300957*

*Provider English Spoken: Y*

*Cultural Competency: N*

LESLIE B TARVER

 8950 VILLA LA JOLLA DR  
STE C101

## D6. Mental Health Directory

LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
🌐 Website: N/A  
Accepting New Patients: Yes  
🗎 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### WISHNEK, HANNAH

Provider Gender: Female  
License Number: LCS105699  
NPI: 1578012043  
Provider English Spoken: Y  
Cultural Competency: N

### HANNAH K WISHNEK

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
🌐 Website: N/A  
Accepting New Patients: Yes  
🗎 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### ZLATAR, ZVINKA

Provider Gender: Female  
License Number: PSY26230  
NPI: 1497139059

Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
ZVINKA Z ZLATAR  
📍 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
🌐 Website: N/A  
Accepting New Patients: Yes  
🗎 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM

## LAKESIDE

### BRUNETTO, HEIDI

Provider Gender: Female  
License Number: PSY26809  
NPI: 1023250453  
Provider English Spoken: Y  
Cultural Competency: N  
HEIDI M BRUNETTO  
📍 10039 VINE ST  
LAKESIDE, CA 92040  
☎ Phone: (619) 390-9975  
Fax: (858) 633-4690  
🕒 After Hours Phone: (619) 390-9975  
🌐 Website: N/A  
Accepting New Patients: Yes  
🗎 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-TH  
8:00AM-5:00PM

## NATIONAL CITY

### FLANIGAN, MARILYN

Provider Gender: Female  
License Number: MFC97326  
NPI: 1588996912  
Provider English Spoken: Y  
Cultural Competency: N  
MARILYN Y FLANIGAN  
📍 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
☎ Phone: (844) 200-2426  
Fax: (858) 578-4417  
🕒 After Hours Phone: (844) 200-2426  
🌐 Website: N/A

Accepting New Patients: Yes  
🗎 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-6:00PM

### KUGEL, SAMUEL

Provider Gender: Male  
License Number: A54412  
NPI: 1497813968  
Provider English Spoken: Y  
Portuguese, Spanish  
Cultural Competency: N

## D6. Mental Health Directory

SAMUEL KUGEL

502 EUCLID AVE STE 305  
NATIONAL CITY, CA 91950

Phone: (619) 472-2600

Fax: (619) 472-5721

After Hours Phone: (619)  
472-2600

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish, Portuguese

TDD: U

Min/Max Age: 18\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

9:00AM-5:00PM

### SACHS, MELISSA

Provider Gender: Female

License Number: LCS76968

NPI: 1649760356

Provider English Spoken: Y

Cultural Competency: N

MELISSA R SACHS

2400 E 8TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

### SILVEY, CHRISTOPHER

Provider Gender: Male

License Number: LCS85942

NPI: 1932793502

Provider English Spoken: Y

Cultural Competency: N

CHRISTOPHER J SILVEY

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 474-4008

After Hours Phone: (844)  
200-2426

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

## OCEANSIDE

### ACOSTA, AZUCENA

Provider Gender: Female

License Number: LCS98304

NPI: 1255937496

Provider English Spoken: Y

Spanish

Cultural Competency: N

AZUCENA ACOSTA

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

### ACOSTA, AZUCENA

Provider Gender: Female

License Number: LCS98304

NPI: 1255937496

Provider English Spoken: Y

Spanish

Cultural Competency: N

AZUCENA ACOSTA

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

## D6. Mental Health Directory

### ACOSTA, AZUCENA

Provider Gender: Female  
License Number: LCS98304  
NPI: 1255937496  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
AZUCENA ACOSTA

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:00AM-5:00PM  
W 8:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### CHALMERS, VIRGINIA

Provider Gender: Female  
License Number: LCS28053  
NPI: 1265613715  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
VIRGINIA C CHALMERS

619 CROUCH ST  
OCEANSIDE, CA 92054

Phone: (760) 736-6767  
Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CHRISTIANSON, WARREN

Provider Gender: Male  
License Number: 20A9664  
NPI: 1932359445  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
WARREN R CHRISTIANSON II

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664  
NPI: 1932359445

Provider English Spoken: Y  
Spanish

Cultural Competency: N

WARREN R CHRISTIANSON II

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### CHRISTIANSON, WARREN

Provider Gender: Male  
License Number: 20A9664  
NPI: 1932359445

Provider English Spoken: Y

Spanish

Cultural Competency: N

WARREN R CHRISTIANSON II

517 N HORNE ST  
OCEANSIDE, CA 92054


Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

## D6. Mental Health Directory


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): Spanish

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664


NPI: 1932359445

Provider English Spoken: Y  
Spanish

Cultural Competency: N


WARREN R CHRISTIANSON II

 4700 N RIVER RD  
OCEANSIDE, CA 92057


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): Spanish

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664


NPI: 1932359445

Provider English Spoken: Y

Cultural Competency: N

WARREN R CHRISTIANSON II

 4700 N RIVER RD  
OCEANSIDE, CA 92057


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): Cultural Competency: N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664


NPI: 1932359445

Provider English Spoken: Y


Cultural Competency: N


WARREN R CHRISTIANSON II

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A


Accepting New Patients: Yes


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### COOK, SHERYL

Provider Gender: Female


License Number: PSY15449

NPI: 1750420816

Provider English Spoken: Y  
Cultural Competency: N

SHERYL G COOK

 619 CROUCH ST STE 100  
OCEANSIDE, CA 92054


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767


 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): Cultural Competency: N

 Accessibility: CONTACT PROVIDER

 Hours: M 9:00AM-6:15PM  
W 9:00AM-6:00PM

### CRUZ, VANESSA

Provider Gender: Female

License Number: LCS87166

NPI: 1285170662

Provider English Spoken: Y


## D6. Mental Health Directory

*Cultural Competency: N*

VANESSA Y CRUZ

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CRUZ, VANESSA

*Provider Gender: Female*

*License Number: LCS87166*

*NPI: 1285170662*


*Provider English Spoken: Y*

*Cultural Competency: N*

VANESSA Y CRUZ

 517 N HORNE ST

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CRUZ, VANESSA

*Provider Gender: Female*

*License Number: LCS87166*

*NPI: 1285170662*


*Provider English Spoken: Y*

*Cultural Competency: N*


VANESSA Y CRUZ


 818 PIER VIEW WAY

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
9:00AM-7:00PM

F 9:00AM-5:00PM

SA 9:00AM-4:00PM

### CRUZ, VANESSA

*Provider Gender: Female*

*License Number: LCS87166*

*NPI: 1285170662*


*Provider English Spoken: Y*

*Cultural Competency: N*


VANESSA Y CRUZ


 818 PIER VIEW WAY

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y


TDD: U

Min/Max Age: 4\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
9:00AM-7:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

### DOUGHERTY, CHRISTINE

*Provider Gender: Female*

*License Number: LCS26686*

*NPI: 1003194960*


*Provider English Spoken: Y*

*Cultural Competency: N*

CHRISTINE A DOUGHERTY

 517 N HORNE ST

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### DOUGHERTY, CHRISTINE

*Provider Gender: Female*

*License Number: LCS26686*

*NPI: 1003194960*


*Provider English Spoken: Y*

*Cultural Competency: N*

CHRISTINE A DOUGHERTY



## D6. Mental Health Directory


 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **DOUGHERTY, CHRISTINE**

Provider Gender: Female  
License Number: LCS26686  
NPI: 1003194960







Provider English Spoken: Y  
Cultural Competency: N

CHRISTINE A DOUGHERTY

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **JENSEN, BRIAN**

Provider Gender: Male  
License Number: PSY26041







NPI: 1518138049  
Provider English Spoken: Y  
Cultural Competency: N  
BRIAN M JENSEN  
 619 CROUCH ST  
OCEANSIDE, CA 92054  
 Phone: (760) 566-1620  
Fax: (760) 433-4040  
 After Hours Phone: (760)  
566-1620  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **KRAPES, MICHAEL**

Provider Gender: Male  
License Number: PSY25077  
NPI: 1215233028

Provider English Spoken: Y  
Cultural Competency: N

MICHAEL B KRAPES







 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
Fax: (760) 566-1501  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **MAUHILI, KENNA**

Provider Gender: Female  
License Number: PSY23713  
NPI: 1386949360

Provider English Spoken: Y  
Cultural Competency: N

KENNA M MAUHILI

 619 CROUCH ST STE 100  
OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM





### **MENDEZ, ADRIANA**

Provider Gender: Female  
License Number: LCS86435  
NPI: 1356777361


Provider English Spoken: Y  
Spanish

Cultural Competency: N

ADRIANA J MENDEZ

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes

## D6. Mental Health Directory

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **MENDEZ, ADRIANA**

Provider Gender: Female

License Number: LCS86435


NPI: 1356777361

Provider English Spoken: Y  
Spanish

Cultural Competency: N

ADRIANA J MENDEZ


 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **MENDEZ, ADRIANA**

Provider Gender: Female

License Number: LCS86435

NPI: 1356777361


Provider English Spoken: Y  
Spanish

Cultural Competency: N

ADRIANA J MENDEZ

 818 PIER VIEW WAY

OCEANSIDE, CA 92054


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **MEYERHOF, GRETA**

Provider Gender: Female

License Number: MFC32299


NPI: 1487196333

Provider English Spoken: Y

Cultural Competency: N

GRETA R MEYERHOF


 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **MEYERHOF, GRETA**

Provider Gender: Female

License Number: MFC32299


NPI: 1487196333

Provider English Spoken: Y

Cultural Competency: N

GRETA R MEYERHOF


 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **MEYERHOF, GRETA**

Provider Gender: Female

License Number: MFC32299


NPI: 1487196333

Provider English Spoken: Y

Cultural Competency: N

GRETA R MEYERHOF


 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D6. Mental Health Directory

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### MONTEZ, REBECCA

Provider Gender: Female  
License Number: LCS26869  
NPI: 1396047809  
Provider English Spoken: Y  
Spanish

Cultural Competency: N

REBECCA MONTEZ

📍 2210 MESA DR STE 5  
OCEANSIDE, CA 92054

☎ Phone: (760) 757-5841

Fax: (619) 736-8740

📞 After Hours Phone: (760)  
757-5841

🌐 Website: N/A

Accepting New Patients: Yes

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### NEVILLE, MARGARET

Provider Gender: Female  
License Number: LCS82407  
NPI: 1073682407

Provider English Spoken: Y

Cultural Competency: N

MARGARET R NEVILLE

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760)  
631-5000

🌐 Website: N/A

Accepting New Patients: Yes

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### NEVILLE, MARGARET

Provider Gender: Female  
License Number: LCS82407  
NPI: 1073682407

Provider English Spoken: Y

Cultural Competency: N

MARGARET R NEVILLE

📍 517 N HORNE ST  
OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760)  
631-5000

🌐 Website: N/A

Accepting New Patients: Yes

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### NEVILLE, MARGARET

Provider Gender: Female  
License Number: LCS82407  
NPI: 1073682407

Provider English Spoken: Y

Cultural Competency: N

MARGARET R NEVILLE

📍 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760)

631-5000

🌐 Website: N/A

Accepting New Patients: Yes

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### ORTIZ, BEVERLY

Provider Gender: Female  
License Number: MFC121355  
NPI: 1760826572

Provider English Spoken: Y

Cultural Competency: N

BEVERLY L ORTIZ

📍 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

☎ Phone: (760) 736-6767

Fax: (760) 566-1501

📞 After Hours Phone: (760)  
736-6767

🌐 Website: N/A

Accepting New Patients: Yes

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### PATEL, MITESH







Provider Gender: Male  
License Number: A181164  
NPI: 1568880292

Provider English Spoken: Y







Cultural Competency: N


MITESH K PATEL

## D6. Mental Health Directory

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **PATEL, MITESH**

Provider Gender: Male  
License Number: A181164  
NPI: 1568880292  
Provider English Spoken: Y  
Cultural Competency: N  
MITESH K PATEL  
 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


 Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **PATEL, MITESH**


Provider Gender: Male  
License Number: A181164  
NPI: 1568880292  
Provider English Spoken: Y  
Cultural Competency: N  
MITESH K PATEL  
 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\999


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM



### **SANCHEZ, ADRIANA**

Provider Gender: Female  
License Number: LCS97093  
NPI: 1609450451  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
ADRIANA SANCHEZ  
 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **SANCHEZ, ADRIANA**

Provider Gender: Female  
License Number: LCS97093  
NPI: 1609450451  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
ADRIANA SANCHEZ


 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-4:00PM

### **SANCHEZ, ADRIANA**

Provider Gender: Female

## D6. Mental Health Directory

---

License Number: LCS97093

NPI: 1609450451

Provider English Spoken: Y  
Spanish

Cultural Competency: N

ADRIANA SANCHEZ

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### SMITH, SONYA

Provider Gender: Female

License Number: LCS82598

NPI: 1902070857

Provider English Spoken: Y  
Spanish

Cultural Competency: N

SONYA L SMITH

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### SMITH, SONYA

Provider Gender: Female

License Number: LCS82598

NPI: 1902070857

Provider English Spoken: Y  
Spanish

Cultural Competency: N

SONYA L SMITH

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### SMITH, SONYA

Provider Gender: Female

License Number: LCS82598

NPI: 1902070857

Provider English Spoken: Y  
Spanish

Cultural Competency: N

SONYA L SMITH

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### WILSON, CARLENE

Provider Gender: Female

License Number: LCS74685

NPI: 1508327081

Provider English Spoken: Y  
Cultural Competency: N

CARLENE WILSON

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### WILSON, CARLENE

Provider Gender: Female

License Number: LCS74685

NPI: 1508327081

Provider English Spoken: Y  
Cultural Competency: N

## D6. Mental Health Directory

CARLENE WILSON

517 N HORNE ST  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### WILSON, CARLENE

Provider Gender: Female  
License Number: LCS74685  
NPI: 1508327081

Provider English Spoken: Y  
Cultural Competency: N

CARLENE WILSON

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## POWAY

### KULKARNI, NISHAT

Provider Gender: Male  
License Number: A187134  
NPI: 1669034732

Provider English Spoken: Y  
Cultural Competency: N

NISHAT KULKARNI

13010 POWAY RD  
POWAY, CA 92064  
Phone: (858) 218-3000  
Fax: (360) 462-2742

After Hours Phone: (858)  
218-3000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### MODHWADIA, MAMTA

Provider Gender: Female  
License Number: A113990  
NPI: 1043353667

Provider English Spoken: Y  
German

Cultural Competency: N

MAMTA D MODHWADIA

13010 POWAY RD  
POWAY, CA 92064  
Phone: (858) 218-3000  
Fax: (360) 462-2742

After Hours Phone: (858)  
218-3000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

### POSTLETHWAITE, ALEJANDRA

Provider Gender: Female  
License Number: A88938  
NPI: 1750566915

Provider English Spoken: Y  
Cultural Competency: N

ALEJANDRA POSTLETHWAITE

13010 POWAY RD  
POWAY, CA 92064  
Phone: (858) 218-3000  
Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### STREET, KYLE

Provider Gender: Male  
License Number: 20A21304  
NPI: 1457912131

Provider English Spoken: Y

## D6. Mental Health Directory

*Cultural Competency: N*

KYLE A STREET

13010 POWAY RD

POWAY, CA 92064

Phone: (858) 218-3000

Fax: (360) 462-2742

After Hours Phone: (858)  
218-3000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

### VALLEZ-BARLAM, ANDREA

*Provider Gender: Female*

*License Number: PSY9962*

*NPI: 1710902143*

*Provider English Spoken: Y*

*German, Spanish*

*Cultural Competency: N*

ANDREA VALLEZ-BARLAM

13010 POWAY RD

POWAY, CA 92064

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

9:00AM-5:00PM

## SAN DIEGO

### ABERCROMBIE, SHERI

*Provider Gender: Female*

*License Number: PSY18536*

*NPI: 1932292422*

*Provider English Spoken: Y*

*Cultural Competency: N*

SHERI ABERCROMBIE

6973 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:30AM-5:30PM

SA 8:30AM-4:00PM

### ABERCROMBIE, SHERI

*Provider Gender: Female*

*License Number: PSY18536*

*NPI: 1932292422*

*Provider English Spoken: Y*

*Cultural Competency: N*

SHERI ABERCROMBIE

7011 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 810-8787

Fax: (858) 987-5825

After Hours Phone: (858)  
810-8787

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### ARONLEE, TRACY

*Provider Gender: Female*

*License Number: LCS83778*

*NPI: 1619304748*

*Provider English Spoken: Y*

*Cultural Competency: N*

TRACY S ARONLEE

7011 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N




Accessibility: CONTACT  
PROVIDER

## D6. Mental Health Directory

### ARONLEE, TRACY






Provider Gender: Female  
License Number: LCS83778  
NPI: 1619304748  
Provider English Spoken: Y  
Cultural Competency: N  
TRACY S ARONLEE



 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925

 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### BANKS, SARAH


Provider Gender: Female  
License Number: PSY30296  
NPI: 1164701132  
Provider English Spoken: Y  
Cultural Competency: N  
SARAH J BANKS




 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999

American Sign Language (ASL):  Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999

### BANKS, SARAH

Provider Gender: Female  
License Number: PSY30296  
NPI: 1164701132  
Provider English Spoken: Y  
Cultural Competency: N





SARAH J BANKS  
 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
 Website: N/A

Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### BANKS, SARAH

Provider Gender: Female  
License Number: PSY30296  
NPI: 1164701132  
Provider English Spoken: Y  
Cultural Competency: N




SARAH J BANKS  
 4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### BARRON, KAVITA

Provider Gender: Female  
License Number: A155596  
NPI: 1821418542  
Provider English Spoken: Y  
Cultural Competency: N  
KAVITA BARRON

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
 Website: N/A

Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### BASS, GURGIANA

Provider Gender: Male  
License Number: PSY24750  
NPI: 1639325277  
Provider English Spoken: Y  
Cultural Competency: N






## D6. Mental Health Directory










### GURGIANA BASS

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8787  
 Fax: (858) 987-5825  
 After Hours Phone: (858)  
810-8787  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER






### BRAR, SIMERJEET




Provider Gender: Female  
License Number: A144765  
NPI: 1417393307  
Provider English Spoken: Y  
Cultural Competency: N  
SIMERJEET K BRAR  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 576-1700  
 Fax: (858) 966-8164  
 After Hours Phone: (858)  
576-1700  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### BREEDLOVE, AMANDA










Provider Gender: Female  
License Number: MFC139230  
NPI: 1316487119  
Provider English Spoken: Y  
Cultural Competency: N  
AMANDA A BREEDLOVE  
 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 785-3384  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### BROWN, DARCIE

Provider Gender: Female  
License Number: MFC119851  
NPI: 1639796071  
Provider English Spoken: Y  
Cultural Competency: N  
DARCIE D BROWN  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### CALLAGHAN, KATHRYN

Provider Gender: Female  
License Number: MFC106901  
NPI: 1558768812  
Provider English Spoken: Y  
Cultural Competency: N  
KATHRYN R CALLAGHAN  
 2630 1ST AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 234-2158  
 Fax: (619) 234-0206  
 After Hours Phone: (619)  
234-2158  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### CEBALLOS, JACQUELINE CAMILLE

Provider Gender: Female  
License Number: LCS110194  
NPI: 1093350258

## D6. Mental Health Directory

Provider English Spoken: Y

Cultural Competency: N

JACQUELINE CAMILLE

CEBALLOS

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-9676

Fax: (858) 633-4680

After Hours Phone: (858)  
279-9676

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### CEBALLOS, JACQUELINE CAMILLE

Provider Gender: Female

License Number: LCS110194

NPI: 1093350258

Provider English Spoken: Y

Cultural Competency: N

JACQUELINE CAMILLE

CEBALLOS

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): Fax: (858) 966-8164

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### CHESHER, NICHOLAS

Provider Gender: Male

License Number: PSY29290

NPI: 1124539697

Provider English Spoken: Y

Cultural Competency: N

NICHOLAS J CHESHER

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### CIOBANU, COSMINA

Provider Gender: Female

License Number: A137628

NPI: 1285049932

Provider English Spoken: Y

Cultural Competency: N

COSMINA S CIOBANU

3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 576-1700

After Hours Phone: (858)  
576-1700

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### CIOBANU, COSMINA

Provider Gender: Female

License Number: A137628

NPI: 1285049932

Provider English Spoken: Y

Cultural Competency: N

COSMINA S CIOBANU

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 576-1700

Fax: (858) 966-8164

After Hours Phone: (858)  
576-1700

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM



### CIOBANU, COSMINA

Provider Gender: Female

## D6. Mental Health Directory




License Number: A137628  
NPI: 1285049932  
Provider English Spoken: Y  
Cultural Competency: N  
COSMINA S CIOBANU



 8001 FROST ST  
SAN DIEGO, CA 92123  
 Phone: (858) 576-1700  
Fax: (858) 966-8164  
 After Hours Phone: (858)  
576-1700  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\19  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### CIOBANU, COSMINA






Provider Gender: Female  
License Number: A137628  
NPI: 1285049932  
Provider English Spoken: Y  
Cultural Competency: N  
COSMINA S CIOBANU


 4510 EXECUTIVE DR STE  
315  
SAN DIEGO, CA 92121  
 Phone: (858) 534-8019  
 After Hours Phone: (858)  
534-8019  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### CLEMENT, LUIS



Provider Gender: Male  
License Number: PSY28534  
NPI: 1235364712  
Provider English Spoken: Y  
Cultural Competency: N  
LUIS F CLEMENT

 2630 1ST AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 234-2158  
Fax: (619) 234-0505  
 After Hours Phone: (619)  
234-2158  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

### CRISOL, CAROLINE



Provider Gender: Female  
License Number: MFC88616  
NPI: 1962663617  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
CAROLINE M CRISOL LMFT  
INC

 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100

Fax: (619) 205-1952  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### DEACON, CASSIE

Provider Gender: Female  
License Number: LCS94105  
NPI: 1720452998  
Provider English Spoken: Y  
Cultural Competency: N  
CASSIE C DEACON




 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M 8:30AM-5:30PM  
TU 5:30PM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

## D6. Mental Health Directory

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### DEACON, CASSIE

Provider Gender: Female  
License Number: LCS94105  
NPI: 1720452998  
Provider English Spoken: Y  
Cultural Competency: N  
CASSIE C DEACON




 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
810-8700  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M 8:30AM-5:30PM  
TU 5:30PM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### DEL AGUILA, FABIOLA

Provider Gender: Female  
License Number: PSY24471  
NPI: 1720283211  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N





FABIOLA DEL AGUILA  
 1016 OUTER RD  
SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
Fax: (619) 628-5550  
 After Hours Phone: (619)

429-3733

 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### DIAZ, JAENAI


Provider Gender: Female  
License Number: LCS80689  
NPI: 1508241811  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
JAENAI DIAZ

 350 DICKINSON ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER




### DIOKNO, RHODA

Provider Gender: Female  
License Number: PSY28073  
NPI: 1629109483  
Provider English Spoken: Y  
Cultural Competency: N

### ROHDA CARINO DIOKNO

 2630 1ST AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 234-2158  
Fax: (619) 234-0505  
 After Hours Phone: (619)  
234-2158  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### DOLNAK, DOUGLAS









Provider Gender: Male  
License Number: 20A6059  
NPI: 1316147085  
Provider English Spoken: Y  
Cultural Competency: N  
DOUGLAS R DOLNAK  
 10737 CAMINO RUIZ  
SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
Fax: (619) 474-4008  
 After Hours Phone: (844)  
200-2426  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-6:00PM

## D6. Mental Health Directory

### DOSS, KATIE

Provider Gender: Female  
License Number: LCS112693  
NPI: 1134825979  
Provider English Spoken: Y  
Cultural Competency: N

KATIE L DOSS





 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
810-8700  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### DOSS, KATIE

Provider Gender: Female  
License Number: LCS112693  
NPI: 1134825979  
Provider English Spoken: Y  
Cultural Competency: N

KATIE L DOSS







 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925  
 Website: N/A  
Accepting New Patients: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### DSOUZA, NICOLE

Provider Gender: Male  
License Number: LCS101958  
NPI: 1225462799  
Provider English Spoken: Y  
Cultural Competency: N








NICOLE A DSOUZA

 330 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### DUNN-PIRIO, ANASTASIE

Provider Gender: Female  
License Number: A157861  
NPI: 1700177136  
Provider English Spoken: Y  
Cultural Competency: N

ANASTASIE M DUNN-PIRIO





 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103  
 Phone: (619) 543-3500  
Fax: (888) 539-8781  
 After Hours Phone: (619)  
543-3500  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### ESTAVILLO, SAUL

Provider Gender: Male  
License Number: MFC102610  
NPI: 1528330073  
Provider English Spoken: Y  
Spanish


Cultural Competency: N

SAUL J ESTAVILLO

 3045 BEYER BLVD STE D101  
SAN DIEGO, CA 92154  
 Phone: (619) 662-4161  
Fax: (619) 662-4109  
 After Hours Phone: (619)  
662-4161  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## D6. Mental Health Directory


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 Hours: M-F  
8:00AM-5:00PM

### **ESTAVILLO, SAUL**

Provider Gender: Male  
License Number: MFC102610  
NPI: 1528330073  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
SAUL J ESTAVILLO


 286 EUCLID AVE STE 309  
SAN DIEGO, CA 92114

 Phone: (619) 527-7390  
Fax: (619) 527-7394

 After Hours Phone: (619)  
527-7390

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


### **FIRESTONE, MICHELLE**

Provider Gender: Female  
License Number: PSY33081  
NPI: 1114687803


Provider English Spoken: Y  
Cultural Competency: N


MICHELLE E FIRESTONE

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700  
Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: N/A  
Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **FIRESTONE, MICHELLE**

Provider Gender: Female  
License Number: PSY33081  
NPI: 1114687803

Provider English Spoken: Y  
Cultural Competency: N

MICHELLE E FIRESTONE


 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925  
Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FITZGERALD, MICHAEL**

Provider Gender: Male  
License Number: A73710  
NPI: 1336393578


Provider English Spoken: Y  
Cultural Competency: N

MICHAEL W FITZGERALD

 16918 DOVE CANYON RD

STE 100


SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


### **FLANIGAN, MARILYN**

Provider Gender: Female  
License Number: MFC97326  
NPI: 1588996912

Provider English Spoken: Y  
Cultural Competency: N

MARILYN Y FLANIGAN

 10737 CAMINO RUIZ STE  
235


SAN DIEGO, CA 92126  
 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844)  
200-2426


 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

## D6. Mental Health Directory







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8:00AM-6:00PM

### **FORZANI, CHRISTINA**

Provider Gender: Female  
License Number: PSY25710  
NPI: 1902939630  
Provider English Spoken: Y  
Cultural Competency: N


CHRISTINA A FORZANI

 4290 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 961-1497  
Fax: (858) 633-4682  
 After Hours Phone: (619)  
961-1497  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FRANK, GUIDO**

Provider Gender: Male  
License Number: A86429  
NPI: 1578608733  
Provider English Spoken: Y  
Cultural Competency: N


GUIDO K FRANK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8145  
Fax: (858) 966-8154  
 After Hours Phone: (858)  
966-8145  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### **FRY, LIANE**

Provider Gender: Female  
License Number: MFC42570  
NPI: 1003110917  
Provider English Spoken: Y  
Cultural Competency: N


LIANE M FRY

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
Fax: (619) 595-0258  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U

Min/Max Age: 12\999

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


### **GARCIA, RICHARD**

Provider Gender: Male  
License Number: LCS28742  
NPI: 1881198554  
Provider English Spoken: Y  
Cultural Competency: N

RICHARD R GARCIA

 2630 1ST AVE


SAN DIEGO, CA 92103

 Phone: (619) 234-2158  
Fax: (619) 234-0505

 After Hours Phone: (619)  
234-2158

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-4:30PM

### **GARCIA, JENNI**

Provider Gender: Female  
License Number: LPCC10346  
NPI: 1437775863  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N

JENNI GARCIA



 3025 BEYER BLVD  
SAN DIEGO, CA 92154

 Phone: (619) 662-4100  
Fax: (619) 662-4119

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

TDD: U


Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D6. Mental Health Directory

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 Hours: M-F  
8:00AM-5:00PM

### **GIAMONA, KRISTEN**

Provider Gender: Female  
License Number: PSY28419  
NPI: 1376824383

Provider English Spoken: Y  
Cultural Competency: N  
KRISTEN M GIAMONA


 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8787  
Fax: (858) 987-5825

 After Hours Phone: (858)  
810-8787


 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **GIAMONA, KRISTEN**


Provider Gender: Female  
License Number: PSY28419  
NPI: 1376824383


Provider English Spoken: Y  
Cultural Competency: N

KRISTEN M GIAMONA

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925  
Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **GOMEZ, JUANITA**

Provider Gender: Female  
License Number: PSY27439  
NPI: 1790915759

Provider English Spoken: Y  
Cultural Competency: N

JUANITA GOMEZ


 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

 Phone: (800) 926-8372  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

### **GULOTTA, SAMANTHA**


Provider Gender: Female  
License Number: MFC134199  
NPI: 1790407732

Provider English Spoken: Y  
Cultural Competency: N

SAMANTHA L GULOTTA

 9909 MIRA MESA BLVD  
STE 200


SAN DIEGO, CA 92131

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **HERNANDEZ, SILVIA**

Provider Gender: Female  
License Number: MFC51787  
NPI: 1982821179

Provider English Spoken: Y  
Cultural Competency: N

SILVIA E HERNANDEZ


 3025 BEYER BLVD  
SAN DIEGO, CA 92154

 Phone: (760) 520-8340  
Fax: (619) 662-4119

 After Hours Phone: (760)  
520-8340

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **JOSHI, YASH**

Provider Gender: Male  
License Number: A147156  
NPI: 1598151433

Provider English Spoken: Y  
Cultural Competency: N



## D6. Mental Health Directory

**YASH B JOSHI**

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

**KAYE, WALTER**

Provider Gender: Male





License Number: A24819

NPI: 1922076223

Provider English Spoken: Y

Cultural Competency: N

WALTER H KAYE

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 Phone: (858) 534-8019  
 After Hours Phone: (858)  
534-8019  
 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

**KHAFAJA, MOHAMAD**

Provider Gender: Male

License Number: A115892



NPI: 1780867119

Provider English Spoken: Y  
Arabic

Cultural Competency: N

MOHAMAD H KHAFAJA

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

**KHAMISA, SORAIYA**

Provider Gender: Female

License Number: LCS81951


NPI: 1811254386


Provider English Spoken: Y


Cultural Competency: N

SORAIYA N KHAMISA

 4520 EXECUTIVE DR STE A  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**KLUEMPER, NICOLE**

Provider Gender: Female

License Number: PSY27064



NPI: 1902125818

Provider English Spoken: Y

Cultural Competency: N

NICOLE S KLUEMPER

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700  
 Fax: (858) 279-0377

 After Hours Phone: (858)  
810-8700

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**KLUEMPER, NICOLE**

Provider Gender: Female

License Number: PSY27064



NPI: 1902125818

Provider English Spoken: Y

Cultural Competency: N

NICOLE S KLUEMPER

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925  
 Fax: (858) 633-4680








 After Hours Phone: (858)

## D6. Mental Health Directory

279-0925  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER







### LABIB, MICHAEL

Provider Gender: Male  
License Number: PSY34180  
NPI: 1609055797  
Provider English Spoken: Y  
Arabic  
Cultural Competency: N  
MICHAEL LABIB

 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 785-3384  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### LIDLAW, JOHN

Provider Gender: Male  
License Number: MFC44560

NPI: 1689790073  
Provider English Spoken: Y  
Cultural Competency: N  
JOHN K LAIDLAW  
 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
200-2426  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER








### LEBENSOHN CHIALVO, FLORENCIA

Provider Gender: Female  
License Number: PSY30776  
NPI: 1134788730  
Provider English Spoken: Y  
Cultural Competency: N  
FLORENCIA LEBENSOHN  
CHIALVO  
 7910 FROST ST STE 350  
SAN DIEGO, CA 92123  
 Phone: (858) 496-4800  
 After Hours Phone: (858)  
496-4800  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### LEBENSOHN CHIALVO, FLORENCIA




Provider Gender: Female  
License Number: PSY30776  
NPI: 1134788730  
Provider English Spoken: Y  
Cultural Competency: N  
FLORENCIA LEBENSOHN  
CHIALVO

 9333 GENESEE AVE STE  
200  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### LEDBETTER, ALEX

Provider Gender: Male  
License Number: 20A20454  
NPI: 1073017315  
Provider English Spoken: Y  
Cultural Competency: N  
ALEX W LEDBETTER  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 After Hours Phone: (800)

## D6. Mental Health Directory



926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### LEE, DAVID

Provider Gender: Male  
License Number: A124329  
NPI: 1871884130  
Provider English Spoken: Y  
Korean







Cultural Competency: N

DAVID J LEE

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### LI, XIA



Provider Gender: Female  
License Number: A163344  
NPI: 1336670413  
Provider English Spoken: Y

Mandarin  
Cultural Competency: N  
XIA LI  
 16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### LINKE, SARAH

Provider Gender: Female  
License Number: PSY27116  
NPI: 1487026415  
Provider English Spoken: Y  
Cultural Competency: N  
SARAH E LINKE








 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM


### LINKE, SARAH

Provider Gender: Female  
License Number: PSY27116  
NPI: 1487026415

Provider English Spoken: Y  
Cultural Competency: N  
SARAH E LINKE


 4910 DIRECTORS PL STE  
250  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### LIU, TIMOTHY


Provider Gender: Male  
License Number: A105535  
NPI: 1720262801  
Provider English Spoken: Y  
Mandarin, Yue Chinese  
Cultural Competency: N  
TIMOTHY C LIU  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

## D6. Mental Health Directory


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 Phone: (858) 810-8700  
Fax: (858) 279-0377

 After Hours Phone: (858) 810-8700

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### LIU, TIMOTHY

Provider Gender: Male

License Number: A105535

NPI: 1720262801


Provider English Spoken: Y

Mandarin, Yue Chinese

Cultural Competency: N

TIMOTHY C LIU

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858) 279-0925

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### LONGARDNER, KATHERINE

Provider Gender: Female

License Number: A137963


NPI: 1801215926

Provider English Spoken: Y

Cultural Competency: N

KATHERINE M LONGARDNER

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

### MAGINOT-CHESHER, TAMARA

Provider Gender: Female

License Number: PSY28678

NPI: 1043441165


Provider English Spoken: Y

Cultural Competency: N

TAMARA R MAGINOT

CHESHER

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121


 Phone: (858) 534-8019

Fax: (858) 534-6727

 After Hours Phone: (858) 534-8019

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### MALAK, LAWRENCE

Provider Gender: Male

License Number: A115345


NPI: 1467773028

Provider English Spoken: Y

Cultural Competency: N

LAWRENCE T MALAK

 4290 POLK AVE  
SAN DIEGO, CA 92105


 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619) 563-0250

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y  
TDD: U

Min/Max Age: 14\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

SA 8:00AM-2:00PM

### MARTINEZ, STEPHANIE

Provider Gender: Female

License Number: A152787

NPI: 1699126367

Provider English Spoken: Y







Spanish

Cultural Competency: N

STEPHANIE MARTINEZ

 4290 POLK AVE  
SAN DIEGO, CA 92105








## D6. Mental Health Directory

 Phone: (619) 280-2058  
Fax: (858) 633-4682  
 After Hours Phone: (619) 280-2058  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM

### MARTINEZ, STEPHANIE

Provider Gender: Female  
License Number: A152787  
NPI: 1699126367  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N







### STEPHANIE MARTINEZ

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### MARTINEZ, STEPHANIE

Provider Gender: Female  
License Number: A152787  
NPI: 1699126367  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N






### STEPHANIE MARTINEZ

 350 DICKINSON ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### MCCULLUM, TIFFANY

Provider Gender: Female  
License Number: PSY29329  
NPI: 1528306206  
Provider English Spoken: Y  
Cultural Competency: N

### TIFFANY MCCULLUM


 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
Fax: (619) 205-1949  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N









 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### MILLS, BRAD

Provider Gender: Male  
License Number: LCS87409  
NPI: 1598542813  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N

### BRAD A MILLS

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
Fax: (619) 687-1067  
 After Hours Phone: (619) 233-8500  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### MIRON, JEAN-PHILIPPE

Provider Gender: Male  
License Number: A186033  
NPI: 1952178196  
Provider English Spoken: Y

## D6. Mental Health Directory


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*Cultural Competency: N*

JEAN-PHILIPPE MIRON

 16918 DOVE CANYON RD  
STE 100

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **MONTOYA, JESSICA**

*Provider Gender: Female*

*License Number: PSY31647*

*NPI: 1003421256*

*Provider English Spoken: Y*

*Cultural Competency: N*

JESSICA L MONTOYA

 4168 FRONT ST FL 3

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

### **MOORE, SHAVON**

*Provider Gender: Female*

*License Number: A152789*

*NPI: 1053682773*


*Provider English Spoken: Y*


*Cultural Competency: N*


SHAVON C MOORE

 4510 EXECUTIVE DR

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

### **MUHAMMAD, LAMA**

*Provider Gender: Female*

*License Number: A156500*

*NPI: 1558701623*

*Provider English Spoken: Y*


*Arabic*

*Cultural Competency: N*

LAMA MUHAMMAD

 350 DICKINSON ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### **MUHAMMAD, LAMA**

*Provider Gender: Female*

*License Number: A156500*

*NPI: 1558701623*

*Provider English Spoken: Y*


*Arabic*

*Cultural Competency: N*

LAMA MUHAMMAD

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### **NAKAMURA, TIFFANY**

*Provider Gender: Female*

*License Number: LPCC4383*





*NPI: 1356846349*

*Provider English Spoken: Y*


*Cultural Competency: N*

## D6. Mental Health Directory

TIFFANY NAKAMURA


 4510 EXECUTIVE DR STE 315  
SAN DIEGO, CA 92121  
 Phone: (858) 534-8019  
 After Hours Phone: (858) 534-8019  
 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620

Provider English Spoken: Y


Vietnamese

Cultural Competency: N

HOANG A NGUYEN


 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

### NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620

Provider English Spoken: Y


Vietnamese

Cultural Competency: N

HOANG A NGUYEN

 410 DICKINSON ST STE 100  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### NING, GRACE

Provider Gender: Female

License Number: PSY27293

NPI: 1598911315

Provider English Spoken: Y


Chinese, Mandarin

Cultural Competency: N

GRACE J NING

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### NING, GRACE

Provider Gender: Female

License Number: PSY27293

NPI: 1598911315

Provider English Spoken: Y


Chinese, Mandarin

Cultural Competency: N

GRACE J NING


 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### NORMAN, MARC

Provider Gender: Male

License Number: PSY16278

NPI: 1922169101

Provider English Spoken: Y

Cultural Competency: N

MARC A NORMAN

 200 W ARBOR DR

## D6. Mental Health Directory

SAN DIEGO, CA 92103  
Phone: (619) 543-2827  
After Hours Phone: (619) 543-2827  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### NORMAN, MARC

Provider Gender: Male  
License Number: PSY16278  
NPI: 1922169101  
Provider English Spoken: Y  
Cultural Competency: N  
MARC A NORMAN

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### OJHA, PRITI

Provider Gender: Female  
License Number: A139807  
NPI: 1760897284  
Provider English Spoken: Y  
Cultural Competency: N  
PRITI OJHA

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### OJHA, PRITI

Provider Gender: Female  
License Number: A139807  
NPI: 1760897284  
Provider English Spoken: Y  
Cultural Competency: N  
PRITI OJHA  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### ORFF, HENRY

Provider Gender: Male  
License Number: PSY27099  
NPI: 1144685215  
Provider English Spoken: Y  
Cultural Competency: N  
HENRY J ORFF






4520 EXECUTIVE DR STE P2  
SAN DIEGO, CA 92121  
Phone: (844) 757-5337  
After Hours Phone: (844) 757-5337  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### ORTIZ, MARIA

Provider Gender: Female  
License Number: PSY30953  
NPI: 1497980775  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
MARIA E ORTIZ  
950 S EUCLID AVE  
SAN DIEGO, CA 92114



## D6. Mental Health Directory








 Phone: (619) 662-4100  
Fax: (619) 662-4158  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PATTERSON-HYATT, KIMBERLY**

Provider Gender: Female  
License Number: PSY31903  
NPI: 1780997742  
Provider English Spoken: Y  
Cultural Competency: N







KIMBERLY G

### **PATTERSON-HYATT**





 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### **PATTON, MICHAEL**



Provider Gender: Male  
License Number: LCS18244  
NPI: 1184756702  
Provider English Spoken: Y  
Cultural Competency: N  
MICHAEL A PATTON

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
Fax: (619) 687-1067  
 After Hours Phone: (619) 233-8500  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PRINCE, RENEE**








Provider Gender: Female  
License Number: PSY32206  
NPI: 1467737908  
Provider English Spoken: Y  
Cultural Competency: N  
RENEE K PRINCE  
 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
Fax: (619) 474-4008  
 After Hours Phone: (844) 200-2426  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-6:00PM

### **QAYOUMI, WALI**






Provider Gender: Male  
License Number: A168429  
NPI: 1093178220  
Provider English Spoken: Y  
French  
Cultural Competency: N  
WALI Z QAYOUMI

 4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
 Phone: (619) 294-3746  
Fax: (888) 539-8781  
 After Hours Phone: (619) 294-3746  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM








### **RADOJEVIC, NATASHA**

Provider Gender: Female  
License Number: PSY28495  
NPI: 1821365008  
Provider English Spoken: Y  
Cultural Competency: N  
NATASHA RADOJEVIC  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111








## D6. Mental Health Directory

 Phone: (858) 810-8700  
Fax: (858) 279-0377  
 After Hours Phone: (858) 810-8700  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER






### **RIBEIRO CALDAS DOMINGUES, ISABEL**

Provider Gender: Female  
License Number: A132160  
NPI: 1023367216  
Provider English Spoken: Y  
French, Portuguese, Spanish  
Cultural Competency: N  
ISABEL A RIBEIRO CALDAS DOMINGUES  
 350 DICKINSON ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM



### **RICHARD, MARLA**

Provider Gender: Female  
License Number: G65188  
NPI: 1578720934  
Provider English Spoken: Y  
Cultural Competency: N  
MARLA G RICHARD  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### **RICHARD, MARLA**

Provider Gender: Female  
License Number: G65188  
NPI: 1578720934  
Provider English Spoken: Y  
Cultural Competency: N  
MARLA G RICHARD  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM



### **SACHS, MELISSA**

Provider Gender: Female  
License Number: LCS76968  
NPI: 1649760356  
Provider English Spoken: Y  
Cultural Competency: N  
MELISSA R SACHS  
 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

### **SAWYER, CAROLYN**

Provider Gender: Female  
License Number: A149116  
NPI: 1043653249  
Provider English Spoken: Y  
Cultural Competency: N  
CAROLYN M SAWYER  
 3030 CHILDRENS WAY FL  
4  
SAN DIEGO, CA 92123


## D6. Mental Health Directory

 Phone: (858) 966-4032  
 Fax: (858) 966-6227

 After Hours Phone: (858) 966-4032

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### SAWYER, CAROLYN

Provider Gender: Female


License Number: A149116

NPI: 1043653249


Provider English Spoken: Y


Cultural Competency: N

CAROLYN M SAWYER

 3665 KEARNY VILLA RD  
STE 400

SAN DIEGO, CA 92123


 Phone: (858) 966-5990

 Fax: (858) 966-7508

 After Hours Phone: (858) 966-5990

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### SAWYER, CAROLYN

Provider Gender: Female

License Number: A149116


NPI: 1043653249


Provider English Spoken: Y


Cultural Competency: N


CAROLYN M SAWYER

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123


 Phone: (858) 246-0794

 Fax: (858) 496-9257

 After Hours Phone: (858) 246-0794

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### SCHELLINGER, KRISTON

Provider Gender: Female

License Number: PSY26313

NPI: 1710234273


Provider English Spoken: Y


Cultural Competency: N

KRISTON B SCHELLINGER

 9909 MIRA MESA BLVD  
STE 200


SAN DIEGO, CA 92131

 Phone: (858) 246-1979

 After Hours Phone: (858) 246-1979

 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### SCHELLINGER, KRISTON

Provider Gender: Female

License Number: PSY26313

NPI: 1710234273

Provider English Spoken: Y


Cultural Competency: N

KRISTON B SCHELLINGER

 9333 GENESEE AVE STE  
200


SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273


 Website: N/A


Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### SCHELLINGER, KRISTON

Provider Gender: Female

License Number: PSY26313

NPI: 1710234273







Provider English Spoken: Y

Cultural Competency: N







KRISTON B SCHELLINGER

 330 LEWIS ST  
SAN DIEGO, CA 92103

## D6. Mental Health Directory

 Phone: (858) 246-1979  
 After Hours Phone: (858) 246-1979  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### SCHLOSSER, TARA







Provider Gender: Female  
License Number: MFC107868  
NPI: 1407220437  
Provider English Spoken: Y  
Cultural Competency: N  
TARA S SCHLOSSER  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


### SERIO, TAYLOR

Provider Gender: Female  
License Number: LCS107050  
NPI: 1093217382  
Provider English Spoken: Y








Cultural Competency: N  
TAYLOR L SERIO  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### SERIO, TAYLOR


Provider Gender: Female  
License Number: LCS107050  
NPI: 1093217382  
Provider English Spoken: Y  
Cultural Competency: N  
TAYLOR L SERIO  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### SHU, I WEI





Provider Gender: Male  
License Number: A103813  
NPI: 1992840144  
Provider English Spoken: Y  
Cultural Competency: N  
I WEI SHU  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (858) 534-6200  
Fax: (858) 534-6205  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### SILVEY, CHRISTOPHER

Provider Gender: Male  
License Number: LCS85942  
NPI: 1932793502  
Provider English Spoken: Y  
Cultural Competency: N  
CHRISTOPHER J SILVEY  
 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
 Phone: (858) 578-4220  
Fax: (858) 578-4417  
 After Hours Phone: (858) 578-4220

## D6. Mental Health Directory


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 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### **SOLORIO JR, ROBERTO**


Provider Gender: Male  
License Number: LCS102729  
NPI: 1972088185  
Provider English Spoken: Y  
Cultural Competency: N

ROBERTO SOLORIO JR

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

### **SUAREZ, ROBERTO**

Provider Gender: Male  
License Number: MFC25098  
NPI: 1386785160  
Provider English Spoken: Y  
Cultural Competency: N  
ROBERTO SUAREZ

 3025 BEYER BLVD  
SAN DIEGO, CA 92154  
 Phone: (619) 662-4100  
Fax: (619) 662-4119  
 After Hours Phone: (619)  
662-4100

 Website: N/A  
Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **SWEIGERT, JAMIE**



Provider Gender: Female  
License Number: LCS112304  
NPI: 1396353595

Provider English Spoken: Y  
Cultural Competency: N  
JAMIE L SWEIGERT

 2630 1ST AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 234-2158  
Fax: (619) 234-0505


 After Hours Phone: (619)  
234-2158

 Website: N/A  
Accepting New Patients: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Hours: M-F  
8:00AM-5:00PM

### **TARLE, STEPHANIE**


Provider Gender: Female  
License Number: PSY32155  
NPI: 1659920403


Provider English Spoken: Y  
Cultural Competency: N

STEPHANIE J TARLE

 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
Fax: (888) 539-8781


 After Hours Phone: (800)  
926-8273

 Website: N/A  
Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **THIESSEN, KAREN**


Provider Gender: Female  
License Number: MFC52523  
NPI: 1184798241


Provider English Spoken: Y  
Cultural Competency: N

KAREN A THIESSEN

 350 DICKINSON ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273


 Website: N/A  
Accepting New Patients: Yes


 Site English Spoken: Y  
TDD: U


## D6. Mental Health Directory

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Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### TILTON, PETER

Provider Gender: Male

License Number: G27781


NPI: 1538258694

Provider English Spoken: Y

Cultural Competency: N

PETER A TILTON

 2630 1ST AVE  
SAN DIEGO, CA 92103


 Phone: (619) 234-2158

Fax: (619) 234-0505

 After Hours Phone: (619)  
234-2158


 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

### TO, TUAN

Provider Gender: Male

License Number: PSY30204


NPI: 1255696183

Provider English Spoken: Y

Cultural Competency: N


TUAN TO

 4290 POLK AVE  
SAN DIEGO, CA 92105


 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619)  
563-0250

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

### TO, TUAN

Provider Gender: Male

License Number: PSY30204


NPI: 1255696183

Provider English Spoken: Y


Cultural Competency: N

TUAN TO

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

### TO, TUAN

Provider Gender: Male


License Number: PSY30204

NPI: 1255696183

Provider English Spoken: Y

Cultural Competency: N  
TUAN TO

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700


 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

### TROYER, EMILY

Provider Gender: Female

License Number: A149101

NPI: 1326484437


Provider English Spoken: Y

Cultural Competency: N

EMILY A TROYER

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105


 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

## D6. Mental Health Directory

8:00AM-5:00PM  
SA 8:00AM-2:00PM

### TROYER, EMILY

Provider Gender: Female  
License Number: A149101  
NPI: 1326484437  
Provider English Spoken: Y  
Cultural Competency: N  
EMILY A TROYER

4290 POLK AVE  
SAN DIEGO, CA 92105  
Phone: (619) 563-0250  
Fax: (858) 633-4681

After Hours Phone: (619)  
563-0250

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM

### VANFOSSSEN, BRIAN

Provider Gender: Male  
License Number: PSY23462  
NPI: 1396072500  
Provider English Spoken: Y  
Cultural Competency: N  
BRIAN VANFOSSSEN

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Phone: (619) 325-1161  
Fax: (619) 325-1717

After Hours Phone: (619)  
325-1161

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### VIERLING, SABRINA

Provider Gender: Female  
License Number: PSY26117  
NPI: 1215288238  
Provider English Spoken: Y  
Cultural Competency: N  
SABRINA C VIERLING

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105  
Phone: (619) 280-2058  
Fax: (858) 633-4682

After Hours Phone: (619)  
280-2058

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### WEISSMAN, CORY

Provider Gender: Male  
License Number: A174625  
NPI: 1528720661

Provider English Spoken: Y  
Cultural Competency: N

CORY R WEISSMAN

16918 DOVE CANYON RD  
STE 100

SAN DIEGO, CA 92127  
Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### WU, MICHELLE

Provider Gender: Female  
License Number: A125139  
NPI: 1043650088  
Provider English Spoken: Y  
Cultural Competency: N  
MICHELLE L WU

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8145  
Fax: (858) 966-8164

After Hours Phone: (858)  
966-8145

Website: N/A



Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):  
N

## D6. Mental Health Directory

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM



### YAGUDAYEVA, RAISA

Provider Gender: Female  
License Number: 20A14848  
NPI: 1942555990  
Provider English Spoken: Y  
Russian  
Cultural Competency: N

### RAISA YAGUDAYEVA

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### YIDI, DIANA


Provider Gender: Female  
License Number: LCS110300  
NPI: 1194438663  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
DIANA L YIDI  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y


 Site Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


 Hours: M-F  
8:30AM-5:30PM

### ZAYAS, MARIO

Provider Gender: Male  
License Number: MFC111273  
NPI: 1275943557  
Provider English Spoken: Y  
Cultural Competency: N  
MARIO E ZAYAS

 3025 BEYER BLVD STE  
E-101

SAN DIEGO, CA 92154

 Phone: (619) 662-4100

Fax: (619) 428-5535

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
9:00AM-7:00PM  
W-F 9:00AM-6:00PM

### ZIMMERMAN, JENNIFER

Provider Gender: Female  
License Number: LCS28729  
NPI: 1811449077  
Provider English Spoken: Y  
Cultural Competency: N  
JENNIFER A ZIMMERMAN

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700


Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y


 Site Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### ZIMMERMAN, JENNIFER

Provider Gender: Female  
License Number: LCS28729  
NPI: 1811449077  
Provider English Spoken: Y  
Cultural Competency: N  
JENNIFER A ZIMMERMAN

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-9676

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-9676


 Website: N/A



## D6. Mental Health Directory

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### SAN MARCOS

#### ALTAMIRANO, LEON

Provider Gender: Male

License Number: PSY23734


NPI: 1619271517

Provider English Spoken: Y  
Spanish

Cultural Competency: N

LEON ALTAMIRANO

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

#### ARIELLA, LYNDA

Provider Gender: Female

License Number: PSY19450


NPI: 1073518965

Provider English Spoken: Y

Cultural Competency: N

LYNDA R ARIELLA

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


TDD: U

Min/Max Age: 5\50

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

#### CORTIZO, ROSA

Provider Gender: Female

License Number: PSY22278


NPI: 1952316648

Provider English Spoken: Y  
Spanish

Cultural Competency: N


ROSA CORTIZO

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

#### FLYNN, DANIELLE

Provider Gender: Female


License Number: PSY26184

NPI: 1477785137

Provider English Spoken: Y  
Cultural Competency: N

DANIELLE I FLYNN

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

#### GEORGIEV, MARY JO

Provider Gender: Female


License Number: PSY17954

NPI: 1518996875

Provider English Spoken: Y  
Cultural Competency: N

MARY-JO GEORGIEV



 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 737-6767

Fax: (760) 736-8740









 After Hours Phone: (760)

## D6. Mental Health Directory

737-6767  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### IMAM, SYED

Provider Gender: Male  
License Number: PSY27695  
NPI: 1447428271  
Provider English Spoken: Y  
Hindi  
Cultural Competency: N  
SYED IMAM

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 566-1501  
 After Hours Phone: (760) 736-6767  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 15\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM


### REEG, JESSICA


Provider Gender: Female  
License Number: MFC124306

NPI: 1144382987  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
JESSICA REEG







 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 566-1501  
 After Hours Phone: (760) 736-6767  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-5:00PM

### SIMPSON, ERIC




Provider Gender: Male  
License Number: PSY28885  
NPI: 1710110416  
Provider English Spoken: Y  
Cultural Competency: N  
ERIC SIMPSON  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760) 736-6767  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER






### SOLORIO JR, ROBERTO

Provider Gender: Male  
License Number: LCS102729  
NPI: 1972088185  
Provider English Spoken: Y  
Cultural Competency: N  
ROBERTO SOLORIO JR  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760) 736-6767  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### TONG, GARRICK


Provider Gender: Male  
License Number: A102192  
NPI: 1831361278  
Provider English Spoken: Y  
Cultural Competency: N  
GARRICK G TONG  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760) 736-6767

## D6. Mental Health Directory

 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 4\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-5:00PM








### TORRES, HECTOR

Provider Gender: Male  
License Number: PSY13309  
NPI: 1720265614  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
HECTOR M TORRES

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



### SAN YSIDRO

### BALTRUS, JUSTINE

Provider Gender: Female  
License Number: MFC132018  
NPI: 1285040709  
Provider English Spoken: Y  
Cultural Competency: N  
JUSTINE A BALTRUS  
 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 600-4870  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### CRAWFORD-DAY, ANN






Provider Gender: Female  
License Number: A166646  
NPI: 1386149706  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
ANN E CRAWFORD-DAY  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6341  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:

Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-2:00PM

### DEPAOLO, AMANDA

Provider Gender: Female  
License Number: LCS99056  
NPI: 1215420138  
Provider English Spoken: Y  
Cultural Competency: N  
AMANDA L DEPAOLO

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100

 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### DIA, ALI

Provider Gender: Male  
License Number: A47803  
NPI: 1912031030

## D6. Mental Health Directory

Provider English Spoken: Y  
Arabic

Cultural Competency: N

ALI R DIA

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FONTANA, LOUIS

Provider Gender: Male

License Number: G49072

NPI: 1780734343

Provider English Spoken: Y

Cultural Competency: N

LOUIS A FONTANA

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-2:00PM

### GONZALEZ-GARCIA, CAROLINA

Provider Gender: Female

License Number: MFC41111

NPI: 1215321955

Provider English Spoken: Y  
Spanish

Cultural Competency: N

CAROLINA GONZALES GARCIA

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 565-2373

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### IBANEZ, BERENICE

Provider Gender: Female

License Number: PSY22080

NPI: 1740394386

Provider English Spoken: Y  
Spanish

Cultural Competency: N

BERENICE B IBANEZ

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100  
Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### JENNINGS, AMY

Provider Gender: Female

License Number: LCS100075

NPI: 1609549161

Provider English Spoken: Y  
Cultural Competency: N

AMY E JENNINGS

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
Site Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-2:00PM

## D6. Mental Health Directory

### JIMENEZ, NANCY

Provider Gender: Female  
License Number: MFC141209  
NPI: 1568023596  
Provider English Spoken: Y  
Cultural Competency: N  
NANCY JIMENEZ  
1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 785-3384

After Hours Phone: (619) 662-4100  
Website: N/A  
Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### JOHNSON, JENNIFER

Provider Gender: Female  
License Number: PSY33295  
NPI: 1023783248  
Provider English Spoken: Y  
Cultural Competency: N  
JENNIFER JOHNSON  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6341

After Hours Phone: (619) 662-4100  
Website: N/A  
Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 0\64  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### LOPEZ, MARIBEL

Provider Gender: Female  
License Number: LCS86171  
NPI: 1669180600  
Provider English Spoken: Y  
Cultural Competency: N  
MARIBEL, LOPEZ

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6341  
After Hours Phone: (619) 662-4100  
Website: N/A  
Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-2:00PM

### MONTES, DENISE

Provider Gender: Female  
License Number: LCS115972  
NPI: 1003694167

Provider English Spoken: Y  
Cultural Competency: N  
DENISE F MONTES

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6305  
After Hours Phone: (619) 662-4100  
Website: N/A  
Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

## SANTEE

### MEAGHER, RAISHELLE

Provider Gender: Female  
License Number: LCS109804  
NPI: 1851821904  
Provider English Spoken: Y  
Cultural Competency: N  
RAISHELLE L MEAGHER

120 TOWN CENTER PKWY  
SANTEE, CA 92071  
Phone: (619) 662-4100  
Fax: (619) 662-4196  
After Hours Phone: (619) 662-4100  
Website: N/A  
Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U


## D6. Mental Health Directory

Min/Max Age: 0\999

American Sign Language (ASL): AZUCENA ACOSTA

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### VALLEY CENTER

#### PLASCENCIA, CINDY

Provider Gender: Female

License Number: MFC113536


NPI: 1952723736

Provider English Spoken: Y

Cultural Competency: N


CINDY PLASCENCIA

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082


 Phone: (760) 742-9919

Fax: (360) 462-2750

 After Hours Phone: (760)  
742-9919

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): AZUCENA ACOSTA

N

 Accessibility: CONTACT PROVIDER

### VISTA

#### ACOSTA, AZUCENA

Provider Gender: Female

License Number: LCS98304


NPI: 1255937496


Provider English Spoken: Y

Spanish

Cultural Competency: N

AZUCENA ACOSTA

 134 GRAPEVINE RD  
VISTA, CA 92083


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM

#### ACOSTA, AZUCENA

Provider Gender: Female

License Number: LCS98304

NPI: 1255937496

Provider English Spoken: Y


Spanish


Cultural Competency: N

 1000 VALE TERRACE DR  
VISTA, CA 92084


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A


Accepting New Patients: Yes


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-2:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-6:00PM

#### CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664

NPI: 1932359445


Provider English Spoken: Y

Spanish

Cultural Competency: N

WARREN R CHRISTIANSON II

 1000 VALE TERRACE DR  
VISTA, CA 92084


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

#### CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664

NPI: 1932359445

Provider English Spoken: Y

Spanish

Cultural Competency: N

## D6. Mental Health Directory

WARREN R CHRISTIANSON II

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CHRISTIANSON, WARREN**

Provider Gender: Male

License Number: 20A9664

NPI: 1932359445

Provider English Spoken: Y  
Spanish

Cultural Competency: N

WARREN R CHRISTIANSON II

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CHRISTIANSON, WARREN**

Provider Gender: Male

License Number: 20A9664

NPI: 1932359445

Provider English Spoken: Y

Spanish

Cultural Competency: N

WARREN R CHRISTIANSON II

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CRUZ, VANESSA**

Provider Gender: Female

License Number: LCS87166

NPI: 1285170662

Provider English Spoken: Y

Cultural Competency: N

VANESSA Y CRUZ

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y  
Site Language(s) Spoken:  
Vietnamese, Chinese,  
Estonian, Farsi, French,  
Hindi, Korean, Marathi,  
Spanish, Tagalog, Telugu  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:00AM-8:00PM  
W 9:00AM-7:00PM  
TH 8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CRUZ, VANESSA**

Provider Gender: Female

License Number: LCS87166

NPI: 1285170662

Provider English Spoken: Y

Cultural Competency: N

VANESSA Y CRUZ

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

## D6. Mental Health Directory

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): VANESSA Y CRUZ

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH

9:00AM-7:00PM

F 9:00AM-5:00PM

SA 9:00AM-4:00PM

### CRUZ, VANESSA

Provider Gender: Female

License Number: LCS87166


NPI: 1285170662

Provider English Spoken: Y

Cultural Competency: N

VANESSA Y CRUZ

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 4\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH

9:00AM-7:00PM

F 9:00AM-5:00PM

SA 9:00AM-4:00PM

### CRUZ, VANESSA


Provider Gender: Female


License Number: LCS87166

NPI: 1285170662

Provider English Spoken: Y

Cultural Competency: N

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Vietnamese, Chinese,  
Estonian, Farsi, French,  
Hindi, Korean, Marathi,  
Spanish, Tagalog, Telugu

TDD: U

Min/Max Age: 4\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU

8:00AM-8:00PM

W 9:00AM-7:00PM

TH 8:00AM-8:00PM

F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### DOUGHERTY, CHRISTINE

Provider Gender: Female

License Number: LCS26686


NPI: 1003194960

Provider English Spoken: Y

Cultural Competency: N

CHRISTINE A DOUGHERTY

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000


Fax: (760) 414-3891

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Chinese, Estonian, Farsi,  
French, Hindi, Korean,  
Marathi, Spanish, Telugu,  
Vietnamese, Tagalog

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH

9:00AM-8:00PM

F 9:00AM-5:00PM

SA 9:00AM-4:00PM

### DOUGHERTY, CHRISTINE

Provider Gender: Female

License Number: LCS26686


NPI: 1003194960

Provider English Spoken: Y

Cultural Competency: N

CHRISTINE A DOUGHERTY

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N







 Accessibility: CONTACT PROVIDER



## D6. Mental Health Directory






### **MENDEZ, ADRIANA**

Provider Gender: Female  
License Number: LCS86435  
NPI: 1356777361  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
ADRIANA J MENDEZ



 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **MENDEZ, ADRIANA**

Provider Gender: Female  
License Number: LCS86435  
NPI: 1356777361  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
ADRIANA J MENDEZ







 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-8:00PM  
SA 9:00AM-4:00PM

### **MEYERHOF, GRETA**




Provider Gender: Female  
License Number: MFC32299  
NPI: 1487196333  
Provider English Spoken: Y  
Cultural Competency: N  
GRETA R MEYERHOF

 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **MEYERHOF, GRETA**






Provider Gender: Female  
License Number: MFC32299  
NPI: 1487196333  
Provider English Spoken: Y  
Cultural Competency: N  
GRETA R MEYERHOF

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **NEVILLE, MARGARET**

Provider Gender: Female  
License Number: LCS82407  
NPI: 1073682407  
Provider English Spoken: Y  
Cultural Competency: N  
MARGARET R NEVILLE

 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **NEVILLE, MARGARET**

Provider Gender: Female  
License Number: LCS82407  
NPI: 1073682407

## D6. Mental Health Directory

*Provider English Spoken: Y*

*Cultural Competency: N*

MARGARET R NEVILLE

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Chinese, Lithuanian,  
Farsi, Spanish, Tagalog,  
Urdu, Vietnamese

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM

### **PATEL, MITESH**

*Provider Gender: Male*

*License Number: A181164*

*NPI: 1568880292*

*Provider English Spoken: Y*

*Cultural Competency: N*

MITESH K PATEL

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **PATEL, MITESH**

*Provider Gender: Male*

*License Number: A181164*

*NPI: 1568880292*

*Provider English Spoken: Y*

*Cultural Competency: N*

MITESH K PATEL

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **SANCHEZ, ADRIANA**

*Provider Gender: Female*

*License Number: LCS97093*

*NPI: 1609450451*

*Provider English Spoken: Y*  
*Spanish*

*Cultural Competency: N*

ADRIANA SANCHEZ

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **SANCHEZ, ADRIANA**

*Provider Gender: Female*

*License Number: LCS97093*

*NPI: 1609450451*

*Provider English Spoken: Y*  
*Spanish*

*Cultural Competency: N*

ADRIANA SANCHEZ

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

## D6. Mental Health Directory


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 *Accessibility: CONTACT PROVIDER*

### **SMITH, SONYA**

*Provider Gender: Female  
License Number: LCS82598  
NPI: 1902070857  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N*  
SONYA L SMITH


 134 GRAPEVINE RD  
VISTA, CA 92083

 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*TDD: U*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **SMITH, SONYA**


*Provider Gender: Female  
License Number: LCS82598  
NPI: 1902070857*


*Provider English Spoken: Y  
Spanish*


*Cultural Competency: N*

SONYA L SMITH


 1000 VALE TERRACE DR  
VISTA, CA 92084

 *Phone: (760) 631-5000*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*TDD: U*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


### **WILSON, CARLENE**

*Provider Gender: Female  
License Number: LCS74685  
NPI: 1508327081*


*Provider English Spoken: Y  
Cultural Competency: N*

CARLENE WILSON


 134 GRAPEVINE RD  
VISTA, CA 92083

 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*TDD: U*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


### **WILSON, CARLENE**

*Provider Gender: Female  
License Number: LCS74685  
NPI: 1508327081*

*Provider English Spoken: Y  
Cultural Competency: N*

CARLENE WILSON

 1000 VALE TERRACE DR  
VISTA, CA 92084


 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*


*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*TDD: U*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM*

## D7. Vision Provider Directory - Eye & Vision Services

### ALPINE

#### AOTO, KIM, OD

Provider Gender: Female  
License Number: 14524  
NPI: 1780935650  
Provider English Spoken: Y  
Spanish, Vietnamese  
Cultural Competency: Y

#### WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

#### BAUMANN, DANIELA, OD

Provider Gender: Female  
License Number: 34530  
NPI: 1982232146  
Provider English Spoken: Y  
Cultural Competency: Y

#### WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)

445-2687

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

#### BINDER, NICHOLAS, MD

Provider Gender: Male  
License Number: A124698  
NPI: 1306076716

Provider English Spoken: Y  
Cultural Competency: Y

#### WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

#### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y  
Cultural Competency: Y

#### WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

#### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y  
Cultural Competency: Y

#### WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y


## D7. Vision Provider Directory - Eye & Vision Services

American Sign Language (ASL): License Number: A34834

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

### **KALBAKJI, NATALY, OD**

Provider Gender: Female


License Number: 34943


NPI: 1700556438

Provider English Spoken: Y  
Arabic

Cultural Competency: Y

WEST COAST EYE CARE

 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801


 After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

### **KATZMAN, BARRY, MD**

Provider Gender: Male


NPI: 1760473797

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

WEST COAST EYE CARE

 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137


NPI: 1275263584

Provider English Spoken: Y  
Arabic

Cultural Competency: Y

WEST COAST EYE CARE

 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

### **MARR, RYAN, OD**


Provider Gender: Male


License Number: 35302

NPI: 1235857525

Provider English Spoken: Y  
Cultural Competency: Y

WEST COAST EYE CARE

 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

### **MCGRAW, JOSEPH, MD**

Provider Gender: Male

License Number: A155228

## D7. Vision Provider Directory - Eye & Vision Services

NPI: 1588624852

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

### PATEL, SARJAN, MD

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

Gujarati, Hindi, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

### PATEL, GITANE, MD

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

### PRABHU, SUJATA, MD

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y

Spanish

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y


American Sign Language (ASL):

N

## D7. Vision Provider Directory - Eye & Vision Services

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM*

### **TON-NU, MY LINH, OD**

*Provider Gender: Female*

*License Number: 34990*


*NPI: 1245733476*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 *Phone: (619) 445-2687*

*Fax: (619) 445-0801*

 *After Hours Phone: (619) 445-2687*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM*

### **VIVIRITO, MARY, OD**

*Provider Gender: Female*

*License Number: 33798*


*NPI: 1477968667*


*Provider English Spoken: Y*

*Spanish*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 *Phone: (619) 445-2687*

*Fax: (619) 445-0801*

 *After Hours Phone: (619) 445-2687*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM*

## **BONITA**

### **CHA, DANIEL, OD**

*Provider Gender: Male*

*License Number: 14779*


*NPI: 1386078020*


*Provider English Spoken: Y*

*Spanish*

*Cultural Competency: Y*

**EYECARE OF BONITA**

 4502 BONITA RD  
BONITA, CA 91902

 *Phone: (619) 479-7334*

*Fax: (619) 475-3456*

 *After Hours Phone: (619) 479-7334*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken:*


*Spanish*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M 8:00AM-6:30PM  
W 8:00AM-6:00PM  
TH 12:30AM-6:00PM  
F 8:00AM-6:00PM  
SA 9:00AM-2:00PM*

## **CARLSBAD**

### **HO, TRAM, OD**

*Provider Gender: Female*

*License Number: 13485*

*NPI: 1245464460*

*Provider English Spoken: Y*


*Vietnamese*


*Cultural Competency: Y*

**EYE STYLE OPTOMETRY**

 5814 VAN ALLEN WAY STE  
146


CARLSBAD, CA 92008

 *Phone: (760) 606-2020*

 *After Hours Phone: (760) 606-2020*


*Accepting New Patients: Yes*

 *Site English Spoken: Y*


 *Site Languages(s) Spoken:*  
*Spanish, Vietnamese*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: TU 9:00AM-5:00PM  
W 10:00AM-6:00PM  
TH 9:00AM-5:00PM  
F 8:00AM-4:00PM*

## D7. Vision Provider Directory - Eye & Vision Services

SA 9:00AM-3:00PM

### CHULA VISTA

#### CASTILLEJOS, DAVID, MD

Provider Gender: Male

License Number: A44482

NPI: 1558446401

Provider English Spoken: Y

French, Portuguese, Spanish,  
Tagalog

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE  
MED GROUP

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 271-7044

After Hours Phone: (619)  
422-1471

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
French, Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 8:00AM-5:00PM  
TU 7:00AM-5:00PM  
W-F 8:00AM-5:00PM

#### CASTILLEJOS, MARIA, MD

Provider Gender: Female

License Number: A37652

NPI: 1043395098

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE  
MED GROUP

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 271-7044

After Hours Phone: (619)  
422-1471

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
French, Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 8:00AM-5:00PM  
TU 7:00AM-5:00PM  
W-F 8:00AM-5:00PM

#### CHAN, KWOK FUNG, OD

Provider Gender: Male

License Number: 35087

NPI: 1407508385

Provider English Spoken: Y

Cultural Competency: Y

VILLA OPTOMETRY INC

531 TELEGRAPH CANYON  
RD

CHULA VISTA, CA 91910

Phone: (619) 482-2020

Fax: (619) 482-2671

After Hours Phone: (619)  
482-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
9:00AM-6:00PM

#### CHISHOLM, KAREN, OD

License Number: 35450

NPI: 1568155190

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

OTAY RANCH EYEWORKS  
OPTOMETRY

1741 EASTLAKE PKWY STE  
101

CHULA VISTA, CA 91915

Phone: (619) 421-6600

Fax: (619) 421-6006

After Hours Phone: (619)  
421-6600

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-7:00PM  
SA 9:00AM-5:00PM

#### HUANG, PETER, OD

Provider Gender: Male

License Number: 11659

NPI: 1639100522

Provider English Spoken: Y  
Spanish



## D7. Vision Provider Directory - Eye & Vision Services

*Cultural Competency: Y*

PETER D HUANG OD INC

557 H ST

CHULA VISTA, CA 91910

Phone: (619) 422-0139

Fax: (619) 422-0066

After Hours Phone: (619)  
422-0139

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 9:00AM-5:00PM  
TU 9:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 9:00AM-6:00PM  
F 8:00AM-4:00PM  
SA 9:00AM-2:00PM

### **KALRA, ANKUR, OD**

Provider Gender: Male

License Number: 11898

NPI: 1124195789

Provider English Spoken: Y  
Hindi

*Cultural Competency: Y*

OTAY RANCH EYEWORKS

OPTOMETRY

1741 EASTLAKE PKWY STE  
101

CHULA VISTA, CA 91915

Phone: (619) 421-6600

Fax: (619) 421-6006

After Hours Phone: (619)  
421-6600

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-7:00PM  
SA 9:00AM-5:00PM

### **KEDDINGTON, JOAN, OD**

Provider Gender: Female

License Number: 6263

NPI: 1992872691

Provider English Spoken: Y  
Spanish

*Cultural Competency: Y*

OTAY RANCH EYEWORKS

OPTOMETRY

1741 EASTLAKE PKWY STE  
101

CHULA VISTA, CA 91915

Phone: (619) 421-6600

Fax: (619) 421-6006

After Hours Phone: (619)  
421-6600

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-7:00PM  
SA 9:00AM-5:00PM

### **KING, MARY, OD**

Provider Gender: Female

License Number: 13711

NPI: 1578792107

Provider English Spoken: Y  
Spanish

*Cultural Competency: Y*

OTAY RANCH EYEWORKS

OPTOMETRY

1741 EASTLAKE PKWY STE  
101

CHULA VISTA, CA 91915

Phone: (619) 421-6600

Fax: (619) 421-6006

After Hours Phone: (619)  
421-6600

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-7:00PM  
SA 9:00AM-5:00PM

### **MASCARENO, EFRAIN, OD**

Provider Gender: Male

License Number: 10906

NPI: 1457507279

Provider English Spoken: Y

*Cultural Competency: Y*

EASTLAKE VISION CENTER DR

MASCARENO

2260 OTAY LAKES RD STE  
111

## D7. Vision Provider Directory - Eye & Vision Services

CHULA VISTA, CA 91915

☎ Phone: (619) 421-5550

Fax: (619) 421-6022

📞 After Hours Phone: (619) 421-5550

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
9:00AM-6:00PM  
SA 9:00AM-3:00PM

### MASCARENO, EFRAIN, OD

Provider Gender: Male

License Number: 10906

NPI: 1457507279

Provider English Spoken: Y

Cultural Competency: Y

CLEAR VISION OPTOMETRY

DR MASCARENO

📍 440 4TH AVE

CHULA VISTA, CA 91910

☎ Phone: (619) 427-2020

Fax: (866) 254-5707

📞 After Hours Phone: (619) 427-2020

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1T

🕒 Hours: M-TH  
9:00AM-6:00PM  
F 9:00AM-5:00PM

### NGUYEN, TRACY, OD

Provider Gender: Female

License Number: 10859

NPI: 1265596621

Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

ESSENTIAL EYECARE

OPTOMETRY

📍 345 F ST STE 240

CHULA VISTA, CA 91910

☎ Phone: (858) 467-0655

Fax: (619) 425-9797

📞 After Hours Phone: (858) 467-0655

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish, Vietnamese

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TH  
10:00AM-3:00PM

### NGUYEN, THERESA, OD

Provider Gender: Female

License Number: 35530TLG

NPI: 1609555713

Provider English Spoken: Y  
Cultural Competency: Y

OTAY RANCH EYEWORKS

OPTOMETRY

📍 1741 EASTLAKE PKWY STE 101

CHULA VISTA, CA 91915

☎ Phone: (619) 421-6600

Fax: (619) 421-6006

📞 After Hours Phone: (619) 421-6600

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Arabic, Hindi, Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-7:00PM  
SA 9:00AM-5:00PM

### PLUCINIK, STANLEY, OD

Provider Gender: Male

License Number: 35255

NPI: 1124751417

Provider English Spoken: Y

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE

MED GROUP

📍 342 F ST

CHULA VISTA, CA 91910

☎ Phone: (619) 422-1471

Fax: (619) 271-7044

📞 After Hours Phone: (619) 422-1471

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: French, Spanish, Tagalog

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

## D7. Vision Provider Directory - Eye & Vision Services

**PROVIDER**  
Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M 8:00AM-5:00PM  
TU 7:00AM-5:00PM  
W-F 8:00AM-5:00PM

### SCOVILL, ALEXANDRA, OD

Provider Gender: Female  
License Number: 33711  
NPI: 1184146094  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y  
CASTILLEJOS EYE INSTITUTE  
MED GROUP

📍 342 F ST  
CHULA VISTA, CA 91910  
📞 Phone: (619) 422-1471  
Fax: (619) 271-7044  
🕒 After Hours Phone: (619)  
422-1471

Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken:  
French, Spanish, Tagalog  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M 8:00AM-5:00PM  
TU 7:00AM-5:00PM  
W-F 8:00AM-5:00PM

### SOLIS, KEVIN, OD

Provider Gender: Male  
License Number: 10420  
NPI: 1538362116  
Provider English Spoken: Y  
Cultural Competency: Y

OTAY RANCH EYEWORKS  
OPTOMETRY  
📍 1741 EASTLAKE PKWY STE  
101  
CHULA VISTA, CA 91915  
📞 Phone: (619) 421-6600  
Fax: (619) 421-6006

🕒 After Hours Phone: (619)  
421-6600  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken:  
Arabic, Hindi, Spanish  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U  
🕒 Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-7:00PM  
SA 9:00AM-5:00PM

### TOUBIA, ELIAS, OD

Provider Gender: Male  
License Number: 33758  
NPI: 1740701481  
Provider English Spoken: Y  
Arabic  
Cultural Competency: Y

OTAY RANCH EYEWORKS  
OPTOMETRY  
📍 1741 EASTLAKE PKWY STE  
101  
CHULA VISTA, CA 91915  
📞 Phone: (619) 421-6600  
Fax: (619) 421-6006  
🕒 After Hours Phone: (619)  
421-6600

Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken:

Arabic, Hindi, Spanish  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U  
🕒 Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-7:00PM  
SA 9:00AM-5:00PM

### VILLA, ANGELICA, OD

Provider Gender: Female  
License Number: 10561  
NPI: 1962544965  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y

VILLA OPTOMETRY INC  
📍 531 TELEGRAPH CANYON  
RD  
CHULA VISTA, CA 91910  
📞 Phone: (619) 482-2020  
Fax: (619) 482-2671  
🕒 After Hours Phone: (619)  
482-2020

Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken:  
Spanish  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M-F  
9:00AM-6:00PM

**CORONADO**

**KATZMAN, LEE, MD**

## D7. Vision Provider Directory - Eye & Vision Services

Provider Gender: Male  
License Number: A135673  
NPI: 1912297284  
Provider English Spoken: Y  
Cultural Competency: Y  
ALVARADO EYE ASSOCIATES  
MED CLINIC INC

801 ORANGE AVE STE 204  
CORONADO, CA 92118  
Phone: (619) 437-4406  
Fax: (619) 522-7983  
After Hours Phone: (619)  
437-4406

Accepting New Patients: Yes  
Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U  
Hours: M 9:00AM-4:30PM  
TU 9:00AM-3:00PM  
W-TH 9:00AM-4:30PM

### MANNEN, JOSEPH, OD

Provider Gender: Male  
License Number: 33650  
NPI: 1851827034  
Provider English Spoken: Y  
Cultural Competency: Y  
ALVARADO EYE ASSOCIATES  
MED CLINIC INC

801 ORANGE AVE STE 204  
CORONADO, CA 92118  
Phone: (619) 437-4406  
Fax: (619) 522-7983  
After Hours Phone: (619)  
437-4406

Accepting New Patients: Yes  
Site English Spoken: Y  
American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U  
Hours: M 9:00AM-4:30PM  
TU 9:00AM-3:00PM  
W-TH 9:00AM-4:30PM

### OU, JOCELYN, OD

Provider Gender: Female  
License Number: 34063  
NPI: 1225518996  
Provider English Spoken: Y  
Cultural Competency: Y  
ALVARADO EYE ASSOCIATES  
MED CLINIC INC

801 ORANGE AVE STE 204  
CORONADO, CA 92118  
Phone: (619) 437-4406  
Fax: (619) 522-7983  
After Hours Phone: (619)  
437-4406

Accepting New Patients: Yes  
Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U  
Hours: M 9:00AM-4:30PM  
TU 9:00AM-3:00PM  
W-TH 9:00AM-4:30PM

### YOUNG, ALLA, OD

Provider Gender: Female  
License Number: 34191  
NPI: 1285085142  
Provider English Spoken: Y  
Russian

Cultural Competency: Y  
ALVARADO EYE ASSOCIATES  
MED CLINIC INC  
801 ORANGE AVE STE 204  
CORONADO, CA 92118  
Phone: (619) 437-4406  
Fax: (619) 522-7983  
After Hours Phone: (619)  
437-4406

Accepting New Patients: Yes  
Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U  
Hours: M 9:00AM-4:30PM  
TU 9:00AM-3:00PM  
W-TH 9:00AM-4:30PM



## EL CAJON

### AOTO, KIM, OD

Provider Gender: Female  
License Number: 14524  
NPI: 1780935650  
Provider English Spoken: Y  
Spanish, Vietnamese  
Cultural Competency: Y  
RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP  
300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
Phone: (619) 440-5400  
Fax: (619) 440-0239

After Hours Phone: (619)  
440-5400  
Accepting New Patients: Yes  
Site English Spoken: Y  
American Sign Language (ASL):  
N

## D7. Vision Provider Directory - Eye & Vision Services

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F*  
*8:30AM-6:00PM*

### **ASIS, STEPHANIE, OD**



*Provider Gender: Female*  
*License Number: 34013*  
*NPI: 1902383540*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200  
 EL CAJON, CA 92020  
 *Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
 *After Hours Phone: (619) 440-5400*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F*  
*8:30AM-6:00PM*

### **BAUMANN, DANIELA, OD**

*Provider Gender: Female*  
*License Number: 34530*  
*NPI: 1982232146*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*


RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP


 300 S PIERCE ST STE 200

EL CAJON, CA 92020  
 *Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
 *After Hours Phone: (619) 440-5400*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*



 *Hours: M-F*  
*8:30AM-6:00PM*

### **BINDER, NICHOLAS, MD**

*Provider Gender: Male*  
*License Number: A124698*  
*NPI: 1306076716*


*Provider English Spoken: Y*  
*Cultural Competency: Y*


RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200  
 EL CAJON, CA 92020  
 *Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
 *After Hours Phone: (619) 440-5400*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F*  
*8:30AM-6:00PM*

### **BUTLER, KIM, OD**

*Provider Gender: Male*  
*License Number: 6405*  
*NPI: 1467444844*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
 KIM J BUTLER OD

 1273 BROADWAY  
 EL CAJON, CA 92021

 *Phone: (619) 579-2345*  
*Fax: (619) 579-0876*


 *After Hours Phone: (619) 579-2345*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*


 *Hours: M-F*  
*9:00AM-5:00PM*  
*SA 9:00AM-12:00AM*

### **CHAN, KWOK FUNG, OD**

*Provider Gender: Male*  
*License Number: 35087*  
*NPI: 1407508385*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*

WERNER OPTOMETRY

 2650 JAMACHA RD STE 155  
 EL CAJON, CA 92019






























 *Phone: (619) 670-6296*  
*Fax: (619) 670-8852*

 *After Hours Phone: (619) 670-6296*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Italian, Spanish*  
*American Sign Language (ASL):*

## D7. Vision Provider Directory - Eye & Vision Services

- N**  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M 9:00AM-5:00PM  
TU 10:00AM-5:00PM  
W-TH 9:00AM-5:00PM  
F 8:00AM-2:00PM*
- DEAN, MOENA, OD**  
*Provider Gender: Female*  
*License Number: 33955*  
*NPI: 1265927578*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*
- RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP**  
 300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
 *Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
 *After Hours Phone: (619) 440-5400*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*American Sign Language (ASL):*
- N**  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F  
8:30AM-6:00PM*
- DYER, SHARON, OD**  
*Provider Gender: Female*  
*License Number: 33450*  
*NPI: 1063866887*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*
- RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP**  
 300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
 *Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
 *After Hours Phone: (619) 440-5400*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*American Sign Language (ASL):*
- N**  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F  
8:30AM-6:00PM*
- HAMOUIE, JUDY, OD**  
*Provider Gender: Female*  
*License Number: 34984*  
*NPI: 1518638287*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*
- RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP**  
 300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
 *Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
 *After Hours Phone: (619) 440-5400*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*American Sign Language (ASL):*
- N**  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F*
- RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP**  
 300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
 *Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
 *After Hours Phone: (619) 440-5400*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*American Sign Language (ASL):*
- N**  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F  
8:30AM-6:00PM*
- HSU, CHRISTOPHER, MD**  
*Provider Gender: Male*  
*License Number: A65973*  
*NPI: 1336167618*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*
- RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP**  
 300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
 *Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
 *After Hours Phone: (619)*

## D7. Vision Provider Directory - Eye & Vision Services

440-5400  
Accepting New Patients: Yes  
Site English Spoken: Y  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:30AM-6:00PM

### **KATZMAN, BARRY, MD**

Provider Gender: Male  
License Number: A34834  
NPI: 1760473797  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y  
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP  
300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
Phone: (619) 440-5400  
Fax: (619) 440-0239  
After Hours Phone: (619) 440-5400  
Accepting New Patients: Yes  
Site English Spoken: Y  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:30AM-6:00PM

### **KHALIL, VADY, OD**

Provider Gender: Male  
License Number: 35137

NPI: 1275263584  
Provider English Spoken: Y  
Arabic  
Cultural Competency: Y  
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP  
300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
Phone: (619) 440-5400  
Fax: (619) 440-0239  
After Hours Phone: (619) 440-5400  
Accepting New Patients: Yes  
Site English Spoken: Y  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:30AM-6:00PM

### **KHIEU, TINA, OD**

Provider Gender: Female  
License Number: 34777  
NPI: 1962031617  
Provider English Spoken: Y  
Cultural Competency: Y  
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP  
300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
Phone: (619) 440-5400  
Fax: (619) 440-0239  
After Hours Phone: (619) 440-5400  
Accepting New Patients: Yes  
Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:30AM-6:00PM

### **MARR, RYAN, OD**

Provider Gender: Male  
License Number: 35302  
NPI: 1235857525  
Provider English Spoken: Y  
Cultural Competency: Y  
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP  
300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
Phone: (619) 440-5400  
Fax: (619) 440-0239  
After Hours Phone: (619) 440-5400  
Accepting New Patients: Yes  
Site English Spoken: Y  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
Hours: M-F  
8:30AM-6:00PM

### **MCMURREN, BRITTANY, OD**

Provider Gender: Female  
License Number: 14824  
NPI: 1104243815  
Provider English Spoken: Y  
Cultural Competency: Y  
WERNER OPTOMETRY  
2650 JAMACHA RD STE 155  
EL CAJON, CA 92019

## D7. Vision Provider Directory - Eye & Vision Services

☎ Phone: (619) 670-6296  
Fax: (619) 670-8852

📞 After Hours Phone: (619)  
670-6296

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Italian, Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M 9:00AM-5:00PM  
TU 10:00AM-5:00PM  
W-TH 9:00AM-5:00PM  
F 8:00AM-2:00PM

### **PANDYA, BHUMIKA, OD**

Provider Gender: Female

License Number: 35025

NPI: 1063182822

Provider English Spoken: Y

Hindi

Cultural Competency: Y

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

📞 After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

### **PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

📞 After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

### **PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

Gujarati, Hindi, Spanish

Cultural Competency: Y

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

📞 After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

### **SCOTT, JEFFREY, OD**

Provider Gender: Male

License Number: 34978

NPI: 1568813434

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

📞 After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

### **TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476



## D7. Vision Provider Directory - Eye & Vision Services

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:30AM-6:00PM

### TONNU, ANH, OD

Provider Gender: Female

License Number: 11318

NPI: 1679521280

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:30AM-6:00PM

### VINH, JOHN, OD

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:30AM-6:00PM

### WERNER, REX, OD

Provider Gender: Male

License Number: 9378

NPI: 1891760716

Provider English Spoken: Y

Italian, Spanish

Cultural Competency: Y

WERNER OPTOMETRY

2650 JAMACHA RD STE 155  
EL CAJON, CA 92019

Phone: (619) 670-6296

Fax: (619) 670-8852

After Hours Phone: (619)  
670-6296

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Italian, Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 9:00AM-5:00PM  
TU 10:00AM-5:00PM  
W-TH 9:00AM-5:00PM  
F 8:00AM-2:00PM

### WERNER, R AARON, OD

Provider Gender: Male

License Number: 13478

NPI: 1821259458

Provider English Spoken: Y

Spanish

Cultural Competency: Y

WERNER OPTOMETRY

2650 JAMACHA RD STE 155  
EL CAJON, CA 92019

Phone: (619) 670-6296

Fax: (619) 670-8852

After Hours Phone: (619)  
670-6296

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Italian, Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

## D7. Vision Provider Directory - Eye & Vision Services

🕒 *Hours: M 9:00AM-5:00PM  
TU 10:00AM-5:00PM  
W-TH 9:00AM-5:00PM  
F 8:00AM-2:00PM*

### ZHAO, TAILUN, MD

*Provider Gender: Male*

*License Number: C186414*

*NPI: 1952659203*

*Provider English Spoken: Y*

*Cultural Competency: Y*

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

☎ *Phone: (619) 440-5400*

*Fax: (619) 440-0239*

🕒 *After Hours Phone: (619)  
440-5400*

*Accepting New Patients: Yes*

🗒 *Site English Spoken: Y*

*American Sign Language (ASL):*

N

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

🕒 *Hours: M-F  
8:30AM-6:00PM*

### ZVANUT, DONALD, OD

*Provider Gender: Male*

*License Number: 8642*

*NPI: 1336211804*

*Provider English Spoken: Y*

*Cultural Competency: Y*

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

☎ *Phone: (619) 440-5400*

*Fax: (619) 440-0239*

🕒 *After Hours Phone: (619)  
440-5400*

*Accepting New Patients: Yes*

🗒 *Site English Spoken: Y*

*American Sign Language (ASL):*

N

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

🕒 *Hours: M-F  
8:30AM-6:00PM*

## ENCINITAS

### ADAMS, MONA, OD

*Provider Gender: Female*

*License Number: 14457*

*NPI: 1942564521*

*Provider English Spoken: Y*

*Cultural Competency: Y*

RADY CHILDRENS HOSPITAL

ENCINITAS

📍 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

☎ *Phone: (858) 309-7702*

*Fax: (858) 966-7403*

🕒 *After Hours Phone: (858)  
309-7702*

*Accepting New Patients: Yes*

🗒 *Site English Spoken: Y*

*American Sign Language (ASL):*

N

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M-F  
8:00AM-5:00PM*

### AOTO, KIM, OD

*Provider Gender: Female*

*License Number: 14524*

*NPI: 1780935650*

*Provider English Spoken: Y*

*Spanish, Vietnamese*

*Cultural Competency: Y*

ACUITY EYE GROUP

📍 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

☎ *Phone: (760) 943-7141*

*Fax: (760) 943-0371*

🕒 *After Hours Phone: (760)  
943-7141*

*Accepting New Patients: Yes*

🗒 *Site English Spoken: Y*

🗒 *Site Languages(s) Spoken:*

*Spanish*

*American Sign Language (ASL):*

N

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

🕒 *Hours: M-F  
8:00AM-5:00PM*

### BANSAL, PREETI, MD

*Provider Gender: Female*

*License Number: A90890*

*NPI: 1871664631*

*Provider English Spoken: Y*

*Spanish*

*Cultural Competency: Y*

RADY CHILDRENS HOSPITAL  
ENCINITAS

📍 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

☎ *Phone: (858) 309-7702*

*Fax: (858) 966-7403*

🕒 *After Hours Phone: (858)  
309-7702*

## D7. Vision Provider Directory - Eye & Vision Services

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM

### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### BHATIA, SHAGUN, MD

Provider Gender: Female

License Number: A154902

NPI: 1104237353

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS HOSPITAL  
ENCINITAS

477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM

### CHANG, TOM, MD

Provider Gender: Male

License Number: A69909

NPI: 1609848969

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### CHIU, STEPHAN, MD

Provider Gender: Male

License Number: A172634

NPI: 1053846956

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


## D7. Vision Provider Directory - Eye & Vision Services

 Phone: (760) 943-7141  
Fax: (760) 943-0371


 After Hours Phone: (760) 943-7141

Accepting New Patients: Yes


 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450


NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


 Phone: (760) 943-7141

Fax: (760) 943-0371


 After Hours Phone: (760) 943-7141

Accepting New Patients: Yes


 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### HAMOUIE, JUDY, OD

Provider Gender: Female

License Number: 34984


NPI: 1518638287

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760) 943-7141

Accepting New Patients: Yes


 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091


NPI: 1851349195

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760) 943-7141

Accepting New Patients: Yes


 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438


Provider English Spoken: Y

Arabic


Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760) 943-7141

Accepting New Patients: Yes


 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

## D7. Vision Provider Directory - Eye & Vision Services


*Provider English Spoken: Y*

*Arabic*

*Cultural Competency: Y*

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760)  
943-7141


*Accepting New Patients: Yes*

 *Site English Spoken: Y*


 *Site Languages(s) Spoken:  
Spanish*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F  
8:00AM-5:00PM*

### LEE, JASON, OD

*Provider Gender: Male*

*License Number: 14881*


*NPI: 1679985584*

*Provider English Spoken: Y  
Spanish*

*Cultural Competency: Y*

RADY CHILDRENS HOSPITAL  
ENCINITAS

 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

 Phone: (858) 309-7702

Fax: (858) 966-7403


 After Hours Phone: (858)  
309-7702

*Accepting New Patients: Yes*


 *Site English Spoken: Y*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M-F  
8:00AM-5:00PM*

### MARR, RYAN, OD

*Provider Gender: Male*

*License Number: 35302*


*NPI: 1235857525*

*Provider English Spoken: Y*

*Cultural Competency: Y*

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760)  
943-7141

*Accepting New Patients: Yes*

 *Site English Spoken: Y*


 *Site Languages(s) Spoken:  
Spanish*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F  
8:00AM-5:00PM*

### MCGRAW, JOSEPH, MD

*Provider Gender: Male*

*License Number: A155228*


*NPI: 1588624852*

*Provider English Spoken: Y*


*Cultural Competency: Y*

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760)  
943-7141


*Accepting New Patients: Yes*

 *Site English Spoken: Y*


 *Site Languages(s) Spoken:  
Spanish*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F  
8:00AM-5:00PM*

### MOLL, ANGELA, MD

*Provider Gender: Female*

*License Number: A105472*

*NPI: 1861648602*


*Provider English Spoken: Y*

*Cultural Competency: Y*

RADY CHILDRENS HOSPITAL  
ENCINITAS

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 Phone: (858) 309-7702

Fax: (858) 966-7403


 After Hours Phone: (858)  
309-7702

*Accepting New Patients: Yes*

 *Site English Spoken: Y*


*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*



## D7. Vision Provider Directory - Eye & Vision Services


 Hours: M-F  
8:00AM-5:00PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male  
License Number: A125435  
NPI: 1235366782  
Provider English Spoken: Y  
Indonesian, Spanish  
Cultural Competency: Y

#### ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
Fax: (760) 943-0371

 After Hours Phone: (760)  
943-7141


Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T


 Hours: M-F  
8:00AM-5:00PM


### **O HALLORAN, HENRY, MD**

Provider Gender: Male  
License Number: A73282  
NPI: 1235287947  
Provider English Spoken: Y  
German, Spanish  
Cultural Competency: Y

RADY CHILDRENS HOSPITAL  
ENCINITAS

 477 N EL CAMINO REAL

STE D302  
ENCINITAS, CA 92024  
 Phone: (858) 309-7702  
Fax: (858) 966-7403


 After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-5:00PM

### **SAMUEL, MICHAEL, MD**

Provider Gender: Male  
License Number: A83237  
NPI: 1730175670  
Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
Fax: (760) 943-0371

 After Hours Phone: (760)  
943-7141


Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T



 Hours: M-F  
8:00AM-5:00PM


### **TON-NU, MY LINH, OD**

Provider Gender: Female  
License Number: 34990  
NPI: 1245733476

Provider English Spoken: Y  
Cultural Competency: Y

#### ACUITY EYE GROUP


 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
Fax: (760) 943-0371

 After Hours Phone: (760)  
943-7141


Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T


 Hours: M-F  
8:00AM-5:00PM


### **VINH, JOHN, OD**

Provider Gender: Male  
License Number: 14177  
NPI: 1003102724

Provider English Spoken: Y  
Cultural Competency: Y

#### ACUITY EYE GROUP




 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
Fax: (760) 943-0371

 After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes




Site English Spoken: Y





## D7. Vision Provider Directory - Eye & Vision Services

 Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
8:00AM-5:00PM

### VIVIRITO, MARY, OD

Provider Gender: Female  
License Number: 33798  
NPI: 1477968667  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y  
ACUITY EYE GROUP


 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
Fax: (760) 943-0371  
 After Hours Phone: (760) 943-7141





Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
8:00AM-5:00PM

### ZHAO, TAILUN, MD

Provider Gender: Male  
License Number: C186414  
NPI: 1952659203




Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
Fax: (760) 943-0371




 After Hours Phone: (760) 943-7141  
Accepting New Patients: Yes


 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
8:00AM-5:00PM

### ZVANUT, DONALD, OD

Provider Gender: Male  
License Number: 8642  
NPI: 1336211804  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
Fax: (760) 943-0371  
 After Hours Phone: (760) 943-7141

Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
 Accessibility: CONTACT




PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
8:00AM-5:00PM

## ESCONDIDO

### ADAMS, MONA, OD

Provider Gender: Female  
License Number: 14457  
NPI: 1942564521  
Provider English Spoken: Y  
Cultural Competency: Y  
RADY CHILDRENS  
SPECIALISTS

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
 Phone: (760) 755-7600  
Fax: (760) 755-7699  
 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes  
 Site English Spoken: Y  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
8:30AM-4:30PM


### ASIS, STEPHANIE, OD

Provider Gender: Female  
License Number: 34013  
NPI: 1902383540  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

## D7. Vision Provider Directory - Eye & Vision Services

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872


Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F

8:00AM-5:00PM

### **BANSAL, PREETI, MD**

Provider Gender: Female

License Number: A90890

NPI: 1871664631

Provider English Spoken: Y

Spanish


Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699


 After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F

8:30AM-4:30PM

### **BAUMANN, DANIELA, OD**

Provider Gender: Female

License Number: 34530

NPI: 1982232146


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F

8:00AM-5:00PM

### **BERGMARK, JAMIE, OD**

Provider Gender: Female

License Number: 33657

NPI: 1669920757

Provider English Spoken: Y

Cultural Competency: Y


RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY

STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F

8:30AM-4:30PM

### **BHATIA, SHAGUN, MD**

Provider Gender: Female

License Number: A154902

NPI: 1104237353

Provider English Spoken: Y


Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699


 After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F

8:30AM-4:30PM



## D7. Vision Provider Directory - Eye & Vision Services

### **BINDER, NICHOLAS, MD**

Provider Gender: Male

License Number: A124698

NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### **CHANG, TOM, MD**

Provider Gender: Male

License Number: A69909

NPI: 1609848969

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### **DUONG, KIM, OD**

Provider Gender: Female

License Number: 34222

NPI: 1114448651

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:30AM-4:30PM

### **GOLDSTONE, ADAM, OD**

Provider Gender: Male

License Number: 11051

NPI: 1316972995

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### **HAMOUIE, JUDY, OD**

Provider Gender: Female

License Number: 34984

NPI: 1518638287

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879



After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes








Site English Spoken: Y

Site Languages(s) Spoken:








## D7. Vision Provider Directory - Eye & Vision Services

*Spanish*  
*American Sign Language (ASL):* N  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8:00AM-5:00PM*






**HSU, CHRISTOPHER, MD**  
*Provider Gender: Male*  
*License Number: A65973*  
*NPI: 1336167618*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026  
 *Phone: (760) 743-5872*  
*Fax: (760) 743-5879*  
 *After Hours Phone: (760) 743-5872*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*American Sign Language (ASL):* N  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8:00AM-5:00PM*



**HUDSON, HENRY, MD**  
*Provider Gender: Male*  
*License Number: G76091*  
*NPI: 1851349195*  
*Provider English Spoken: Y*

*Cultural Competency: Y*  
ACUITY EYE GROUP  
 700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026  
 *Phone: (760) 743-5872*  
*Fax: (760) 743-5879*  
 *After Hours Phone: (760) 743-5872*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*American Sign Language (ASL):* N  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8:00AM-5:00PM*




**KALBAKJI, NATALY, OD**  
*Provider Gender: Female*  
*License Number: 34943*  
*NPI: 1700556438*  
*Provider English Spoken: Y*  
*Arabic*



*Cultural Competency: Y*  
ACUITY EYE GROUP  
 700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026  
 *Phone: (760) 743-5872*  
*Fax: (760) 743-5879*  
 *After Hours Phone: (760) 743-5872*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*American Sign Language (ASL):*



*Arabic*  
*Cultural Competency: Y*

N  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8:00AM-5:00PM*

**KARAPETIAN, ELENA, OD**  
*Provider Gender: Female*  
*License Number: 34514*  
*NPI: 1184250417*

*Provider English Spoken: Y*  
*Cultural Competency: Y*  
ACUITY EYE GROUP  
 700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026  
 *Phone: (760) 743-5872*  
*Fax: (760) 743-5879*  
 *After Hours Phone: (760) 743-5872*

*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*American Sign Language (ASL):* N

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8:00AM-5:00PM*

**KHALIL, VADY, OD**  
*Provider Gender: Male*  
*License Number: 35137*  
*NPI: 1275263584*  
*Provider English Spoken: Y*  
*Arabic*  
*Cultural Competency: Y*

## D7. Vision Provider Directory - Eye & Vision Services

### ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Phone: (760) 743-5872  
Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y  
Site Language(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### KHIEU, TINA, OD

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Phone: (760) 743-5872  
Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y  
Site Language(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT

### PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### KIM, PHILIP, OD

Provider Gender: Male

License Number: 33893

NPI: 1376929034

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Phone: (760) 743-5872  
Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y  
Site Language(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### KLAREN, AMANDA, OD

Provider Gender: Female

License Number: 12617

NPI: 1396876611

Provider English Spoken: Y

Cultural Competency: Y

### RADY CHILDRENS

### SPECIALISTS

2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:30AM-4:30PM

### LE, TAM, OD

Provider Gender: Female

License Number: 12951

NPI: 1235268707

Provider English Spoken: Y

Spanish, Vietnamese

Cultural Competency: Y

### TAM T LE OD INC

1711 E VALLEY PKWY STE  
109

ESCONDIDO, CA 92027

Phone: (760) 737-6064

Fax: (760) 737-6064

After Hours Phone: (760)  
737-6064

Accepting New Patients: Yes

Site English Spoken: Y  
Site Language(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within

## D7. Vision Provider Directory - Eye & Vision Services

1/2 mile from Site): 1T

🕒 Hours: M-TH  
9:00AM-5:30PM  
F 9:00AM-1:00PM

### LEE, JASON, OD

Provider Gender: Male  
License Number: 14881  
NPI: 1679985584  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

📞 Phone: (760) 755-7600  
Fax: (760) 755-7699

🕒 After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

🗑 Site English Spoken: Y  
American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-4:30PM

### MARR, RYAN, OD

Provider Gender: Male  
License Number: 35302  
NPI: 1235857525  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

📍 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

📞 Phone: (760) 743-5872  
Fax: (760) 743-5879

🕒 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

🗑 Site English Spoken: Y

🗑 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

### MCGRAW, JOSEPH, MD

Provider Gender: Male  
License Number: A155228  
NPI: 1588624852

Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

📍 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

📞 Phone: (760) 743-5872  
Fax: (760) 743-5879

🕒 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

🗑 Site English Spoken: Y

🗑 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

### MOLL, ANGELA, MD

Provider Gender: Female  
License Number: A105472  
NPI: 1861648602

Provider English Spoken: Y  
Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

📞 Phone: (760) 755-7600  
Fax: (760) 755-7699

🕒 After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

🗑 Site English Spoken: Y

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-4:30PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male  
License Number: A125435  
NPI: 1235366782

Provider English Spoken: Y  
Indonesian, Spanish


Cultural Competency: Y

ACUITY EYE GROUP

📍 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

## D7. Vision Provider Directory - Eye & Vision Services

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken: Spanish

American Sign Language (ASL): Cultural Competency: Y

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### MOVAGHAR, MANSOOR, MD

Provider Gender: Male

License Number: A100897


NPI: 1497792220


Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:30AM-4:30PM

### O HALLORAN, HENRY, MD

Provider Gender: Male

License Number: A73282

NPI: 1235287947


Provider English Spoken: Y


German, Spanish

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:30AM-4:30PM

### PANSARA, MEGHA, MD

Provider Gender: Female

License Number: A143429

NPI: 1184983728


Provider English Spoken: Y


Gujarati

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:30AM-4:30PM

### PATEL, GITANE, MD

Provider Gender: Male


License Number: A108603


NPI: 1710171434

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872


Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### PATEL, SARJAN, MD

## D7. Vision Provider Directory - Eye & Vision Services

*Provider Gender: Male*

*License Number: A114976*

*NPI: 1316199326*

*Provider English Spoken: Y*


*Gujarati, Hindi, Spanish*

*Cultural Competency: Y*


**ACUITY EYE GROUP**

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

 *Phone: (760) 743-5872*

*Fax: (760) 743-5879*

 *After Hours Phone: (760)  
743-5872*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*Site Languages(s) Spoken:  
Spanish*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F  
8:00AM-5:00PM*

### **PRABHU, SUJATA, MD**

*Provider Gender: Female*

*License Number: A115965*

*NPI: 1982872552*


*Provider English Spoken: Y  
Spanish*

*Cultural Competency: Y*


**ACUITY EYE GROUP**

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

 *Phone: (760) 743-5872*

*Fax: (760) 743-5879*

 *After Hours Phone: (760)  
743-5872*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*Site Languages(s) Spoken:  
Spanish*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F  
8:00AM-5:00PM*

### **SAMUEL, MICHAEL, MD**

*Provider Gender: Male*

*License Number: A83237*

*NPI: 1730175670*


*Provider English Spoken: Y*

*Cultural Competency: Y*

**ACUITY EYE GROUP**

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

 *Phone: (760) 743-5872*

*Fax: (760) 743-5879*

 *After Hours Phone: (760)  
743-5872*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*Site Languages(s) Spoken:  
Spanish*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F  
8:00AM-5:00PM*

### **THACH, TERILYN, OD**

*Provider Gender: Female*

*License Number: 11456*


*NPI: 1710030861*

*Provider English Spoken: Y  
Vietnamese*


*Cultural Competency: Y*

**INSIGHT VISION OPTOMETRY**

 2419 E VALLEY PKWY  
ESCONDIDO, CA 92027

 *Phone: (760) 738-9931*

*Fax: (760) 738-9933*

 *After Hours Phone: (760)  
738-9931*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*Site Languages(s) Spoken:  
Spanish, Vietnamese*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-TU  
9:30AM-5:00PM  
TH 10:00AM-5:30PM  
F 9:30AM-5:00PM*

### **TON-NU, MY LINH, OD**

*Provider Gender: Female*

*License Number: 34990*


*NPI: 1245733476*

*Provider English Spoken: Y  
Cultural Competency: Y*

**ACUITY EYE GROUP**

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

 *Phone: (760) 743-5872*

*Fax: (760) 743-5879*

 *After Hours Phone: (760)  
743-5872*

*Accepting New Patients: Yes*

## D7. Vision Provider Directory - Eye & Vision Services

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
8:00AM-5:00PM

### TRAN, ALEXANDER, OD

Provider Gender: Male  
License Number: 14136  
NPI: 1902414790  
Provider English Spoken: Y  
Cultural Competency: Y

RADY CHILDRENS  
SPECIALISTS

2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
 Phone: (760) 755-7600  
Fax: (760) 755-7699  
 After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
8:30AM-4:30PM

### VERRET, ERIC, OD

Provider Gender: Male  
License Number: 11401  
NPI: 1194891853

Provider English Spoken: Y  
French, Spanish

Cultural Competency: Y  
ESCONDIDO EYECARE

613 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (760) 747-7979  
Fax: (760) 747-7799

After Hours Phone: (760)  
747-7979

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Arabic, French, Spanish

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU  
9:00AM-6:00PM  
W-TH 9:00AM-8:00PM

### VIVIRITO, MARY, OD

Provider Gender: Female  
License Number: 33798  
NPI: 1477968667

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

ACUITY EYE GROUP  
 700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Phone: (760) 743-5872  
Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:

Spanish  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### ZAI, NOORINA, OD

Provider Gender: Female  
License Number: 35615  
NPI: 1023477262

Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Phone: (760) 743-5872  
Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### ZHAO, TAILUN, MD

Provider Gender: Male  
License Number: C186414  
NPI: 1952659203

Provider English Spoken: Y

## D7. Vision Provider Directory - Eye & Vision Services

*Cultural Competency: Y*

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### ZVANUT, DONALD, OD

Provider Gender: Male

License Number: 8642

NPI: 1336211804

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

## FALLBROOK

### ARCHIBALD, JOHN, OD

Provider Gender: Male

License Number: 11813

NPI: 1902893357

Provider English Spoken: Y

Cultural Competency: Y

INLAND EYE SPECIALISTS

521 E ELDER ST STE 102  
FALLBROOK, CA 92028

Phone: (760) 728-5728

Fax: (760) 728-5934

After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM

### COLEMAN, BROOKE, OD

Provider Gender: Female

License Number: 13551

NPI: 1700040748

Provider English Spoken: Y

Cultural Competency: Y

INLAND EYE SPECIALISTS

521 E ELDER ST STE 102  
FALLBROOK, CA 92028

Phone: (760) 728-5728

Fax: (760) 728-5934

After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM

### CONNOR, JEFFREY, OD

Provider Gender: Male

License Number: 33683

NPI: 1063968980

Provider English Spoken: Y

Spanish

Cultural Competency: Y

INLAND EYE SPECIALISTS

521 E ELDER ST STE 102  
FALLBROOK, CA 92028

Phone: (760) 728-5728

Fax: (760) 728-5934

After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within



## D7. Vision Provider Directory - Eye & Vision Services

1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-5:00PM

### COOPER, MICHAEL, OD

Provider Gender: Male

License Number: 10476

NPI: 1164586244

Provider English Spoken: Y

Cultural Competency: Y

INLAND EYE SPECIALISTS

📍 521 E ELDER ST STE 102  
FALLBROOK, CA 92028

📞 Phone: (760) 728-5728

Fax: (760) 728-5934

📞 After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within

1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-5:00PM

### DUONG, CHERYL, OD

Provider Gender: Female

License Number: 34070

NPI: 1366935678

Provider English Spoken: Y

Cultural Competency: Y

INLAND EYE SPECIALISTS

📍 521 E ELDER ST STE 102  
FALLBROOK, CA 92028

📞 Phone: (760) 728-5728

Fax: (760) 728-5934

📞 After Hours Phone: (760)

728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within

1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-5:00PM

### GEORGE, BRUCE, OD

Provider Gender: Male

License Number: 7696

NPI: 1356414551

Provider English Spoken: Y

Korean, Spanish

Cultural Competency: Y

BRUCE D GEORGE OD

📍 1102 S MAIN AVE  
FALLBROOK, CA 92028

📞 Phone: (760) 723-8417

Fax: (760) 758-2063

📞 After Hours Phone: (760)  
723-8417

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within

1/2 mile from Site): 1T

🕒 Hours: M 1:00PM-5:00PM  
TU 9:00AM-6:00PM  
W-TH 9:00AM-5:00PM  
F 9:00AM-1:00PM

SA 9:00AM-1:00PM

### GEORGE, KENDALL, OD

Provider Gender: Male

License Number: 34270

NPI: 1619529948

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

BRUCE D GEORGE OD

📍 1102 S MAIN AVE  
FALLBROOK, CA 92028

📞 Phone: (760) 723-8417

Fax: (760) 758-2063

📞 After Hours Phone: (760)  
723-8417

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within

1/2 mile from Site): 1T

🕒 Hours: M 1:00PM-5:00PM  
TU 9:00AM-6:00PM

W-TH 9:00AM-5:00PM

F 9:00AM-1:00PM

SA 9:00AM-1:00PM

### KHINDA, SUNEHA, OD

Provider Gender: Female

License Number: 35494

NPI: 1750066726

Provider English Spoken: Y

Cultural Competency: Y

INLAND EYE SPECIALISTS

📍 521 E ELDER ST STE 102  
FALLBROOK, CA 92028

📞 Phone: (760) 728-5728

## D7. Vision Provider Directory - Eye & Vision Services

Fax: (760) 728-5934

☎ After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-5:00PM

### TEW, JOHN, MD

Provider Gender: Male

License Number: A83206

NPI: 1174593354

Provider English Spoken: Y  
Portuguese

Cultural Competency: Y

INLAND EYE SPECIALISTS

📍 521 E ELDER ST STE 102  
FALLBROOK, CA 92028

☎ Phone: (760) 728-5728

Fax: (760) 728-5934

☎ After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-5:00PM

### IMPERIAL BEACH

#### HANONO, HELFON, OD

Provider Gender: Male

License Number: 6681

NPI: 1619942034

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

IMPERIAL BEACH

OPTOMETRY INC APC

📍 894 PALM AVE STE B  
IMPERIAL BEACH, CA 91932

☎ Phone: (619) 424-9333

Fax: (619) 424-3356

☎ After Hours Phone: (619)  
424-9333

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
9:00AM-6:00PM

#### HANONO, ABRAHAM, OD

Provider Gender: Male

License Number: 14900

NPI: 1356754741

Provider English Spoken: Y  
Hebrew, Spanish

Cultural Competency: Y

IMPERIAL BEACH

OPTOMETRY INC APC

📍 894 PALM AVE STE B

IMPERIAL BEACH, CA 91932

☎ Phone: (619) 424-9333

Fax: (619) 424-3356

☎ After Hours Phone: (619)  
424-9333

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
9:00AM-6:00PM

### LA JOLLA

#### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010

Fax: (858) 457-0028

☎ After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within

## D7. Vision Provider Directory - Eye & Vision Services

1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

### **CHIU, STEPHAN, MD**

Provider Gender: Male  
License Number: A172634  
NPI: 1053846956  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037

📞 Phone: (858) 457-3010  
Fax: (858) 457-0028

🕒 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

🗒 Site English Spoken: Y  
🗒 Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

### **CODEN, DANIEL, MD**

Provider Gender: Male  
License Number: G57587  
NPI: 1942317508  
Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037

📞 Phone: (858) 457-3010  
Fax: (858) 457-0028

🕒 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

🗒 Site English Spoken: Y  
🗒 Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

### **DEAN, MOENA, OD**

Provider Gender: Female  
License Number: 33955  
NPI: 1265927578  
Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037

📞 Phone: (858) 457-3010  
Fax: (858) 457-0028

🕒 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

🗒 Site English Spoken: Y  
🗒 Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F

8:00AM-4:30PM

### **DYER, SHARON, OD**

Provider Gender: Female  
License Number: 33450  
NPI: 1063866887  
Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037

📞 Phone: (858) 457-3010  
Fax: (858) 457-0028

🕒 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

🗒 Site English Spoken: Y  
🗒 Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

### **HO, AMIEE, OD**

Provider Gender: Female  
License Number: 14527  
NPI: 1396009478  
Provider English Spoken: Y  
Cultural Competency: Y

UCSD SHILEY EYE CENTER

📍 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

📞 Phone: (858) 534-6290  
Fax: (858) 732-0921

🕒 After Hours Phone: (858)  
534-6290

## D7. Vision Provider Directory - Eye & Vision Services

Accepting New Patients: Yes


 Site English Spoken: Y

American Sign Language (ASL): Cultural Competency: Y

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-4:30PM  
SA 8:00AM-2:00PM

### HO, AMIEE, OD

Provider Gender: Female

License Number: 14527

NPI: 1396009478

Provider English Spoken: Y


Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

 9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

 Phone: (858) 534-6290

Fax: (858) 732-0921


 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes


 Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-4:30PM

### HOO, PAMELA, OD

Provider Gender: Female

License Number: 11033

NPI: 1275566010

Provider English Spoken: Y

Spanish


Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

 9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes


 Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-4:30PM

### HOO, PAMELA, OD

Provider Gender: Female

License Number: 11033

NPI: 1275566010


Provider English Spoken: Y

Spanish

Cultural Competency: Y

UCSD SHILEY EYE CENTER

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

 Site English Spoken: Y


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-4:30PM  
SA 8:00AM-2:00PM

### HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091

NPI: 1851349195


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037


 Phone: (858) 457-3010

Fax: (858) 457-0028

 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-4:30PM

### HUSTANA, LARA, OD

Provider Gender: Female

License Number: 11472

NPI: 1235161597

Provider English Spoken: Y

French

Cultural Competency: Y

UCSD SHILEY EYE CENTER

## D7. Vision Provider Directory - Eye & Vision Services

📍 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (858) 534-6290

Fax: (858) 732-0921

🕒 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

🗣 Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM  
SA 8:00AM-2:00PM

### HUSTANA, LARA, OD

Provider Gender: Female

License Number: 11472

NPI: 1235161597

Provider English Spoken: Y  
French

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

📍 9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

☎ Phone: (858) 534-6290

Fax: (858) 732-0921

🕒 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

🗣 Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-4:30PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y  
Arabic

Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010

Fax: (858) 457-0028

🕒 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

🗣 Site English Spoken: Y

🗣 Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

### KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y  
Arabic

Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010  
Fax: (858) 457-0028

🕒 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

🗣 Site English Spoken: Y

🗣 Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

### KHIEU, TINA, OD

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010

Fax: (858) 457-0028

🕒 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

🗣 Site English Spoken: Y

🗣 Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F

## D7. Vision Provider Directory - Eye & Vision Services

8:00AM-4:30PM

### **KIM, PHILIP, OD**

Provider Gender: Male

License Number: 33893

NPI: 1376929034

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM  
SA 8:00AM-2:00PM

### **KIM, PHILIP, OD**

Provider Gender: Male

License Number: 33893

NPI: 1376929034

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:30PM

### **KULISCHAK, JOHN, OD**

Provider Gender: Male

License Number: 9279

NPI: 1740205236

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM  
SA 8:00AM-2:00PM

### **KULISCHAK, JOHN, OD**

Provider Gender: Male

License Number: 9279

NPI: 1740205236

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:30PM

### **LAM, ANNE, OD**

Provider Gender: Female

License Number: 12810

NPI: 1174550768

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

## D7. Vision Provider Directory - Eye & Vision Services

🕒 *Hours: M-F*  
*8:00AM-4:30PM*  
*SA 8:00AM-2:00PM*

### **LAM, ANNE, OD**

*Provider Gender: Female*  
*License Number: 12810*  
*NPI: 1174550768*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
PERLMAN

OPHTHALMOLOGY-UCSD

📍 9350 CAMPUS POINT DR  
STE 1B  
LA JOLLA, CA 92037

☎ *Phone: (858) 534-6290*  
*Fax: (858) 732-0921*

🕒 *After Hours Phone: (858)*  
*534-6290*

*Accepting New Patients: Yes*

🗒 *Site English Spoken: Y*  
*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT*  
*PROVIDER*

*Public transportation (within*  
*1/2 mile from Site): 1T*

🕒 *Hours: M-F*  
*8:00AM-4:30PM*

### **LUSBY, FRANKLIN, MD**

*Provider Gender: Male*  
*License Number: G41830*  
*NPI: 1265526180*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*

LUSBY VISION INSTITUTE

📍 9850 GENESEE AVE STE  
220  
LA JOLLA, CA 92037

☎ *Phone: (858) 459-6200*  
*Fax: (858) 459-2025*

🕒 *After Hours Phone: (858)*  
*459-6200*

*Accepting New Patients: Yes*

🗒 *Site English Spoken: Y*  
*American Sign Language (ASL):*  
*N*

♿ *Accessibility: CONTACT*  
*PROVIDER*

*Public transportation (within*  
*1/2 mile from Site): 1T*

🕒 *Hours: M-F*  
*9:00AM-5:00PM*

### **MARR, RYAN, OD**

*Provider Gender: Male*  
*License Number: 35302*  
*NPI: 1235857525*

*Provider English Spoken: Y*  
*Cultural Competency: Y*

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037

☎ *Phone: (858) 457-3010*  
*Fax: (858) 457-0028*

🕒 *After Hours Phone: (858)*  
*457-3010*

*Accepting New Patients: Yes*

🗒 *Site English Spoken: Y*  
*Site Languages(s) Spoken:*  
*Spanish, Tagalog*

*American Sign Language (ASL):*  
*N*

♿ *Accessibility: CONTACT*  
*PROVIDER*

*Public transportation (within*  
*1/2 mile from Site): 1U*

🕒 *Hours: M-F*  
*8:00AM-4:30PM*

### **MCCLEAN, ESMERALDA, OD**

*Provider Gender: Female*

*License Number: 15001*

*NPI: 1962817981*

*Provider English Spoken: Y*  
*Spanish*

*Cultural Competency: Y*

PERLMAN

OPHTHALMOLOGY-UCSD

📍 9350 CAMPUS POINT DR  
STE 1B  
LA JOLLA, CA 92037

☎ *Phone: (858) 534-6290*  
*Fax: (858) 732-0921*

🕒 *After Hours Phone: (858)*  
*534-6290*

*Accepting New Patients: Yes*

🗒 *Site English Spoken: Y*  
*American Sign Language (ASL):*  
*N*

♿ *Accessibility: CONTACT*  
*PROVIDER*

*Public transportation (within*  
*1/2 mile from Site): 1T*

🕒 *Hours: M-F*  
*8:00AM-4:30PM*

### **MIZOGUCHI, LIANNE, OD**

*Provider Gender: Female*

*License Number: 10104*

*NPI: 1619900313*

*Provider English Spoken: Y*

*Cultural Competency: Y*

UCSD SHILEY EYE CENTER

📍 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093



☎ *Phone: (858) 534-6290*  
*Fax: (858) 732-0921*

🕒 *After Hours Phone: (858)*  
*534-6290*

*Accepting New Patients: Yes*




🗒 *Site English Spoken: Y*  
*American Sign Language (ASL):*  
*N*

## D7. Vision Provider Directory - Eye & Vision Services



 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F*  
*8:00AM-4:30PM*  
*SA 8:00AM-2:00PM*

### **MIZOGUCHI, LIANNE, OD**

*Provider Gender: Female*  
*License Number: 10104*  
*NPI: 1619900313*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
PERLMAN

 9350 CAMPUS POINT DR  
STE 1B  
LA JOLLA, CA 92037  
 *Phone: (858) 534-6290*  
*Fax: (858) 732-0921*  
 *After Hours Phone: (858) 534-6290*


*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F*  
*8:00AM-4:30PM*

### **MOOR, TRACY, OD**


*Provider Gender: Female*  
*License Number: 35085*  
*NPI: 1184283277*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
UCSD SHILEY EYE CENTER


 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 *Phone: (858) 534-6290*  
*Fax: (858) 732-0921*

 *After Hours Phone: (858) 534-6290*  
*Accepting New Patients: Yes*



 *Site English Spoken: Y*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F*  
*8:00AM-4:30PM*  
*SA 8:00AM-2:00PM*


### **MOOR, TRACY, OD**

*Provider Gender: Female*  
*License Number: 35085*  
*NPI: 1184283277*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
PERLMAN

OPHTHALMOLOGY-UCSD  
 9350 CAMPUS POINT DR  
STE 1B  
LA JOLLA, CA 92037  
 *Phone: (858) 534-6290*  
*Fax: (858) 732-0921*

 *After Hours Phone: (858) 534-6290*  
*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*



 *Hours: M-F*



8:00AM-4:30PM

### **MORRISON REYES, JOSHUA, MD**

*Provider Gender: Male*  
*License Number: A125435*  
*NPI: 1235366782*  
*Provider English Spoken: Y*  
*Indonesian, Spanish*  
*Cultural Competency: Y*  
ACUITY EYE GROUP

 9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
 *Phone: (858) 457-3010*  
*Fax: (858) 457-0028*  
 *After Hours Phone: (858) 457-3010*

*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish, Tagalog*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F*  
*8:00AM-4:30PM*

### **PERRY, ARTHUR, MD**

*Provider Gender: Male*  
*License Number: C37934*  
*NPI: 1194832725*  
*Provider English Spoken: Y*  
*Spanish*  
*Cultural Competency: Y*  
ACUITY EYE GROUP

 9850 GENESEE AVE STE  
310



## D7. Vision Provider Directory - Eye & Vision Services

LA JOLLA, CA 92037  
☎ Phone: (858) 457-3010  
Fax: (858) 457-0028  
📞 After Hours Phone: (858) 457-3010  
Accepting New Patients: Yes  
☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish, Tagalog  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F 8:00AM-4:30PM

### PRATT, STEVEN, MD

Provider Gender: Male  
License Number: G32379  
NPI: 1407963044  
Provider English Spoken: Y Spanish  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037  
☎ Phone: (858) 457-3010  
Fax: (858) 457-0028  
📞 After Hours Phone: (858) 457-3010  
Accepting New Patients: Yes  
☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish, Tagalog  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within

1/2 mile from Site): 1U  
🕒 Hours: M-F 8:00AM-4:30PM

### TON-NU, MY LINH, OD

Provider Gender: Female  
License Number: 34990  
NPI: 1245733476  
Provider English Spoken: Y  
Cultural Competency: Y

### ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037  
☎ Phone: (858) 457-3010  
Fax: (858) 457-0028  
📞 After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish, Tagalog  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8:00AM-4:30PM

### TONNU, ANH, OD

Provider Gender: Female  
License Number: 11318  
NPI: 1679521280  
Provider English Spoken: Y Vietnamese  
Cultural Competency: Y

### ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037

☎ Phone: (858) 457-3010  
Fax: (858) 457-0028  
📞 After Hours Phone: (858) 457-3010  
Accepting New Patients: Yes  
☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish, Tagalog  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F 8:00AM-4:30PM

### VINH, JOHN, OD

Provider Gender: Male  
License Number: 14177  
NPI: 1003102724  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037  
☎ Phone: (858) 457-3010  
Fax: (858) 457-0028  
📞 After Hours Phone: (858) 457-3010  
Accepting New Patients: Yes  
☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish, Tagalog  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F

## D7. Vision Provider Directory - Eye & Vision Services

8:00AM-4:30PM

### VIVIRITO, MARY, OD

Provider Gender: Female  
License Number: 33798  
NPI: 1477968667  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y  
ACUITY EYE GROUP

9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037

Phone: (858) 457-3010  
Fax: (858) 457-0028

After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### VO, ANDREW MINH, OD

Provider Gender: Male  
License Number: 33869  
NPI: 1790291565  
Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290  
Fax: (858) 732-0921

After Hours Phone: (858) 534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM  
SA 8:00AM-2:00PM

### VO, ANDREW MINH, OD

Provider Gender: Male  
License Number: 33869  
NPI: 1790291565  
Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

Phone: (858) 534-6290  
Fax: (858) 732-0921

After Hours Phone: (858) 534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:30PM

### YU, CAROL, OD

Provider Gender: Female

License Number: 34047

NPI: 1639697451

Provider English Spoken: Y  
Spanish, Chinese

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290  
Fax: (858) 732-0921

After Hours Phone: (858) 534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM  
SA 8:00AM-2:00PM

### YU, CAROL, OD

Provider Gender: Female

License Number: 34047

NPI: 1639697451

Provider English Spoken: Y  
Spanish, Chinese

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD




9350 CAMPUS POINT DR  
STE 1B

Phone: (858) 534-6290  
Fax: (858) 732-0921

After Hours Phone: (858) 534-6290





Accepting New Patients: Yes

## D7. Vision Provider Directory - Eye & Vision Services

 *Site English Spoken: Y*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8:00AM-4:30PM*




### ZHAO, TAILUN, MD

*Provider Gender: Male*  
*License Number: C186414*  
*NPI: 1952659203*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
 ACUITY EYE GROUP  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037  
 *Phone: (858) 457-3010*  
*Fax: (858) 457-0028*  
 *After Hours Phone: (858) 457-3010*





*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish, Tagalog*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8:00AM-4:30PM*

### ZVANUT, DONALD, OD

*Provider Gender: Male*  
*License Number: 8642*  
*NPI: 1336211804*  
*Provider English Spoken: Y*




*Cultural Competency: Y*  
 ACUITY EYE GROUP  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037  
 *Phone: (858) 457-3010*  
*Fax: (858) 457-0028*  
 *After Hours Phone: (858) 457-3010*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish, Tagalog*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8:00AM-4:30PM*



## LA MESA

### ABOUL-HOSN, RYAN, OD




*Provider Gender: Male*  
*License Number: 13688*  
*NPI: 1467651919*  
*Provider English Spoken: Y*  
*Arabic*  
*Cultural Competency: Y*  
 DAVID M NEWMAN OD  
 5642 LAKE MURRAY BLVD  
 LA MESA, CA 91942  
 *Phone: (619) 589-6263*  
*Fax: (619) 589-6264*  
 *After Hours Phone: (619) 589-6263*

*Accepting New Patients: Yes*





 *Site English Spoken: Y*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M 10:00AM-4:00PM W 10:00AM-4:00PM F 10:00AM-4:00PM*

### AOTO, KIM, OD

*Provider Gender: Female*  
*License Number: 14524*  
*NPI: 1780935650*  
*Provider English Spoken: Y*  
*Spanish, Vietnamese*  
*Cultural Competency: Y*  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*  
 *After Hours Phone: (619) 722-8460*


*Accepting New Patients: Yes*


 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8:00AM-5:00PM*

### ASIS, STEPHANIE, OD

*Provider Gender: Female*  
*License Number: 34013*  
*NPI: 1902383540*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
 ACUITY EYE GROUP

## D7. Vision Provider Directory - Eye & Vision Services

 7339 EL CAJON BLVD STE J LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N  
Provider English Spoken: Y  
Armenian

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### AVALLONE, THOMAS, MD

Provider Gender: Male

License Number: A147199


NPI: 1679865950

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551 LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189


 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N  
Cultural Competency: Y

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-5:00PM

### BAGHOUMIAN, MARINEH, OD

Provider Gender: Female


License Number: 14842


NPI: 1972929438

Provider English Spoken: Y  
Armenian

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146


Provider English Spoken: Y

Cultural Competency: Y


EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT

CENTER DR # 551 LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189


 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-5:00PM

### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530


NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Public transportation (within 1/2 mile from Site): 1T


## D7. Vision Provider Directory - Eye & Vision Services

 Hours: M-F  
8:00AM-5:00PM

### **BINDER, NICHOLAS, MD**

Provider Gender: Male  
License Number: A124698  
NPI: 1306076716  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

 Phone: (619) 722-8460  
Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460


Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM


### **CAUCHI, CAROLINE**

#### **GUERRERO, OD**

Provider Gender: Female  
License Number: 6882  
NPI: 1831268903  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y  
VISION SOLUTIONS

OPTOMETRY

 8235 UNIVERSITY AVE  
LA MESA, CA 91942

 Phone: (619) 461-4913  
Fax: (888) 509-6483

 After Hours Phone: (619)  
461-4913

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU  
9:00AM-5:30PM  
W 8:00AM-5:00PM  
TH 9:00AM-6:00PM  
F 8:00AM-1:00PM

### **CHANG, TOM, MD**

Provider Gender: Male  
License Number: A69909  
NPI: 1609848969  
Provider English Spoken: Y  
Cultural Competency: Y  
EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

 Phone: (619) 465-2020  
Fax: (619) 698-1189

 After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes


Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

Public transportation (within  
1/2 mile from Site): 1U


 Hours: M-F  
8:00AM-5:00PM

### **CHEW, WESLEY, OD**

Provider Gender: Male  
License Number: 14901  
NPI: 1952714446

Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

 Phone: (619) 722-8460  
Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460


Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T


 Hours: M-F  
8:00AM-5:00PM


### **CHIU, STEPHAN, MD**

Provider Gender: Male  
License Number: A172634  
NPI: 1053846956  
Provider English Spoken: Y  
Spanish


Cultural Competency: Y  
EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

## D7. Vision Provider Directory - Eye & Vision Services

 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189


 After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-5:00PM

### CONRAD, RANDALL, OD

Provider Gender: Male

License Number: 6423


NPI: 1962617464

Provider English Spoken: Y  
Spanish


Cultural Competency: Y

ALVARADO EYE ASSOCIATES  
MED CLINIC INC

 7877 PARKWAY DR STE 100  
LA MESA, CA 91942

 Phone: (619) 460-3711


Fax: (619) 460-2184

 After Hours Phone: (619)  
460-3711

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within

1/2 mile from Site): 1U

 Hours: M-F  
8:30AM-4:30PM

### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955


NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-5:00PM

### DEAN, MOENA, OD

Provider Gender: Female


License Number: 33955


NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450


NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

## D7. Vision Provider Directory - Eye & Vision Services

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM

### GILES, GREGORY, OD

Provider Gender: Male

License Number: 11362

NPI: 1114931250

Provider English Spoken: Y

Cultural Competency: Y

LA MESA VISION CARE

8007 LA MESA BLVD  
LA MESA, CA 91942

Phone: (619) 466-5665

Fax: (619) 466-5688

After Hours Phone: (619)  
466-5665

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 8:00AM-4:00PM  
TU 9:00AM-6:00PM  
W 8:00AM-4:00PM  
TH 9:00AM-6:00PM  
F 9:00AM-5:00PM  
SA 8:00AM-1:00PM

### GOLLOGLY, HEIDRUN, MD

Provider Gender: Female

License Number: A134761

NPI: 1477879823

Provider English Spoken: Y

German, French, Spanish

Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM

### GOLLOGLY, HEIDRUN, MD

Provider Gender: Female

License Number: A134761

NPI: 1477879823

Provider English Spoken: Y

German, French, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### HAIGHT, BRUCE, MD

Provider Gender: Male

License Number: G41117

NPI: 1427029628

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

## D7. Vision Provider Directory - Eye & Vision Services

☎ After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-5:00PM

### HAIGHT, BRUCE, MD

Provider Gender: Male

License Number: G41117

NPI: 1427029628

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

☎ Phone: (619) 722-8460

Fax: (619) 722-8465

☎ After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

### HAMOUIE, JUDY, OD

Provider Gender: Female

License Number: 34984

NPI: 1518638287

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

☎ Phone: (619) 722-8460

Fax: (619) 722-8465

☎ After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

### HAN, SULKI, OD

Provider Gender: Female

License Number: 34171

NPI: 1750802195

Provider English Spoken: Y

Korean

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

☎ Phone: (619) 722-8460

Fax: (619) 722-8465

☎ After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:

Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

### HIXSON, THOMAS, OD

Provider Gender: Male

License Number: 7490

NPI: 1528072683

Provider English Spoken: Y

Cultural Competency: Y

LA MESA VISION CARE

📍 8007 LA MESA BLVD  
LA MESA, CA 91942

☎ Phone: (619) 466-5665

Fax: (619) 466-5688

☎ After Hours Phone: (619) 466-5665

Accepting New Patients: Yes

☐ Site English Spoken: Y

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 8:00AM-4:00PM  
TU 9:00AM-6:00PM  
W 8:00AM-4:00PM  
TH 9:00AM-6:00PM  
F 9:00AM-5:00PM  
SA 8:00AM-1:00PM

### HSU, CHRISTOPHER, MD

Provider Gender: Male

License Number: A65973

NPI: 1336167618




## D7. Vision Provider Directory - Eye & Vision Services

*Provider English Spoken: Y*


*Cultural Competency: Y*

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460


Accepting New Patients: Yes

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### HUDSON, HENRY, MD

*Provider Gender: Male*

*License Number: G76091*


*NPI: 1851349195*

*Provider English Spoken: Y*

*Cultural Competency: Y*

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### HUDSON, HENRY, MD

*Provider Gender: Male*

*License Number: G76091*


*NPI: 1851349195*

*Provider English Spoken: Y*

*Cultural Competency: Y*

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-5:00PM

### HUNG, JANICE, OD

*Provider Gender: Female*

*License Number: 34296*


*NPI: 1750917936*

*Provider English Spoken: Y*

*Cultural Competency: Y*

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460


Accepting New Patients: Yes

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### KALBAKJI, NATALY, OD

*Provider Gender: Female*

*License Number: 34943*

*NPI: 1700556438*

*Provider English Spoken: Y*


*Arabic*

*Cultural Competency: Y*


EYE ASSOCIATES OF SAN

DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

 Accessibility: CONTACT

## D7. Vision Provider Directory - Eye & Vision Services

**PROVIDER**  
Public transportation (within  
1/2 mile from Site): 1U  
⌚ Hours: M-F  
8:00AM-5:00PM

**KALBAKJI, NATALY, OD**  
Provider Gender: Female  
License Number: 34943  
NPI: 1700556438  
Provider English Spoken: Y  
Arabic  
Cultural Competency: Y

ACUITY EYE GROUP  
📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
☎ Phone: (619) 722-8460  
Fax: (619) 722-8465

⌚ After Hours Phone: (619)  
722-8460  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
⌚ Hours: M-F  
8:00AM-5:00PM

**KATZMAN, BARRY, MD**  
Provider Gender: Male  
License Number: A34834  
NPI: 1760473797  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y  
ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

☎ Phone: (619) 722-8460  
Fax: (619) 722-8465

⌚ After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

⌚ Hours: M-F  
8:00AM-5:00PM

**KATZMAN, LEE, MD**

Provider Gender: Male  
License Number: A135673  
NPI: 1912297284

Provider English Spoken: Y  
Cultural Competency: Y

ALVARADO EYE ASSOCIATES  
MED CLINIC INC

📍 7877 PARKWAY DR STE 100  
LA MESA, CA 91942

☎ Phone: (619) 460-3711  
Fax: (619) 460-2184

⌚ After Hours Phone: (619)  
460-3711

Accepting New Patients: Yes

📄 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

⌚ Hours: M-F

8:30AM-4:30PM

**KHALIL, VADY, OD**

Provider Gender: Male  
License Number: 35137  
NPI: 1275263584

Provider English Spoken: Y  
Arabic

Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

📍 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

☎ Phone: (619) 465-2020  
Fax: (619) 698-1189

⌚ After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes

📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

⌚ Hours: M-F  
8:00AM-5:00PM

**KHALIL, VADY, OD**

Provider Gender: Male  
License Number: 35137  
NPI: 1275263584


Provider English Spoken: Y  
Arabic


Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

## D7. Vision Provider Directory - Eye & Vision Services

 Phone: (619) 722-8460

 Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL): Cultural Competency: Y

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### LEE, JENNIFER, OD

Provider Gender: Female

License Number: 33443


NPI: 1891147351


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

 Phone: (619) 722-8460

 Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460


Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL): Provider English Spoken: Y

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### LEE, SALLY, DO

Provider Gender: Female

License Number: 20A8088

NPI: 1457468514

Provider English Spoken: Y


Spanish, Chinese


Cultural Competency: Y

THE OASIS

 5500 GROSSMONT  
CENTER DR # 269

LA MESA, CA 91942

 Phone: (619) 583-4295

 Fax: (619) 313-1133

 After Hours Phone: (619)  
583-4295

Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: TU-W  
9:00AM-5:00PM

### LEVY, PHILLIP, OD

Provider Gender: Male

License Number: 4884


NPI: 1528189115


Provider English Spoken: Y

Cultural Competency: Y

PHILLIP A LEVY OD

 5020 BALTIMORE DR STE B  
LA MESA, CA 91942

 Phone: (619) 464-8303

 Fax: (619) 464-4971

 After Hours Phone: (619)  
464-8303


Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M 10:00AM-5:00PM  
TU-TH 9:00AM-6:00PM  
F 10:00AM-5:00PM

### MARR, RYAN, OD

Provider Gender: Male

License Number: 35302

NPI: 1235857525


Provider English Spoken: Y


Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT  
CENTER DR # 551

LA MESA, CA 91942

 Phone: (619) 465-2020

 Fax: (619) 698-1189

 After Hours Phone: (619)  
465-2020


Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-5:00PM

### MARR, RYAN, OD

Provider Gender: Male

## D7. Vision Provider Directory - Eye & Vision Services

License Number: 35302  
 NPI: 1235857525  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619)  
 722-8460  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-5:00PM

**MCGRAW, JOSEPH, MD**  
 Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 EYE ASSOCIATES OF SAN  
 DIEGO/ACUITY EYE GROUP  
 5565 GROSSMONT  
 CENTER DR # 551  
 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619)  
 465-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:

Spanish  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 Hours: M-F  
 8:00AM-5:00PM

**MCGRAW, JOSEPH, MD**  
 Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619)  
 722-8460  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-5:00PM



**MCGRAW, JOSEPH, MD**  
 Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 EYE ASSOCIATES OF SAN  
 DIEGO/ACUITY EYE GROUP  
 5565 GROSSMONT  
 CENTER DR # 551  
 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619)  
 465-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:

**MERALI, MURTAZA, OD**  
 Provider Gender: Female  
 License Number: 14558  
 NPI: 1972944189  
 Provider English Spoken: Y  
 Spanish

Cultural Competency: Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619)  
 722-8460  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-5:00PM






**MORRISON REYES, JOSHUA,  
 MD**  
 Provider Gender: Male  
 License Number: A125435  
 NPI: 1235366782  
 Provider English Spoken: Y  
 Indonesian, Spanish  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619)  
 722-8460  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 American Sign Language (ASL):  
 N



## D7. Vision Provider Directory - Eye & Vision Services

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F*  
*8:00AM-5:00PM*

### **MORRISON REYES, JOSHUA, MD**



*Provider Gender: Male*  
*License Number: A125435*  
*NPI: 1235366782*  
*Provider English Spoken: Y*  
*Indonesian, Spanish*  
*Cultural Competency: Y*  
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP



 5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942  
 *Phone: (619) 465-2020*  
*Fax: (619) 698-1189*  
 *After Hours Phone: (619) 465-2020*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F*  
*8:00AM-5:00PM*

### **NEWMAN, DAVID, OD**

*Provider Gender: Male*  
*License Number: 7296*  
*NPI: 1508856378*  
*Provider English Spoken: Y*

*Cultural Competency: Y*  
DAVID M NEWMAN OD  
 5642 LAKE MURRAY BLVD  
LA MESA, CA 91942  
 *Phone: (619) 589-6263*  
*Fax: (619) 589-6264*



 *After Hours Phone: (619) 589-6263*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M 10:00AM-4:00PM*  
*W 10:00AM-4:00PM*  
*F 10:00AM-4:00PM*


### **NGUYEN, THY, OD**

*Provider Gender: Female*  
*License Number: 12746*  
*NPI: 1750490413*  
*Provider English Spoken: Y*  
*Spanish, Vietnamese*  
*Cultural Competency: Y*  
ACUITY EYE GROUP




 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*  
 *After Hours Phone: (619) 722-8460*




*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F*  
*8:00AM-5:00PM*

### **OU, JOCELYN, OD**

*Provider Gender: Female*  
*License Number: 34063*  
*NPI: 1225518996*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
ALVARADO EYE ASSOCIATES MED CLINIC INC  
 7877 PARKWAY DR STE 100  
LA MESA, CA 91942  
 *Phone: (619) 460-3711*  
*Fax: (619) 460-2184*  
 *After Hours Phone: (619) 460-3711*

*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F*  
*8:30AM-4:30PM*

### **PANDYA, BHUMIKA, OD**

*Provider Gender: Female*  
*License Number: 35025*  
*NPI: 1063182822*  
*Provider English Spoken: Y*  
*Hindi*  
*Cultural Competency: Y*  
ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
 *Phone: (619) 722-8460*

## D7. Vision Provider Directory - Eye & Vision Services

Fax: (619) 722-8465

☎ After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:00AM-5:00PM

### **PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J LA MESA, CA 91942

☎ Phone: (619) 722-8460

Fax: (619) 722-8465

☎ After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:00AM-5:00PM

### **PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

Gujarati, Hindi, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J LA MESA, CA 91942

☎ Phone: (619) 722-8460

Fax: (619) 722-8465

☎ After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:00AM-5:00PM

### **PETERS, JAMIE, OD**

Provider Gender: Female

License Number: 10724

NPI: 1073691077

Provider English Spoken: Y

Spanish

Cultural Competency: Y

VISION SOLUTIONS

OPTOMETRY

📍 8235 UNIVERSITY AVE LA MESA, CA 91942

☎ Phone: (619) 461-4913

Fax: (888) 509-6483

☎ After Hours Phone: (619)

461-4913

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU 9:00AM-5:30PM  
W 8:00AM-5:00PM  
TH 9:00AM-6:00PM  
F 8:00AM-1:00PM

### **PRABHU, SUJATA, MD**

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y

Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J LA MESA, CA 91942

☎ Phone: (619) 722-8460

Fax: (619) 722-8465

☎ After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F

## D7. Vision Provider Directory - Eye & Vision Services

8:00AM-5:00PM

### PRABHU, SUJATA, MD

Provider Gender: Female  
License Number: A115965  
NPI: 1982872552  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y  
EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP  
5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942  
Phone: (619) 465-2020  
Fax: (619) 698-1189  
After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM

### QUACH, PHUC, OD

Provider Gender: Male  
License Number: 12891  
NPI: 1770617805  
Provider English Spoken: Y  
Spanish, Vietnamese  
Cultural Competency: Y  
ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

Phone: (619) 722-8460  
Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### SAMUEL, MICHAEL, MD

Provider Gender: Male  
License Number: A83237  
NPI: 1730175670  
Provider English Spoken: Y  
Cultural Competency: Y  
EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

Phone: (619) 465-2020  
Fax: (619) 698-1189

After Hours Phone: (619)  
465-2020  
Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM

### SCOTT, JEFFREY, OD

Provider Gender: Male  
License Number: 34978  
NPI: 1568813434  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

Phone: (619) 722-8460  
Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### TILLMAN, SYLVIA, OD

Provider Gender: Female  
License Number: 9726  
NPI: 1174730824  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

Phone: (619) 722-8460  
Fax: (619) 722-8465

After Hours Phone: (619)

## D7. Vision Provider Directory - Eye & Vision Services

722-8460  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-5:00PM

### TON-NU, MY LINH, OD

Provider Gender: Female  
 License Number: 34990  
 NPI: 1245733476  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619)  
 722-8460

Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-5:00PM

### TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990  
 NPI: 1245733476  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
 5565 GROSSMONT CENTER DR # 551  
 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619)  
 465-2020

Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
 8:00AM-5:00PM

### TONNU, ANH, OD

Provider Gender: Female  
 License Number: 11318  
 NPI: 1679521280  
 Provider English Spoken: Y  
 Vietnamese  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619)  
 722-8460

Accepting New Patients: Yes  
 Site English Spoken: Y

Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-5:00PM

### TRAN, HENRY, OD

Provider Gender: Male  
 License Number: 15159  
 NPI: 1467846709  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619)  
 722-8460  
 Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-5:00PM

### TSUI, NANCY, OD

Provider Gender: Female  
 License Number: 33944  
 NPI: 1841785037  
 Provider English Spoken: Y




## D7. Vision Provider Directory - Eye & Vision Services

*Cultural Competency: Y*

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### TU, BEVERLY, OD

Provider Gender: Female


License Number: 34108


NPI: 1053892794

Provider English Spoken: Y  
Spanish, Vietnamese

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

### VINH, JOHN, OD

Provider Gender: Male

License Number: 14177

NPI: 1003102724


Provider English Spoken: Y

Cultural Competency: Y


EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT  
CENTER DR # 551

LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189


 After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-5:00PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667


Provider English Spoken: Y  
Spanish

Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT  
CENTER DR # 551

LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-5:00PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798


NPI: 1477968667

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460



Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

## D7. Vision Provider Directory - Eye & Vision Services


 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
8:00AM-5:00PM

### WONG, SHARON, OD



Provider Gender: Female  
License Number: 15137  
NPI: 1497159552  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y

### ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
 Phone: (619) 722-8460  
Fax: (619) 722-8465



 After Hours Phone: (619)  
722-8460  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
8:00AM-5:00PM

### YOUNG, ALLA, OD

Provider Gender: Female  
License Number: 34191  
NPI: 1285085142  
Provider English Spoken: Y  
Russian  
Cultural Competency: Y

ALVARADO EYE ASSOCIATES  
MED CLINIC INC  
 7877 PARKWAY DR STE 100  
LA MESA, CA 91942  
 Phone: (619) 460-3711  
Fax: (619) 460-2184


 After Hours Phone: (619)  
460-3711

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER



Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F  
8:30AM-4:30PM

### ZVANUT, DONALD, OD

Provider Gender: Male  
License Number: 8642  
NPI: 1336211804  
Provider English Spoken: Y  
Cultural Competency: Y

### EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP


 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942  
 Phone: (619) 465-2020  
Fax: (619) 698-1189

 After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
8:00AM-5:00PM

### ZVANUT, DONALD, OD

Provider Gender: Male  
License Number: 8642  
NPI: 1336211804  
Provider English Spoken: Y  
Cultural Competency: Y

### ACUITY EYE GROUP


 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
 Phone: (619) 722-8460  
Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460


Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-5:00PM

## LAKESIDE

### FLEMING, JOHN, OD

Provider Gender: Male  
License Number: 8461  
NPI: 1033192133  
Provider English Spoken: Y  
Cultural Competency: Y

### JOHN C FLEMING OD

 9710 WINTER GARDENS  
BLVD STE A

## D7. Vision Provider Directory - Eye & Vision Services

LAKESIDE, CA 92040  
☎ Phone: (619) 443-1075  
Fax: (619) 443-9382  
🕒 After Hours Phone: (619) 443-1075  
Accepting New Patients: Yes  
🗒 Site English Spoken: Y  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

**HOANG, KENNY, OD**  
Provider Gender: Male  
License Number: 35207  
NPI: 1740868603  
Provider English Spoken: Y  
Cultural Competency: Y  
JOHN C FLEMING OD

📍 9710 WINTER GARDENS BLVD STE A  
LAKESIDE, CA 92040  
☎ Phone: (619) 443-1075  
Fax: (619) 443-9382  
🕒 After Hours Phone: (619) 443-1075  
Accepting New Patients: Yes  
🗒 Site English Spoken: Y  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

**JOHNSON, CHRISTOPHER, OD**  
Provider Gender: Male  
License Number: 15100  
NPI: 1568861425  
Provider English Spoken: Y  
Cultural Competency: Y  
JOHN C FLEMING OD

📍 9710 WINTER GARDENS BLVD STE A  
LAKESIDE, CA 92040  
☎ Phone: (619) 443-1075  
Fax: (619) 443-9382  
🕒 After Hours Phone: (619) 443-1075  
Accepting New Patients: Yes  
🗒 Site English Spoken: Y  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

### NATIONAL CITY

**AOTO, KIM, OD**  
Provider Gender: Female  
License Number: 14524  
NPI: 1780935650  
Provider English Spoken: Y  
Spanish, Vietnamese  
Cultural Competency: Y  
WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
☎ Phone: (619) 470-2700  
Fax: (619) 267-8221  
🕒 After Hours Phone: (619)

470-2700  
Accepting New Patients: Yes  
🗒 Site English Spoken: Y  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F  
8:00AM-4:30PM

**BAUMANN, DANIELA, OD**  
Provider Gender: Female  
License Number: 34530  
NPI: 1982232146  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE  
📍 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
☎ Phone: (619) 470-2700  
Fax: (619) 267-8221  
🕒 After Hours Phone: (619) 470-2700  
Accepting New Patients: Yes  
🗒 Site English Spoken: Y  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F  
8:00AM-4:30PM

**BAUMANN, DANIELA, OD**  
Provider Gender: Female  
License Number: 34530  
NPI: 1982232146  
Provider English Spoken: Y

## D7. Vision Provider Directory - Eye & Vision Services

*Cultural Competency: Y*

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **BINDER, NICHOLAS, MD**

*Provider Gender: Male*

*License Number: A124698*

*NPI: 1306076716*

*Provider English Spoken: Y*

*Cultural Competency: Y*

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### **DEAN, MOENA, OD**

*Provider Gender: Female*

*License Number: 33955*

*NPI: 1265927578*

*Provider English Spoken: Y*

*Cultural Competency: Y*  
WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### **DEAN, MOENA, OD**

*Provider Gender: Female*

*License Number: 33955*

*NPI: 1265927578*

*Provider English Spoken: Y*

*Cultural Competency: Y*

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **DYER, SHARON, OD**

*Provider Gender: Female*

*License Number: 33450*

*NPI: 1063866887*

*Provider English Spoken: Y*

*Cultural Competency: Y*

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

## D7. Vision Provider Directory - Eye & Vision Services

### **DYER, SHARON, OD**

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **GOLLOGLY, HEIDRUN, MD**

Provider Gender: Female

License Number: A134761

NPI: 1477879823

Provider English Spoken: Y

German, French, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)

472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **HAIGHT, BRUCE, MD**

Provider Gender: Male

License Number: G41117

NPI: 1427029628

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM

W 8:30AM-5:00PM

TH 8:00AM-6:00PM

F 8:00AM-5:00PM

### **HUDSON, HENRY, MD**

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **HUNG, JANICE, OD**

Provider Gender: Female

License Number: 34296

NPI: 1750917936


Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

## D7. Vision Provider Directory - Eye & Vision Services

 Phone: (619) 470-2700  
Fax: (619) 267-8221


 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

 Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-4:30PM

### **KALBAKJI, NATALY, OD**

Provider Gender: Female


License Number: 34943

NPI: 1700556438

Provider English Spoken: Y  
Arabic



Cultural Competency: Y  
ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950


 Phone: (619) 472-1010  
Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010


Accepting New Patients: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM

TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **KALBAKJI, NATALY, OD**

Provider Gender: Female


License Number: 34943

NPI: 1700556438

Provider English Spoken: Y  
Arabic

Cultural Competency: Y  
WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700  
Fax: (619) 267-8221


 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

 Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-4:30PM

### **KALRA, ANKUR, OD**

Provider Gender: Male


License Number: 11898

NPI: 1124195789

Provider English Spoken: Y  
Hindi



Cultural Competency: Y  
LUSTRO EYEWORKS  
OPTOMETRY

 1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950


 Phone: (619) 477-2159  
Fax: (619) 477-2128

 After Hours Phone: (619)  
477-2159


Accepting New Patients: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Arabic, Hindi, Spanish  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-6:00PM  
SA 9:00AM-5:00PM

### **KATZMAN, BARRY, MD**

Provider Gender: Male


License Number: A34834

NPI: 1760473797

Provider English Spoken: Y  
Spanish

Cultural Competency: Y  
WEST COAST EYE CARE


 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700  
Fax: (619) 267-8221


 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

 Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-4:30PM

### **KEDDINGTON, JOAN, OD**

## D7. Vision Provider Directory - Eye & Vision Services

*Provider Gender: Female*  
*License Number: 6263*  
*NPI: 1992872691*  
*Provider English Spoken: Y*  
*Spanish*  
*Cultural Competency: Y*  
LUSTRO EYEWORKS  
OPTOMETRY  
1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Phone: (619) 477-2159  
Fax: (619) 477-2128  
After Hours Phone: (619) 477-2159

*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Arabic, Hindi, Spanish*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-6:00PM  
SA 9:00AM-5:00PM

### **KHALIL, VADY, OD**

*Provider Gender: Male*  
*License Number: 35137*  
*NPI: 1275263584*  
*Provider English Spoken: Y*  
*Arabic*  
*Cultural Competency: Y*  
WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
Phone: (619) 470-2700  
Fax: (619) 267-8221  
After Hours Phone: (619) 470-2700

*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
Hours: M-F  
8:00AM-4:30PM

### **KHALIL, VADY, OD**

*Provider Gender: Male*  
*License Number: 35137*  
*NPI: 1275263584*  
*Provider English Spoken: Y*  
*Arabic*  
*Cultural Competency: Y*  
ACUITY EYE GROUP  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Phone: (619) 472-1010  
Fax: (619) 479-5233  
After Hours Phone: (619) 472-1010

*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **KHIEU, TINA, OD**

*Provider Gender: Female*  
*License Number: 34777*  
*NPI: 1962031617*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
Phone: (619) 470-2700  
Fax: (619) 267-8221  
After Hours Phone: (619) 470-2700


*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
Hours: M-F  
8:00AM-4:30PM

### **KING, MARY, OD**


*Provider Gender: Female*  
*License Number: 13711*  
*NPI: 1578792107*  
*Provider English Spoken: Y*  
*Spanish*  
*Cultural Competency: Y*  
LUSTRO EYEWORKS  
OPTOMETRY  
1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Phone: (619) 477-2159  
Fax: (619) 477-2128  
After Hours Phone: (619) 477-2159  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Arabic, Hindi, Spanish*

## D7. Vision Provider Directory - Eye & Vision Services

American Sign Language (ASL): *Provider English Spoken: Y*  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T


 Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-6:00PM  
SA 9:00AM-5:00PM

### LEE, SALLY, DO

Provider Gender: Female  
License Number: 20A8088  
NPI: 1457468514  
Provider English Spoken: Y  
Spanish, Chinese  
Cultural Competency: Y

SAN DIEGO EYE PROFESSIONALS

 2345 E 8TH ST STE 111  
NATIONAL CITY, CA 91950


 Phone: (619) 583-4295  
Fax: (619) 825-7300

 After Hours Phone: (619) 583-4295


Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 10:00AM-6:00PM


### LEE, AUSTIN, OD

Provider Gender: Male  
License Number: 14519  
NPI: 1922356914


Cultural Competency: Y

VIVE OPTOMETRY

 1033 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 477-2771

Fax: (619) 477-1680

 After Hours Phone: (619) 477-2771


Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: TU 10:00AM-5:00PM  
W-F 9:30AM-5:00PM


### MARLAY, GREG, OD


Provider Gender: Male  
License Number: 6998  
NPI: 1306903083


Provider English Spoken: Y

Cultural Competency: Y

MARLAY ENTERPRISES

 1132 E PLAZA BLVD STE 201  
NATIONAL CITY, CA 91950

 Phone: (619) 477-4166

 After Hours Phone: (619) 477-4166


Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 10:00AM-6:00PM  
W 10:00AM-6:00PM  
F 10:00AM-6:00PM  
SA 10:00AM-2:00PM


### MARR, RYAN, OD

Provider Gender: Male  
License Number: 35302  
NPI: 1235857525

Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### MARR, RYAN, OD

Provider Gender: Male  
License Number: 35302  
NPI: 1235857525

Provider English Spoken: Y  
Cultural Competency: Y



## D7. Vision Provider Directory - Eye & Vision Services

### WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### MCGRAW, JOSEPH, MD

Provider Gender: Male

License Number: A155228

NPI: 1588624852

Provider English Spoken: Y

Cultural Competency: Y

### WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### MCGRAW, JOSEPH, MD

Provider Gender: Male

License Number: A155228

NPI: 1588624852

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### MENDOZA, RAYMUNDO, OD

Provider Gender: Male

License Number: 8150

NPI: 1306837760

Provider English Spoken: Y

Spanish

Cultural Competency: Y

### NATIONAL CITY EYECARE

2403 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Phone: (619) 475-2184

Fax: (619) 475-3917

After Hours Phone: (619)

475-2184

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TU  
10:00AM-5:00PM  
TH-F 10:00AM-5:00PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish

Cultural Competency: Y

### WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### MORRISON REYES, JOSHUA,

## D7. Vision Provider Directory - Eye & Vision Services

### MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### NGUYEN, THERESA, OD

Provider Gender: Female

License Number: 35530TLG

NPI: 1609555713

Provider English Spoken: Y

Cultural Competency: Y

LUSTRO EYEWORKS

OPTOMETRY

1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Phone: (619) 477-2159

Fax: (619) 477-2128

After Hours Phone: (619)  
477-2159

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-6:00PM  
SA 9:00AM-5:00PM

### PATEL, SARJAN, MD

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

Gujarati, Hindi, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### PATEL, GITANE, MD

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### PRABHU, SUJATA, MD

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y

Spanish

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700



Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N



## D7. Vision Provider Directory - Eye & Vision Services


 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
8:00AM-4:30PM



### SCOTT, JEFFREY, OD

Provider Gender: Male  
License Number: 34978  
NPI: 1568813434  
Provider English Spoken: Y  
Cultural Competency: Y

#### WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
 Phone: (619) 470-2700  
Fax: (619) 267-8221  
 After Hours Phone: (619)  
470-2700


Accepting New Patients: Yes  
 Site English Spoken: Y  
American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
8:00AM-4:30PM



### TON-NU, MY LINH, OD

Provider Gender: Female  
License Number: 34990  
NPI: 1245733476  
Provider English Spoken: Y  
Cultural Competency: Y

#### WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
 Phone: (619) 470-2700  
Fax: (619) 267-8221



 After Hours Phone: (619)  
470-2700  
Accepting New Patients: Yes  
 Site English Spoken: Y  
American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
8:00AM-4:30PM

### TON-NU, MY LINH, OD



Provider Gender: Female  
License Number: 34990  
NPI: 1245733476  
Provider English Spoken: Y  
Cultural Competency: Y

#### ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
 Phone: (619) 472-1010  
Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM



### TOUBIA, ELIAS, OD

Provider Gender: Male  
License Number: 33758  
NPI: 1740701481  
Provider English Spoken: Y  
Arabic

Cultural Competency: Y



#### LUSTRO EYEWORKS

#### OPTOMETRY


 1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
 Phone: (619) 477-2159  
Fax: (619) 477-2128


 After Hours Phone: (619)  
477-2159

Accepting New Patients: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T

 Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-6:00PM  
SA 9:00AM-5:00PM

### VINH, JOHN, OD

Provider Gender: Male  
License Number: 14177  
NPI: 1003102724  
Provider English Spoken: Y  
Cultural Competency: Y

#### WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
 Phone: (619) 470-2700  
Fax: (619) 267-8221

 After Hours Phone: (619)  
470-2700

## D7. Vision Provider Directory - Eye & Vision Services

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL): Provider English Spoken: Y

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-4:30PM

### VINH, JOHN, OD

Provider Gender: Male

License Number: 14177


NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798


NPI: 1477968667

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F  
8:00AM-4:30PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667


Provider English Spoken: Y

Spanish

Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010


Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL): NPI: 1336211804

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### WU, EVA, OD

Provider Gender: Female

License Number: 14743

NPI: 1073954442


Provider English Spoken: Y

Spanish, Chinese

Cultural Competency: Y

VIVE OPTOMETRY

 1033 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 477-2771

Fax: (619) 477-1680

 After Hours Phone: (619)  
477-2771


Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: TU 10:00AM-5:00PM  
W-F 9:30AM-5:00PM

### ZVANUT, DONALD, OD

Provider Gender: Male

License Number: 8642

NPI: 1336211804

## D7. Vision Provider Directory - Eye & Vision Services

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### OCEANSIDE

#### KASAI, SARAH, OD

Provider Gender: Female

License Number: 34226

NPI: 1023406238

Provider English Spoken: Y

Cultural Competency: Y

NORTH COAST OPTOMETRY

3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058

Phone: (760) 757-8771

After Hours Phone: (760)  
757-8771

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL): License Number: 6781

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
9:00AM-6:00PM  
W 10:00AM-7:00PM  
TH 9:00AM-6:00PM  
F 9:00AM-5:00PM

#### NISKANEN, RACHEL, OD

Provider Gender: Female

License Number: 34663

NPI: 1467065797

Provider English Spoken: Y

Cultural Competency: Y

NORTH COAST OPTOMETRY

3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058

Phone: (760) 757-8771

After Hours Phone: (760)  
757-8771

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
9:00AM-6:00PM  
W 10:00AM-7:00PM  
TH 9:00AM-6:00PM  
F 9:00AM-5:00PM

#### RING, ROBERT, OD

Provider Gender: Male

NPI: 1336228840

Provider English Spoken: Y

Cultural Competency: Y

ROBERT A RING OD

3998 VISTA WAY STE 204  
OCEANSIDE, CA 92056

Phone: (760) 726-9383

Fax: (760) 726-9897

After Hours Phone: (760)  
726-9383

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 10:00AM-6:00PM  
TU 9:00AM-4:00PM  
W 9:00AM-5:00PM  
F 9:00AM-12:00AM

#### ROSA, ADAM, OD

Provider Gender: Male

License Number: 34093

NPI: 1295250264

Provider English Spoken: Y

Spanish

Cultural Competency: Y

NORTH COAST OPTOMETRY

3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058

Phone: (760) 757-8771

After Hours Phone: (760)  
757-8771

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

## D7. Vision Provider Directory - Eye & Vision Services

N

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*



 *Hours: M-TU*  
*9:00AM-6:00PM*  
*W 10:00AM-7:00PM*  
*TH 9:00AM-6:00PM*  
*F 9:00AM-5:00PM*

### RAMONA

#### HOMESLEY, SUSAN, OD

*Provider Gender: Female*  
*License Number: 6693*  
*NPI: 1720068984*  
*Provider English Spoken: Y*  
*Spanish*

*Cultural Competency: Y*  
SUSAN D HOMESLEY OD


 1516 MAIN ST STE 102  
RAMONA, CA 92065  
 *Phone: (760) 789-0950*  
*Fax: (760) 789-6057*


 *After Hours Phone: (760) 789-0950*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*


 *Hours: M-F*  
*8:00AM-5:00PM*  
*SA 8:00AM-11:00AM*

### SAN DIEGO

#### ACKROYD, ARCHIE, OD



*Provider Gender: Male*  
*License Number: 4774*  
*NPI: 1629107172*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
VAN HOOSE OPTOMETRIC CORPORATION

 7246 CLAIREMONT MESA BLVD  
SAN DIEGO, CA 92111

 *Phone: (858) 292-7193*  
*Fax: (858) 292-8247*


 *After Hours Phone: (858) 292-7193*


*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
 *Site Language(s) Spoken: Spanish*

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*


 *Hours: M 8:00AM-5:00PM*  
*TU-TH 9:00AM-6:00PM*  
*F 8:00AM-5:00PM*

#### ADAMS, MONA, OD

*Provider Gender: Female*  
*License Number: 14457*  
*NPI: 1942564521*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
RADY CHILDRENS SPECIALISTS


 7910 FROST ST STE 200  
SAN DIEGO, CA 92123


 *Phone: (858) 309-7702*  
*Fax: (858) 966-8901*

 *After Hours Phone: (858) 309-7702*

*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F*  
*7:00AM-5:00PM*


#### AOTO, KIM, OD

*Provider Gender: Female*  
*License Number: 14524*  
*NPI: 1780935650*

*Provider English Spoken: Y*  
*Spanish, Vietnamese*

*Cultural Competency: Y*  
WEST COAST EYE CARE

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111


 *Phone: (858) 565-8822*  
*Fax: (858) 565-2449*


 *After Hours Phone: (858) 565-8822*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M 10:00AM-6:00PM*  
*TU 8:30AM-5:00PM*  
*W 7:30AM-4:00PM*  
*TH 9:30AM-5:00PM*  
*F 8:00AM-4:00PM*

#### AOTO, KIM, OD

*Provider Gender: Female*  
*License Number: 14524*

## D7. Vision Provider Directory - Eye & Vision Services

NPI: 1780935650

Provider English Spoken: Y  
Spanish, Vietnamese

Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### ARCHIBALD, JOHN, OD

Provider Gender: Male

License Number: 11813

NPI: 1902893357

Provider English Spoken: Y

Cultural Competency: Y

EYELUX OPTOMETRY

16615 DOVE CANYON RD  
STE 105  
SAN DIEGO, CA 92127

Phone: (858) 487-7900

Fax: (858) 487-1896

After Hours Phone: (858)  
487-7900

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM  
SA 8:30AM-2:00PM

### BANSAL, PREETI, MD

Provider Gender: Female

License Number: A90890

NPI: 1871664631

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-8901

After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
7:00AM-5:00PM

### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

## D7. Vision Provider Directory - Eye & Vision Services

🕒 *Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM*

### **BERGMARK, JAMIE, OD**

*Provider Gender: Female  
License Number: 33657  
NPI: 1669920757  
Provider English Spoken: Y  
Cultural Competency: Y*

RADY CHILDRENS  
SPECIALISTS

📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ *Phone: (858) 309-7702  
Fax: (858) 966-8901*

🕒 *After Hours Phone: (858)  
309-7702*

*Accepting New Patients: Yes*

🗨 *Site English Spoken: Y  
American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M-F  
7:00AM-5:00PM*

### **BHATIA, SHAGUN, MD**

*Provider Gender: Female  
License Number: A154902  
NPI: 1104237353  
Provider English Spoken: Y  
Cultural Competency: Y*

RADY CHILDRENS  
SPECIALISTS

📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ *Phone: (858) 309-7702*

*Fax: (858) 966-8901*

🕒 *After Hours Phone: (858)  
309-7702*

*Accepting New Patients: Yes*

🗨 *Site English Spoken: Y  
American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M-F  
7:00AM-5:00PM*

### **BINDER, NICHOLAS, MD**

*Provider Gender: Male  
License Number: A124698  
NPI: 1306076716*

*Provider English Spoken: Y  
Cultural Competency: Y*

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ *Phone: (858) 565-8822  
Fax: (858) 565-2449*

🕒 *After Hours Phone: (858)  
565-8822*

*Accepting New Patients: Yes*

🗨 *Site English Spoken: Y  
American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM*

### **BINDER, NICHOLAS, MD**

*Provider Gender: Male*

*License Number: A124698  
NPI: 1306076716*

*Provider English Spoken: Y  
Cultural Competency: Y*

WEST COAST EYE CARE

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ *Phone: (619) 697-4600  
Fax: (619) 697-2410*

🕒 *After Hours Phone: (619)  
697-4600*

*Accepting New Patients: Yes*

🗨 *Site English Spoken: Y  
American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM*

### **BOECK, CARL, OD**

*Provider Gender: Male  
License Number: 6620*

*NPI: 1588656151*

*Provider English Spoken: Y  
German, Spanish*

*Cultural Competency: Y*

VAN HOOSE OPTOMETRIC  
CORPORATION

📍 7246 CLAIREMONT MESA  
BLVD  
SAN DIEGO, CA 92111

☎ *Phone: (858) 292-7193  
Fax: (858) 292-8247*

🕒 *After Hours Phone: (858)  
292-7193*



## D7. Vision Provider Directory - Eye & Vision Services

Accepting New Patients: Yes

- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 8:00AM-5:00PM  
TU-TH 9:00AM-6:00PM  
F 8:00AM-5:00PM

### CAO, STEPHANIE, OD

Provider Gender: Female

License Number: 35158

NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

5638 MISSION CENTER RD  
STE 103  
SAN DIEGO, CA 92108

Phone: (619) 295-2900  
Fax: (888) 210-5799

After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F  
9:00AM-5:30PM  
SA 9:00AM-3:00PM

### CAO, STEPHANIE, OD

Provider Gender: Female

License Number: 35158

NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE  
OPTOMETR

7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

Phone: (619) 291-2020  
Fax: (888) 210-5799

After Hours Phone: (619)  
291-2020

Accepting New Patients: Yes

- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F  
10:00AM-7:00PM  
SA 10:00AM-7:00PM

### CAO, STEPHANIE, OD

Provider Gender: Female

License Number: 35158

NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

Phone: (619) 297-2020  
Fax: (888) 210-5799

After Hours Phone: (619)  
297-2020

Accepting New Patients: Yes

- Site English Spoken: Y
- American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F  
9:30AM-6:00PM  
SA 9:00AM-3:00PM

### CHAIN, PEI CHI, OD

Provider Gender: Female

License Number: 34439

NPI: 1730676727

Provider English Spoken: Y

Cultural Competency: Y

SPOTLIGHT OPTOMETRY

7835 HIGHLANDS VLG PL D  
106

SAN DIEGO, CA 92129  
 Phone: (858) 250-0052  
Fax: (858) 788-0287

After Hours Phone: (858)  
250-0052

Accepting New Patients: Yes

- Site English Spoken: Y
- Site Languages(s) Spoken: Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU  
9:00AM-5:00PM  
W 10:00AM-6:00PM

## D7. Vision Provider Directory - Eye & Vision Services

F 9:00AM-5:00PM  
SA 9:00AM-1:00PM

### CHEN, LESLIE, OD

Provider Gender: Female  
License Number: 12792  
NPI: 1508953332  
Provider English Spoken: Y  
Chinese  
Cultural Competency: Y

#### EYE STUDIO OPTOMETRY

4475 UNIVERSITY AVE  
SAN DIEGO, CA 92105

Phone: (619) 521-2020  
Fax: (619) 521-2025

After Hours Phone: (619)  
521-2020

Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-W  
9:00AM-5:00PM  
TH 9:00AM-1:30PM  
F 9:00AM-5:00PM  
SA 9:00AM-1:00PM

### COLEMAN, BROOKE, OD

Provider Gender: Female  
License Number: 13551  
NPI: 1700040748  
Provider English Spoken: Y  
Cultural Competency: Y  
EYELUX OPTOMETRY

16615 DOVE CANYON RD  
STE 105

SAN DIEGO, CA 92127

Phone: (858) 487-7900

Fax: (858) 487-1896

After Hours Phone: (858)  
487-7900

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM  
SA 8:30AM-2:00PM

### COOPER, MICHAEL, OD

Provider Gender: Male  
License Number: 10476  
NPI: 1164586244

Provider English Spoken: Y  
Cultural Competency: Y

#### EYELUX OPTOMETRY

16615 DOVE CANYON RD  
STE 105

SAN DIEGO, CA 92127

Phone: (858) 487-7900

Fax: (858) 487-1896

After Hours Phone: (858)  
487-7900

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM  
SA 8:30AM-2:00PM

### DAVIS, JADE, OD

Provider Gender: Female  
License Number: 11765  
NPI: 1457303398

Provider English Spoken: Y  
Cultural Competency: Y

#### FASHION VALLEY EYE CARE OPTOMETR

7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

Phone: (619) 291-2020  
Fax: (888) 210-5799

After Hours Phone: (619)  
291-2020

Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
10:00AM-7:00PM  
SA 10:00AM-7:00PM

### DAVIS, JADE, OD

Provider Gender: Female  
License Number: 11765  
NPI: 1457303398

Provider English Spoken: Y  
Cultural Competency: Y

#### OPTOM-EYES VISION CARE OPTOMETRY

5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

Phone: (619) 295-2900  
Fax: (888) 210-5799

## D7. Vision Provider Directory - Eye & Vision Services

☎ After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
9:00AM-5:30PM  
SA 9:00AM-3:00PM

### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

☎ After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

☐ Site English Spoken: Y

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### DUONG, KIM, OD

Provider Gender: Female

License Number: 34222

NPI: 1114448651

Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ Phone: (858) 309-7702

Fax: (858) 966-8901

☎ After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

☐ Site English Spoken: Y

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
7:00AM-5:00PM

### DUONG, CHERYL, OD

Provider Gender: Female

License Number: 34070

NPI: 1366935678

Provider English Spoken: Y

Cultural Competency: Y

EYELUX OPTOMETRY

📍 16615 DOVE CANYON RD  
STE 105  
SAN DIEGO, CA 92127

☎ Phone: (858) 487-7900

Fax: (858) 487-1896

☎ After Hours Phone: (858)  
487-7900

Accepting New Patients: Yes

☐ Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-5:00PM  
SA 8:30AM-2:00PM

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

☎ After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

☐ Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

## D7. Vision Provider Directory - Eye & Vision Services

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### GIANG, STEVEN, OD

Provider Gender: Male

License Number: 34489

NPI: 1730710104

Provider English Spoken: Y

Cultural Competency: Y

JASMINE P NGUYEN OD INC

4029 43RD ST STE 300  
SAN DIEGO, CA 92105

Phone: (619) 284-3937

Fax: (619) 284-3938

After Hours Phone: (619)  
284-3937

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL): HEALTHY I CARE OPTOMETRY

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

### HO, AMIEE, OD

Provider Gender: Female

License Number: 14527

NPI: 1396009478

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:00PM

### HO, HOANG, OD

Provider Gender: Male

License Number: 12582

NPI: 1275684847

Provider English Spoken: Y

Cultural Competency: Y

10737 CAMINO RUIZ STE  
220

SAN DIEGO, CA 92126

Phone: (619) 590-1994

Fax: (519) 590-9312

After Hours Phone: (619)  
590-1994

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: TH-F  
9:00AM-5:00PM

### HO, AMIEE, OD

Provider Gender: Female

License Number: 14527

NPI: 1396009478

Provider English Spoken: Y

Cultural Competency: Y

UC SAN DIEGO HEALTH

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

## D7. Vision Provider Directory - Eye & Vision Services

### HOANG, KEVIN, OD

Provider Gender: Male

License Number: 34401

NPI: 1790339216

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

JASMINE P NGUYEN OD INC

4029 43RD ST STE 300  
SAN DIEGO, CA 92105

Phone: (619) 284-3937  
Fax: (619) 284-3938

After Hours Phone: (619)  
284-3937

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

### HOFFMAN, STEVEN, OD

Provider Gender: Male

License Number: 34561

NPI: 1033736079

Provider English Spoken: Y  
Cultural Competency: Y

JASMINE P NGUYEN OD INC

4029 43RD ST STE 300  
SAN DIEGO, CA 92105

Phone: (619) 284-3937  
Fax: (619) 284-3938

After Hours Phone: (619)  
284-3937

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

### HOM, GREGORY, OD

Provider Gender: Male

License Number: 9694

NPI: 1154473916

Provider English Spoken: Y

Cultural Competency: Y

GREGORY G HOM OD

11230 SORRENTO VLY RD  
STE 145  
SAN DIEGO, CA 92121

Phone: (858) 535-9835  
Fax: (858) 535-1266

After Hours Phone: (858)  
535-9835

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

### HOO, PAMELA, OD

Provider Gender: Female

License Number: 11033

NPI: 1275566010

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

HILLCREST EYE  
CENTER-UCSD

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244  
Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:00PM

### HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600  
Fax: (619) 697-2410

After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

## D7. Vision Provider Directory - Eye & Vision Services

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### HUSTANA, LARA, OD

Provider Gender: Female  
License Number: 11472  
NPI: 1235161597  
Provider English Spoken: Y  
French  
Cultural Competency: Y  
HILLCREST EYE  
CENTER-UCSD

📍 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
📞 Phone: (619) 543-6244  
Fax: (619) 295-5034

🕒 After Hours Phone: (619) 543-6244  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-4:00PM

### HUYNH, PAUL, MD

Provider Gender: Male  
License Number: A79141  
NPI: 1871577056  
Provider English Spoken: Y  
Vietnamese  
Cultural Competency: Y

ADVANCED EYE AND LASER  
CTR OF CA INC  
📍 4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
📞 Phone: (619) 283-1303  
Fax: (619) 283-1666  
🕒 After Hours Phone: (619) 283-1303

Accepting New Patients: Yes  
📄 Site English Spoken: Y  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-F  
8:00AM-5:00PM

### HUYNH, LOAN, OD

Provider Gender: Female  
License Number: 34472  
NPI: 1003454604  
Provider English Spoken: Y  
Vietnamese  
Cultural Competency: Y

NORTH COUNTY OPTOMETRY  
📍 11835 CARMEL MTN RD STE  
1313  
SAN DIEGO, CA 92128  
📞 Phone: (858) 674-1276  
Fax: (858) 674-5863

🕒 After Hours Phone: (858) 674-1276  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Tagalog  
American Sign Language (ASL): N

♿ Accessibility: CONTACT

### PROVIDER

Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M 9:00AM-4:00PM  
TU 7:00AM-1:00PM  
W-TH 10:00AM-7:00PM  
F 10:00AM-3:00PM  
SA 9:00AM-2:00PM

### HUYNH, PAUL, MD

Provider Gender: Male  
License Number: A79141  
NPI: 1871577056  
Provider English Spoken: Y  
Vietnamese  
Cultural Competency: Y  
ADVANCED EYE AND LASER  
CTR OF CA INC

📍 10737 CAMINO RUIZ STE  
100  
SAN DIEGO, CA 92126  
📞 Phone: (858) 549-3200  
Fax: (858) 549-3207

🕒 After Hours Phone: (858) 549-3200  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish, Tagalog, Vietnamese  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-F  
8:00AM-5:00PM

### HUYNH, CHI, OD

Provider Gender: Female  
License Number: 12901

## D7. Vision Provider Directory - Eye & Vision Services

NPI: 1922187426

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

CRYSTAL EYESITE

OPTOMETRY

9225 MIRA MESA BLVD STE 108

SAN DIEGO, CA 92126

Phone: (858) 547-3988

Fax: (844) 367-5161

After Hours Phone: (858) 547-3988

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 9:30AM-6:00PM  
W 9:30AM-6:00PM  
TH-F 10:00AM-6:00PM  
SA 9:00AM-3:00PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

Arabic

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL): License Number: A34834

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

Arabic

Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### KATZMAN, BARRY, MD

Provider Gender: Male

NPI: 1760473797

Provider English Spoken: Y

Spanish

Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### KATZMAN, BARRY, MD

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y

Spanish

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

Site English Spoken: Y


## D7. Vision Provider Directory - Eye & Vision Services

American Sign Language (ASL): License Number: 35137

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### **KHALIGHI, PAYMAN, OD**

Provider Gender: Male


License Number: 13014


NPI: 1396897880

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

JASMINE P NGUYEN OD INC

 4029 43RD ST STE 300  
SAN DIEGO, CA 92105

 Phone: (619) 284-3937

Fax: (619) 284-3938

 After Hours Phone: (619)  
284-3937

Accepting New Patients: Yes

Site English Spoken: Y


Site Language(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

### **KHALIL, VADY, OD**


Provider Gender: Male

NPI: 1275263584

Provider English Spoken: Y  
Arabic

Cultural Competency: Y  
WEST COAST EYE CARE

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 697-4600

Fax: (619) 697-2410

 After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### **KHALIL, VADY, OD**

Provider Gender: Male


License Number: 35137

NPI: 1275263584

Provider English Spoken: Y  
Arabic

Cultural Competency: Y  
WEST COAST EYE CARE

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### **KHAN, FAHAD, MD**

Provider Gender: Male


License Number: A163142

NPI: 1548605843

Provider English Spoken: Y  
Hindi

Cultural Competency: Y  
VISION SPECIALISTS OF CALIFORNIA

 233 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (619) 501-9050

Fax: (619) 501-9054

 After Hours Phone: (619)  
501-9050


Accepting New Patients: Yes

Site English Spoken: Y


Site Language(s) Spoken:  
Bengali, Hindi, Spanish

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TH  
8:00AM-5:00PM  
F 8:00AM-4:00PM

### **KHIEU, TINA, OD**



## D7. Vision Provider Directory - Eye & Vision Services

*Provider Gender: Female*

*License Number: 34777*


*NPI: 1962031617*

*Provider English Spoken: Y*


*Cultural Competency: Y*

**WEST COAST EYE CARE**

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 *Phone: (858) 565-8822*

*Fax: (858) 565-2449*

 *After Hours Phone: (858)  
565-8822*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM*

### **KHINDA, SUNEHA, OD**

*Provider Gender: Female*


*License Number: 35494*


*NPI: 1750066726*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**EYELUX OPTOMETRY**

 16615 DOVE CANYON RD  
STE 105  
SAN DIEGO, CA 92127

 *Phone: (858) 487-7900*

*Fax: (858) 487-1896*

 *After Hours Phone: (858)  
487-7900*


*Accepting New Patients: Yes*

 *Site English Spoken: Y*

*American Sign Language (ASL):* RADY CHILDRENS  
*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M-F  
8:00AM-5:00PM  
SA 8:30AM-2:00PM*

### **KIM, PHILIP, OD**

*Provider Gender: Male*

*License Number: 33893*

*NPI: 1376929034*


*Provider English Spoken: Y*

*Cultural Competency: Y*


**HILLCREST EYE**

**CENTER-UCSD**

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 *Phone: (619) 543-6244*

*Fax: (619) 295-5034*

 *After Hours Phone: (619)  
543-6244*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F  
8:00AM-4:00PM*

### **KLAREN, AMANDA, OD**

*Provider Gender: Female*


*License Number: 12617*

*NPI: 1396876611*


*Provider English Spoken: Y*

*Cultural Competency: Y*

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 *Phone: (858) 309-7702*

*Fax: (858) 966-8901*


 *After Hours Phone: (858)  
309-7702*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M-F  
7:00AM-5:00PM*

### **KULISCHAK, JOHN, OD**

*Provider Gender: Male*

*License Number: 9279*

*NPI: 1740205236*


*Provider English Spoken: Y*

*Cultural Competency: Y*

**HILLCREST EYE**

**CENTER-UCSD**

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 *Phone: (619) 543-6244*

*Fax: (619) 295-5034*


 *After Hours Phone: (619)  
543-6244*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F*

## D7. Vision Provider Directory - Eye & Vision Services

8:00AM-4:00PM

### LAM, ANNE, OD

Provider Gender: Female  
License Number: 12810  
NPI: 1174550768  
Provider English Spoken: Y  
Cultural Competency: Y  
HILLCREST EYE  
CENTER-UCSD

📍 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
☎ Phone: (619) 543-6244  
Fax: (619) 295-5034

🕒 After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

🗒 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-4:00PM

### LARSEN, STEVEN, OD

Provider Gender: Male  
License Number: 7687  
NPI: 1629194782  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y  
UPTOWN OPTOMETRY

📍 4096 PARK BLVD  
SAN DIEGO, CA 92103  
☎ Phone: (619) 291-5505  
Fax: (619) 291-4404

🕒 After Hours Phone: (619)  
291-5505

Accepting New Patients: Yes

🗒 Site English Spoken: Y  
🗒 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: TU-F  
9:00AM-3:00PM  
SA 10:00AM-2:00PM

### LAU, KUEN CHINE, OD

Provider Gender: Male  
License Number: 11166  
NPI: 1821001645  
Provider English Spoken: Y  
Cultural Competency: Y  
FASHION VALLEY EYE CARE  
OPTOMETR

📍 7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108  
☎ Phone: (619) 291-2020  
Fax: (888) 210-5799

🕒 After Hours Phone: (619)  
291-2020

Accepting New Patients: Yes

🗒 Site English Spoken: Y  
🗒 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
10:00AM-7:00PM  
SA 10:00AM-7:00PM

### LAU, KUEN CHINE, OD

Provider Gender: Male  
License Number: 11166  
NPI: 1821001645  
Provider English Spoken: Y  
Cultural Competency: Y  
OPTOM-EYES VISION CARE  
OPTOMETRY

📍 5638 MISSION CENTER RD  
STE 103  
SAN DIEGO, CA 92108  
☎ Phone: (619) 295-2900  
Fax: (888) 210-5799

🕒 After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

🗒 Site English Spoken: Y  
🗒 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
9:00AM-5:30PM  
SA 9:00AM-3:00PM

### LAU, JANICE, OD

Provider Gender: Female  
License Number: 13037  
NPI: 1952453300  
Provider English Spoken: Y  
Cultural Competency: Y  
SABRE SPRINGS OPTOMETRY

📍 12650 SABRE SPGS PKWY  
STE 203  
SAN DIEGO, CA 92128  
☎ Phone: (858) 748-1265  
Fax: (844) 269-9527

🕒 After Hours Phone: (858)

## D7. Vision Provider Directory - Eye & Vision Services

748-1265  
Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish, Vietnamese  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-TU  
9:00AM-5:00PM  
W 10:00AM-6:00PM  
TH 9:00AM-5:00PM  
F 10:00AM-6:00PM

### LAU, KUEN CHINE, OD

Provider Gender: Male

License Number: 11166

NPI: 1821001645


Provider English Spoken: Y

Cultural Competency: Y


OPTOM-EYES VISION CARE

OPTOMETRY

 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

 Phone: (619) 297-2020

Fax: (888) 210-5799


 After Hours Phone: (619)  
297-2020

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
9:30AM-6:00PM  
SA 9:00AM-3:00PM

### LE, JACQUELIN, OD

Provider Gender: Female

License Number: 10962

NPI: 1487610432

Provider English Spoken: Y

Spanish, Vietnamese


Cultural Competency: Y

SAN DIEGO VISION CARE

OPTOMETRY

 3807 FAIRMOUNT AVE STE  
200

SAN DIEGO, CA 92105

 Phone: (619) 508-5678

Fax: (619) 501-0686

 After Hours Phone: (619)  
508-5678


Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
9:00AM-5:00PM

### LEE, JASON, OD

Provider Gender: Male

License Number: 14881

NPI: 1679985584


Provider English Spoken: Y


Spanish

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123


 Phone: (858) 309-7702

Fax: (858) 966-8901


 After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F  
7:00AM-5:00PM

### LIN, HENRY, OD

Provider Gender: Male

License Number: 11368

NPI: 1861405664

Provider English Spoken: Y

Spanish, Chinese


Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

 5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

 Phone: (619) 295-2900

Fax: (888) 210-5799

 After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F

## D7. Vision Provider Directory - Eye & Vision Services



9:00AM-5:30PM  
SA 9:00AM-3:00PM

### LIN, HENRY, OD

Provider Gender: Male  
License Number: 11368  
NPI: 1861405664  
Provider English Spoken: Y  
Spanish, Chinese  
Cultural Competency: Y  
FASHION VALLEY EYE CARE  
OPTOMETR

 7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108  
 Phone: (619) 291-2020  
Fax: (888) 210-5799  
 After Hours Phone: (619)  
291-2020


Accepting New Patients: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Public transportation (within  
1/2 mile from Site): 1T


 Hours: M-F  
10:00AM-7:00PM  
SA 10:00AM-7:00PM

### LIN, HENRY, OD

Provider Gender: Male  
License Number: 11368  
NPI: 1861405664  
Provider English Spoken: Y  
Spanish, Chinese  
Cultural Competency: Y  
OPTOM-EYES VISION CARE  
OPTOMETRY

 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

 Phone: (619) 297-2020  
Fax: (888) 210-5799


 After Hours Phone: (619)  
297-2020

Accepting New Patients: Yes

 Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
9:30AM-6:00PM  
SA 9:00AM-3:00PM


### LLANES, BENJAMIN, OD


Provider Gender: Male  
License Number: 8782  
NPI: 1053309005


Provider English Spoken: Y  
Spanish, Tagalog

Cultural Competency: Y



SEE KLEER EYECARE CENTER

 9580 BLACK MOUNTAIN  
RD STE J  
SAN DIEGO, CA 92126

 Phone: (858) 536-8952  
Fax: (858) 536-8951

 After Hours Phone: (858)  
536-8952

Accepting New Patients: Yes


 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within

1/2 mile from Site): 1T

 Hours: M-TH  
11:00AM-6:00PM  
F 1:00PM-5:00PM  
SA 9:00AM-1:00PM


### MARR, RYAN, OD


Provider Gender: Male  
License Number: 35302  
NPI: 1235857525

Provider English Spoken: Y  
Cultural Competency: Y

WEST COAST EYE CARE


 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822  
Fax: (858) 565-2449


 After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

 Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### MARR, RYAN, OD


Provider Gender: Male  
License Number: 35302  
NPI: 1235857525

Provider English Spoken: Y  
Cultural Competency: Y

WEST COAST EYE CARE

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

## D7. Vision Provider Directory - Eye & Vision Services

 Phone: (619) 697-4600  
Fax: (619) 697-2410


 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### MCCLEAN, ESMERALDA, OD

Provider Gender: Female

License Number: 15001

NPI: 1962817981


Provider English Spoken: Y  
Spanish

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 Phone: (619) 543-6244  
Fax: (619) 295-5034

 After Hours Phone: (619) 543-6244

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F

8:00AM-4:00PM

### MCGRAW, JOSEPH, MD

Provider Gender: Male

License Number: A155228


NPI: 1588624852


Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 697-4600  
Fax: (619) 697-2410


 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### MCGRAW, JOSEPH, MD

Provider Gender: Male

License Number: A155228


NPI: 1588624852

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822  
Fax: (858) 565-2449


 After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### MIZOGUCHI, LIANNE, OD

Provider Gender: Female

License Number: 10104

NPI: 1619900313


Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 Phone: (619) 543-6244  
Fax: (619) 295-5034


 After Hours Phone: (619) 543-6244

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:00AM-4:00PM

### MOLL, ANGELA, MD

Provider Gender: Female

License Number: A105472

## D7. Vision Provider Directory - Eye & Vision Services

NPI: 1861648602

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-8901

After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
7:00AM-5:00PM

### MOOR, TRACY, OD

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

UC SAN DIEGO HEALTH

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within

1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### MOOR, TRACY, OD

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:00PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM

## D7. Vision Provider Directory - Eye & Vision Services

W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### NGUYEN, BRUCE, OD

Provider Gender: Male  
License Number: 14156  
NPI: 1376839019  
Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

### CLAIREMONT OPTOMETRY

10715 TIERRASANTA BLVD  
STE F  
SAN DIEGO, CA 92124  
Phone: (858) 279-6500  
Fax: (858) 225-7174  
After Hours Phone: (858)  
279-6500

Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-W  
9:00AM-6:00PM  
TH-F 9:00AM-5:00PM  
SA 8:00AM-3:00PM

### NGUYEN, THANH, OD

Provider Gender: Female  
License Number: 13126  
NPI: 1992813323  
Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

### SABRE SPRINGS OPTOMETRY

12650 SABRE SPGS PKWY  
STE 203  
SAN DIEGO, CA 92128  
Phone: (858) 748-1265  
Fax: (844) 269-9527  
After Hours Phone: (858)  
748-1265

Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TU  
9:00AM-5:00PM  
W 10:00AM-6:00PM  
TH 9:00AM-5:00PM  
F 10:00AM-6:00PM

### NGUYEN, HOA PHUONG, OD

Provider Gender: Female  
License Number: 12630  
NPI: 1962439265  
Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

### COLLEGE GROVE OPTOMETRY

4560 COLLEGE AVE  
SAN DIEGO, CA 92115  
Phone: (619) 583-5744  
Fax: (619) 582-6112

After Hours Phone: (619)  
583-5744

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
9:00AM-5:00PM

### NGUYEN, JASMINE, OD

Provider Gender: Female  
License Number: 11189

NPI: 1497896922

Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

### JASMINE P NGUYEN OD INC

4029 43RD ST STE 300  
SAN DIEGO, CA 92105  
Phone: (619) 284-3937  
Fax: (619) 284-3938

After Hours Phone: (619)  
284-3937

Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

### NGUYEN, KELVIN, OD

Provider Gender: Male  
License Number: 11085

NPI: 1518923572

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

## D7. Vision Provider Directory - Eye & Vision Services

### SAN DIEGO VISION CARE OPTOMETRY

3807 FAIRMOUNT AVE STE  
200  
SAN DIEGO, CA 92105  
Phone: (619) 508-5678  
Fax: (619) 501-0686  
After Hours Phone: (619)  
508-5678

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
9:00AM-5:00PM

### NGUYEN, THANH, OD

Provider Gender: Female  
License Number: 13126  
NPI: 1992813323  
Provider English Spoken: Y  
Vietnamese  
Cultural Competency: Y

### JASMINE P NGUYEN OD INC

4029 43RD ST STE 300  
SAN DIEGO, CA 92105  
Phone: (619) 284-3937  
Fax: (619) 284-3938  
After Hours Phone: (619)  
284-3937

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

### O HALLORAN, HENRY, MD

Provider Gender: Male

License Number: A73282

NPI: 1235287947

Provider English Spoken: Y  
German, Spanish

Cultural Competency: Y

### RADY CHILDRENS

### SPECIALISTS

7910 FROST ST STE 200  
SAN DIEGO, CA 92123  
Phone: (858) 309-7702  
Fax: (858) 966-8901

After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
7:00AM-5:00PM

### PATEL, SARJAN, MD

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y  
Gujarati, Hindi, Spanish  
Cultural Competency: Y

### WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Phone: (858) 565-8822  
Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### PATEL, GITANE, MD

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y  
Cultural Competency: Y

### WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Phone: (858) 565-8822  
Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U



## D7. Vision Provider Directory - Eye & Vision Services

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### **PATEL, SARJAN, MD**

Provider Gender: Male  
License Number: A114976  
NPI: 1316199326  
Provider English Spoken: Y  
Gujarati, Hindi, Spanish  
Cultural Competency: Y  
WEST COAST EYE CARE

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600  
Fax: (619) 697-2410

🕒 After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

🗨 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### **PATEL, GITANE, MD**

Provider Gender: Male  
License Number: A108603  
NPI: 1710171434  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE  
📍 6945 EL CAJON BLVD

SAN DIEGO, CA 92115  
☎ Phone: (619) 697-4600  
Fax: (619) 697-2410

🕒 After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

🗨 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### **PHAM, TONY, OD**

Provider Gender: Male  
License Number: 12348  
NPI: 1841271434

Provider English Spoken: Y  
Spanish, Vietnamese  
Cultural Competency: Y

MIRA MESA EYECARE

📍 6755 MIRA MESA BLVD STE  
141

SAN DIEGO, CA 92121  
☎ Phone: (858) 535-8282  
Fax: (858) 535-0537

🕒 After Hours Phone: (858)  
535-8282

Accepting New Patients: Yes

🗨 Site English Spoken: Y  
🗨 Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-TU  
9:30AM-6:00PM  
TH-F 9:30AM-6:00PM

### **PHUNG, RICHARD N V, OD**

Provider Gender: Male  
License Number: 9547  
NPI: 1689661571

Provider English Spoken: Y  
Vietnamese, Chinese  
Cultural Competency: Y  
SCRIPPS RANCH OPTOMETRI  
CTR

📍 9880 HIBERT ST STE E1  
SAN DIEGO, CA 92131

☎ Phone: (858) 693-9044  
Fax: (858) 693-0704

🕒 After Hours Phone: (858)  
693-9044

Accepting New Patients: Yes

🗨 Site English Spoken: Y  
🗨 Site Languages(s) Spoken:  
Vietnamese

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 10:00AM-2:00PM  
W-TH 10:00AM-6:00PM  
F 9:00AM-2:00PM  
SA 9:00AM-2:00PM

### **POUSTI, SHEIVA, OD**

Provider Gender: Female  
License Number: 10403  
NPI: 1730240052  
Provider English Spoken: Y

## D7. Vision Provider Directory - Eye & Vision Services

*Cultural Competency: Y*

SAN DIEGO EYE CLINIC  
OPTOMETRY

📍 3560 FAIRMOUNT AVE STE  
A

SAN DIEGO, CA 92105

☎ Phone: (619) 431-2020

Fax: (619) 376-2100

🕒 After Hours Phone: (619)  
431-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: SU-SA  
9:00AM-6:00PM

### **PRABHU, SUJATA, MD**

*Provider Gender: Female*

*License Number: A115965*

*NPI: 1982872552*

*Provider English Spoken: Y*  
*Spanish*

*Cultural Competency: Y*

WEST COAST EYE CARE

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600

Fax: (619) 697-2410

🕒 After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

*PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### **PRABHU, SUJATA, MD**

*Provider Gender: Female*

*License Number: A115965*

*NPI: 1982872552*

*Provider English Spoken: Y*  
*Spanish*

*Cultural Competency: Y*

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

🕒 After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### **SANDOC, EMILY, OD**

*Provider Gender: Female*

*License Number: 13535*

*NPI: 1992969794*

*Provider English Spoken: Y*

*Cultural Competency: Y*

OPTOM-EYES VISION CARE  
OPTOMETRY

📍 5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

☎ Phone: (619) 295-2900

Fax: (888) 210-5799

🕒 After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
9:00AM-5:30PM  
SA 9:00AM-3:00PM

### **SHULKIN, MITCHELL, OD**

*Provider Gender: Male*

*License Number: 8153*

*NPI: 1770531865*

*Provider English Spoken: Y*

*Cultural Competency: Y*

NORTH COUNTY OPTOMETRY

📍 11835 CARMEL MTN RD STE  
1313

SAN DIEGO, CA 92128

☎ Phone: (858) 674-1276

Fax: (858) 674-5863

🕒 After Hours Phone: (858)  
674-1276

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog


## D7. Vision Provider Directory - Eye & Vision Services

American Sign Language (ASL): *Provider Gender: Male*

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M 9:00AM-4:00PM  
TU 7:00AM-1:00PM  
W-TH 10:00AM-7:00PM  
F 10:00AM-3:00PM  
SA 9:00AM-2:00PM*

### **SOLIS, KEVIN, OD**

*Provider Gender: Male*

*License Number: 10420*


*NPI: 1538362116*


*Provider English Spoken: Y*

*Cultural Competency: Y*

OPTOM-EYES VISION CARE

OPTOMETRY

 5638 MISSION CENTER RD  
STE 103  
SAN DIEGO, CA 92108


 *Phone: (619) 295-2900*

*Fax: (888) 210-5799*

 *After Hours Phone: (619) 295-2900*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*


 *Site Languages(s) Spoken: Spanish*

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F  
9:00AM-5:30PM  
SA 9:00AM-3:00PM*

### **SOLIS, KEVIN, OD**


*License Number: 10420*


*NPI: 1538362116*

*Provider English Spoken: Y*

*Cultural Competency: Y*

FASHION VALLEY EYE CARE  
OPTOMETR

 7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108


 *Phone: (619) 291-2020*

*Fax: (888) 210-5799*

 *After Hours Phone: (619) 291-2020*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*


 *Site Languages(s) Spoken: Spanish*

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F  
10:00AM-7:00PM  
SA 10:00AM-7:00PM*

### **SOLIS, KEVIN, OD**

*Provider Gender: Male*

*License Number: 10420*


*NPI: 1538362116*

*Provider English Spoken: Y*

*Cultural Competency: Y*

OPTOM-EYES VISION CARE  
OPTOMETRY

 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

 *Phone: (619) 297-2020*


*Fax: (888) 210-5799*

 *After Hours Phone: (619) 297-2020*


*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F  
9:30AM-6:00PM  
SA 9:00AM-3:00PM*

### **TA, TRANG, OD**

*Provider Gender: Female*

*License Number: 12100*


*NPI: 1518381045*


*Provider English Spoken: Y*

*Vietnamese*

*Cultural Competency: Y*

JASMINE P NGUYEN OD INC

 4029 43RD ST STE 300  
SAN DIEGO, CA 92105


 *Phone: (619) 284-3937*

*Fax: (619) 284-3938*

 *After Hours Phone: (619) 284-3937*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*


 *Site Languages(s) Spoken: Spanish, Vietnamese*

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM*

### **TAM, MAY, OD**

*Provider Gender: Female*

*License Number: 11960*

## D7. Vision Provider Directory - Eye & Vision Services

NPI: 1548255896

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

FASHION VALLEY EYE CARE  
OPTOMETR

7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

Phone: (619) 291-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
291-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
10:00AM-7:00PM  
SA 10:00AM-7:00PM

### TAM, MAY, OD

Provider Gender: Female

License Number: 11960

NPI: 1548255896

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

Phone: (619) 295-2900

Fax: (888) 210-5799

After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
9:00AM-5:30PM  
SA 9:00AM-3:00PM

### TAM, MAY, OD

Provider Gender: Female

License Number: 11960

NPI: 1548255896

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

Phone: (619) 297-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
297-2020

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
9:30AM-6:00PM  
SA 9:00AM-3:00PM

### TILLMAN, SYLVIA, OD

Provider Gender: Female

License Number: 9726

NPI: 1174730824

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

JASMINE P NGUYEN OD INC

4029 43RD ST STE 300  
SAN DIEGO, CA 92105

Phone: (619) 284-3937

Fax: (619) 284-3938

After Hours Phone: (619)  
284-3937

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

### TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y  
Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)  
697-4600


Accepting New Patients: Yes

Site English Spoken: Y


## D7. Vision Provider Directory - Eye & Vision Services

American Sign Language (ASL): NPI: 1679521280

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990


NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858) 565-8822

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### TONNU, ANH, OD

Provider Gender: Female

License Number: 11318


Provider English Spoken: Y

Vietnamese


Cultural Competency: Y

WEST COAST EYE CARE

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858) 565-8822

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### TONNU, ANH, OD

Provider Gender: Female

License Number: 11318

NPI: 1679521280


Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

WEST COAST EYE CARE

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 697-4600

Fax: (619) 697-2410

 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### TRAN, ALEXANDER, OD

Provider Gender: Male

License Number: 14136

NPI: 1902414790


Provider English Spoken: Y

Cultural Competency: Y


RADY CHILDRENS

SPECIALISTS

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-8901

 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes


Site English Spoken: Y

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F  
7:00AM-5:00PM

### TRANG, CHAU, OD

Provider Gender: Female

License Number: 9556

NPI: 1073671087

Provider English Spoken: Y

French, Spanish, Vietnamese,

## D7. Vision Provider Directory - Eye & Vision Services

Chinese

Cultural Competency: Y

CHAU H TRANG OD

6947 LINDA VISTA RD STE A

SAN DIEGO, CA 92111

Phone: (858) 495-0592

Fax: (858) 495-0560

After Hours Phone: (858) 495-0592

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: French, Spanish, Vietnamese

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 10:00AM-3:00PM

W 10:00AM-3:00PM

F 10:00AM-5:00PM

SA 9:00AM-1:00PM

### TU, CHARLES, OD

Provider Gender: Male

License Number: 34618

NPI: 1073137691

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

1555 PALM AVE STE A2

SAN DIEGO, CA 92154

Phone: (619) 297-2020

Fax: (888) 210-5799

After Hours Phone: (619) 297-2020

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL): License Number: 33798

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F

9:30AM-6:00PM

SA 9:00AM-3:00PM

### VAN HOOSE, MARC, OD

Provider Gender: Male

License Number: 12667

NPI: 1932280054

Provider English Spoken: Y

Spanish

Cultural Competency: Y

VAN HOOSE OPTOMETRIC

CORPORATION

7246 CLAIREMONT MESA BLVD

SAN DIEGO, CA 92111

Phone: (858) 292-7193

Fax: (858) 292-8247

After Hours Phone: (858) 292-7193

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 8:00AM-5:00PM

TU-TH 9:00AM-6:00PM

F 8:00AM-5:00PM

### VIVIRITO, MARY, OD

Provider Gender: Female

NPI: 1477968667

Provider English Spoken: Y Spanish

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2

SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 10:00AM-6:00PM

TU 8:30AM-5:00PM

W 7:30AM-4:00PM

TH 9:30AM-5:00PM

F 8:00AM-4:00PM

### VO, ANDREW MINH, OD

Provider Gender: Male

License Number: 33869

NPI: 1790291565

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610

SAN DIEGO, CA 92103




Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619) 543-6244



Accepting New Patients: Yes


## D7. Vision Provider Directory - Eye & Vision Services




 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-4:00PM

### YU, CAROL, OD

Provider Gender: Female  
 License Number: 34047  
 NPI: 1639697451  
 Provider English Spoken: Y  
 Spanish, Chinese  
 Cultural Competency: Y  
 HILLCREST EYE  
 CENTER-UCSD

 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6244  
 Fax: (619) 295-5034



 After Hours Phone: (619)  
 543-6244  
 Accepting New Patients: Yes

 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-4:00PM

### ZHAO, TAILUN, MD

Provider Gender: Male  
 License Number: C186414  
 NPI: 1952659203  
 Provider English Spoken: Y



Cultural Competency: Y  
 WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 Phone: (858) 565-8822  
 Fax: (858) 565-2449  
 After Hours Phone: (858)  
 565-8822  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 10:00AM-6:00PM  
 TU 8:30AM-5:00PM  
 W 7:30AM-4:00PM  
 TH 9:30AM-5:00PM  
 F 8:00AM-4:00PM


## SAN MARCOS

### GARFF, KEVIN, MD

Provider Gender: Male  
 License Number: A160988  
 NPI: 1609258920  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y



RSF OPHTHALMOLOGY  
 100 N RANCHO SNTA FE  
 RD STE 12  
 SAN MARCOS, CA 92069  
 Phone: (760) 598-0400  
 Fax: (760) 249-7394


 After Hours Phone: (760)  
 598-0400  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:



Spanish, Thai  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-5:00PM



### GUAN, HOWARD, MD

Provider Gender: Male  
 License Number: A119766  
 NPI: 1134427636  
 Provider English Spoken: Y  
 Spanish, Chinese  
 Cultural Competency: Y  
 RSF OPHTHALMOLOGY

 100 N RANCHO SNTA FE  
 RD STE 12  
 SAN MARCOS, CA 92069  
 Phone: (760) 598-0400  
 Fax: (760) 249-7394

 After Hours Phone: (760)  
 598-0400  
 Accepting New Patients: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish, Thai  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-5:00PM

### PRESTERA, TORY, MD

Provider Gender: Male  
 License Number: A62321  
 NPI: 1346224557

## D7. Vision Provider Directory - Eye & Vision Services

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

RSF OPHTHALMOLOGY

100 N RANCHO SANTA FE  
RD STE 12  
SAN MARCOS, CA 92069

Phone: (760) 598-0400

Fax: (760) 249-7394

After Hours Phone: (760)  
598-0400

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Thai

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### SKAY, RICHARD, OD

Provider Gender: Male

License Number: 7649

NPI: 1639251945

Provider English Spoken: Y

Cultural Competency: Y

RICHARD M SKAY OD

1903 W SAN MARCOS  
BLVD STE 130  
SAN MARCOS, CA 92078

Phone: (760) 727-2211

Fax: (760) 727-2533

After Hours Phone: (760)  
727-2211

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
9:00AM-3:00PM

### TA, MINI, OD

Provider Gender: Female

License Number: 15170

NPI: 1578955605

Provider English Spoken: Y

Cultural Competency: Y

NEW OPTIX OPTOMETRY

640 GRAND AVE STE 101  
SAN MARCOS, CA 92078

Phone: (760) 736-0020

Fax: (760) 736-0019

After Hours Phone: (760)  
736-0020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 9:00AM-5:00PM  
TU 9:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 9:00AM-6:00PM  
F 9:00AM-5:00PM

### THAI, AMANDA, OD

Provider Gender: Female

License Number: 34861

NPI: 1457928558

Provider English Spoken: Y

Cultural Competency: Y

NEW OPTIX OPTOMETRY

640 GRAND AVE STE 101  
SAN MARCOS, CA 92078

Phone: (760) 736-0020

Fax: (760) 736-0019

After Hours Phone: (760)  
736-0020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 9:00AM-5:00PM  
TU 9:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 9:00AM-6:00PM  
F 9:00AM-5:00PM

### TRAN, MICHAEL, OD

Provider Gender: Male

License Number: 14530

NPI: 1649524216

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

NEW OPTIX OPTOMETRY

640 GRAND AVE STE 101  
SAN MARCOS, CA 92078

Phone: (760) 736-0020

Fax: (760) 736-0019

After Hours Phone: (760)  
736-0020

Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):



## D7. Vision Provider Directory - Eye & Vision Services

N

 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1T

 **Hours: M 9:00AM-5:00PM**  
TU 9:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 9:00AM-6:00PM  
F 9:00AM-5:00PM

### SPRING VALLEY


#### FLEMING, JOHN, OD

Provider Gender: Male  
License Number: 8461  
NPI: 1033192133

Provider English Spoken: Y  
Cultural Competency: Y

JOHN C FLEMING OD

 9628 CAMPO RD STE C  
SPRING VALLEY, CA 91977

 Phone: (619) 463-9318


Fax: (619) 463-9640

 After Hours Phone: (619)  
463-9318


Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1U

 **Hours: M 9:00AM-5:00PM**  
TU 9:00AM-5:30PM  
W-TH 9:00AM-5:00PM  
F 9:00AM-4:00PM

#### HOANG, KENNY, OD

Provider Gender: Male  
License Number: 35207


NPI: 1740868603

Provider English Spoken: Y


Cultural Competency: Y

JOHN C FLEMING OD

 9628 CAMPO RD STE C  
SPRING VALLEY, CA 91977

 Phone: (619) 463-9318

Fax: (619) 463-9640

 After Hours Phone: (619)  
463-9318


Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1U

 **Hours: M 9:00AM-5:00PM**  
TU 9:00AM-5:30PM  
W-TH 9:00AM-5:00PM  
F 9:00AM-4:00PM

#### JOHNSON, CHRISTOPHER, OD

Provider Gender: Male

License Number: 15100


NPI: 1568861425

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

 9628 CAMPO RD STE C  
SPRING VALLEY, CA 91977

 Phone: (619) 463-9318

Fax: (619) 463-9640

 After Hours Phone: (619)  
463-9318


Accepting New Patients: Yes

Site English Spoken: Y  
American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1U

 **Hours: M 9:00AM-5:00PM**  
TU 9:00AM-5:30PM  
W-TH 9:00AM-5:00PM  
F 9:00AM-4:00PM

#### KALRA, ANKUR, OD

Provider Gender: Male


License Number: 11898

NPI: 1124195789

Provider English Spoken: Y  
Hindi

Cultural Competency: Y  
EYE CARE OPTOMETRY  
ASSOCIATES

 687 SWEETWATER RD  
SPRING VALLEY, CA 91977

 Phone: (619) 466-9444

Fax: (619) 466-9314


 After Hours Phone: (619)  
466-9444

Accepting New Patients: Yes


Site English Spoken: Y  
 Site Language(s) Spoken:  
Arabic, Spanish

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1U

 **Hours: M-F**  
9:00AM-6:00PM  
SA 9:00AM-5:00PM

#### KEDDINGTON, JOAN, OD

Provider Gender: Female

License Number: 6263

NPI: 1992872691

Provider English Spoken: Y  
Spanish

## D7. Vision Provider Directory - Eye & Vision Services

*Cultural Competency: Y*

EYE CARE OPTOMETRY  
ASSOCIATES

📍 687 SWEETWATER RD  
SPRING VALLEY, CA 91977

☎ Phone: (619) 466-9444

Fax: (619) 466-9314

🕒 After Hours Phone: (619)  
466-9444

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
9:00AM-6:00PM  
SA 9:00AM-5:00PM

### **KING, MARY, OD**

*Provider Gender: Female*

*License Number: 13711*

*NPI: 1578792107*

*Provider English Spoken: Y*  
*Spanish*

*Cultural Competency: Y*

EYE CARE OPTOMETRY  
ASSOCIATES

📍 687 SWEETWATER RD  
SPRING VALLEY, CA 91977

☎ Phone: (619) 466-9444

Fax: (619) 466-9314

🕒 After Hours Phone: (619)  
466-9444

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Spanish

*American Sign Language (ASL):* *Provider English Spoken: Y*  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
9:00AM-6:00PM  
SA 9:00AM-5:00PM

### **NGUYEN, THERESA, OD**

*Provider Gender: Female*

*License Number: 35530TLG*

*NPI: 1609555713*

*Provider English Spoken: Y*

*Cultural Competency: Y*

EYE CARE OPTOMETRY  
ASSOCIATES

📍 687 SWEETWATER RD  
SPRING VALLEY, CA 91977

☎ Phone: (619) 466-9444

Fax: (619) 466-9314

🕒 After Hours Phone: (619)  
466-9444

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Spanish

American Sign Language (ASL): *Provider English Spoken: Y*  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
9:00AM-6:00PM  
SA 9:00AM-5:00PM

### **SOLIS, KEVIN, OD**

*Provider Gender: Male*

*License Number: 10420*

*NPI: 1538362116*

*Cultural Competency: Y*  
EYE CARE OPTOMETRY  
ASSOCIATES

📍 687 SWEETWATER RD  
SPRING VALLEY, CA 91977

☎ Phone: (619) 466-9444

Fax: (619) 466-9314

🕒 After Hours Phone: (619)  
466-9444

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
9:00AM-6:00PM  
SA 9:00AM-5:00PM

### **TOUBIA, ELIAS, OD**

*Provider Gender: Male*

*License Number: 33758*

*NPI: 1740701481*

*Provider English Spoken: Y*  
*Arabic*

*Cultural Competency: Y*

EYE CARE OPTOMETRY  
ASSOCIATES

📍 687 SWEETWATER RD  
SPRING VALLEY, CA 91977

☎ Phone: (619) 466-9444

Fax: (619) 466-9314

🕒 After Hours Phone: (619)  
466-9444

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:

## D7. Vision Provider Directory - Eye & Vision Services

Arabic, Spanish  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 ⌚ Hours: M-F  
 9:00AM-6:00PM  
 SA 9:00AM-5:00PM

### VALLEY CENTER

#### GRASSO, GINA, OD

Provider Gender: Female  
 License Number: 11139TLG  
 NPI: 1700899952  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 VALLEY CENTER OPTOMETRY  
 📍 29115 VALLEY CENTER RD  
 STE E  
 VALLEY CENTER, CA 92082  
 📞 Phone: (760) 751-8771  
 Fax: (760) 751-8772  
 📞 After Hours Phone: (760)  
 751-8771

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

Public transportation (within  
 1/2 mile from Site): 1U

⌚ Hours: M 9:00AM-6:00PM  
 TU-F 9:00AM-5:00PM

#### JOYCE, ROBERT, OD

Provider Gender: Male

License Number: 11833  
 NPI: 1275585127  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 VALLEY CENTER OPTOMETRY  
 📍 29115 VALLEY CENTER RD  
 STE E  
 VALLEY CENTER, CA 92082  
 📞 Phone: (760) 751-8771  
 Fax: (760) 751-8772

📞 After Hours Phone: (760)  
 751-8771

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

Public transportation (within  
 1/2 mile from Site): 1U

⌚ Hours: M 9:00AM-6:00PM  
 TU-F 9:00AM-5:00PM

#### LE, TAM, OD

Provider Gender: Female  
 License Number: 12951  
 NPI: 1235268707  
 Provider English Spoken: Y  
 Spanish, Vietnamese  
 Cultural Competency: Y  
 VALLEY CENTER OPTOMETRY  
 📍 29115 VALLEY CENTER RD  
 STE E  
 VALLEY CENTER, CA 92082  
 📞 Phone: (760) 751-8771  
 Fax: (760) 751-8772

📞 After Hours Phone: (760)  
 751-8771

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 ⌚ Hours: M 9:00AM-6:00PM  
 TU-F 9:00AM-5:00PM

### VISTA

#### DEMLINGER, GLENN, OD

Provider Gender: Male  
 License Number: 8954  
 NPI: 1508932518  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 SHADOWRIDGE FAMILY  
 VISION  
 📍 741 SHADOWRIDGE DR  
 VISTA, CA 92083  
 📞 Phone: (760) 727-1844  
 Fax: (760) 727-3044

📞 After Hours Phone: (760)  
 727-1844

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

Public transportation (within  
 1/2 mile from Site): 1T

⌚ Hours: M-TU  
 9:00AM-6:00PM  
 W 7:00AM-5:00PM

## D7. Vision Provider Directory - Eye & Vision Services

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TH 9:00AM-6:00PM

### **GEORGE, BRUCE, OD**

Provider Gender: Male

License Number: 7696

NPI: 1356414551

Provider English Spoken: Y

Korean, Spanish

Cultural Competency: Y

BRUCE D GEORGE OD

931 ANZA AVE STE B  
VISTA, CA 92084

Phone: (760) 758-2340

Fax: (760) 867-2222

After Hours Phone: (760)  
758-2340

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 9:00AM-5:00PM  
TU-W 9:00AM-6:00PM  
TH-F 9:00AM-5:00PM

### **GEORGE, KENDALL, OD**

Provider Gender: Male

License Number: 34270

NPI: 1619529948

Provider English Spoken: Y

Spanish

Cultural Competency: Y

BRUCE D GEORGE OD

931 ANZA AVE STE B  
VISTA, CA 92084

Phone: (760) 758-2340

Fax: (760) 867-2222

After Hours Phone: (760)  
758-2340

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 9:00AM-5:00PM  
TU-W 9:00AM-6:00PM  
TH-F 9:00AM-5:00PM

### **TRAN, THAO, OD**

Provider Gender: Female

License Number: 12867

NPI: 1962581421

Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

KINDERSPECS-GOOD EYES

OPTOMETRY

110 CIVIC CENTER DR STE  
204

VISTA, CA 92084

Phone: (760) 753-3665

Fax: (408) 969-1653

After Hours Phone: (760)  
753-3665

Accepting New Patients: Yes

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TH  
10:00AM-5:00PM

## D8. Other Services Providers

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### SAN MARCOS


#### AMERICARE ADULT DAY HEALTH CARE CENTER†

*License Number: 060000832*


 340 RANCHEROS DR STE  
196

SAN MARCOS, CA 92069

 *Phone: (760) 682-2424*

 *After Hours Phone: (760)  
682-2424*

 *Site English Spoken: Y*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: [www.americaread  
hc.com](http://www.americaread<br/>hc.com)*

*Cultural Competency: N*

*Accepting New Patients: No*

## D9. Blue Shield Promise Urgent Care Facilities

### CHULA VISTA

#### AFC URGENT CARE OF BONITA\*

NPI: 1316225147

760 OTAY LAKES RD  
CHULA VISTA, CA 91910

(619) 821-2300

(619) 821-2300

Site Languages(s) Spoken:  
Spanish

SU 8:00AM-5:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-8:00PM

Accessibility: CONTACT PROVIDER

[www.afcurgentcare.com/chula-vista/](https://www.afcurgentcare.com/chula-vista/)

Accepting New Patients: No

(619) 736-4600  
SU-SA 8:00AM-8:00PM  
Accessibility: CONTACT PROVIDER  
<https://www.afcurgentcare.com/san-diego/>  
Accepting New Patients: No

#### AFC URGENT CARE OF SAN DIEGO\*

NPI: 1952995466

1740 ROSECRANS ST  
SAN DIEGO, CA 92106

(619) 790-7800

(619) 790-7800

SU-SA 8:00AM-8:00PM  
Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

(858) 900-3550  
SU-SA 8:00AM-8:00PM  
Accessibility: CONTACT PROVIDER  
<https://www.afcurgentcare.com/san-diego/>  
Accepting New Patients: No

#### AFC URGENT CARE OF SAN DIEGO\*

NPI: 1558788620

8260 MIRA MESA BLVD  
STE A  
SAN DIEGO, CA 92126

(858) 900-3550

(858) 900-3550

SU-SA 8:00AM-8:00PM  
Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

### SAN DIEGO

#### AFC URGENT CARE OF SAN DIEGO\*

NPI: 1558788620

8590 RIO SAN DIEGO DR  
STE 111  
SAN DIEGO, CA 92108

(619) 736-4600

(619) 736-4600

SU-SA 8:00AM-8:00PM  
Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

#### AFC URGENT CARE OF SAN DIEGO\*

NPI: 1558788620

1740 ROSECRANS ST  
SAN DIEGO, CA 92106

(619) 790-7800

(619) 790-7800

SU-SA 8:00AM-8:00PM  
Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

#### AFC URGENT CARE OF SAN DIEGO\*

NPI: 1558788620

5671 BALBOA AVE  
SAN DIEGO, CA 92111

(858) 800-2880

(858) 800-2880

SU-SA 8:00AM-8:00PM  
Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

#### AFC URGENT CARE OF SAN DIEGO\*

NPI: 1952995466

8590 RIO SAN DIEGO DR  
STE 111  
SAN DIEGO, CA 92108

(619) 736-4600

#### AFC URGENT CARE OF SAN DIEGO\*

NPI: 1952995466

8260 MIRA MESA BLVD  
STE A  
SAN DIEGO, CA 92126

(858) 900-3550

#### AFC URGENT CARE OF SAN DIEGO\*

NPI: 1952995466

5671 BALBOA AVE  
SAN DIEGO, CA 92111








(858) 800-2880

## D9. Blue Shield Promise Urgent Care Facilities

 (858) 800-2880  
 SU-SA 8:00AM-8:00PM  
 *Accessibility:* CONTACT PROVIDER  
 <https://www.afcurgentcare.com/san-diego/>  
Accepting New Patients: No






### SANTEE

#### AFC URGENT CARE OF SANTEE\*






*NPI:* 1396058137  
 10538 MISSION GORGE RD STE 100  
SANTEE, CA 92071  
 (619) 456-0033  
 (619) 456-0033  
 Site Languages(s) Spoken: Arabic, Spanish  
 SU-SA 8:00AM-8:00PM  
 *Accessibility:* CONTACT PROVIDER  
 [www.afcurgentcare.com/santee/](http://www.afcurgentcare.com/santee/)  
Accepting New Patients: No

### CHULA VISTA






#### RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\*

*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No






#### RADY CHILDRENS SPECIALISTS SAN DIEGO MED

**FNDTN\***  
*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No


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 N/A  
Accepting New Patients: No

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 N/A  
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 N/A  
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Accepting New Patients: No

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 (858) 966-8133  
 *Accessibility:* CONTACT

## D9. Blue Shield Promise Urgent Care Facilities






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 PROVIDER  
 N/A  
Accepting New Patients: No






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 N/A  
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Accepting New Patients: No






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FNDTN\***





*NPI:* 1669617197  
 386 E H ST STE 202








## D9. Blue Shield Promise Urgent Care Facilities

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 CHULA VISTA, CA 91910  
 (858) 966-8133  
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 N/A  
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PROVIDER  
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Accepting New Patients: No

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 N/A  
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**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED**


## D9. Blue Shield Promise Urgent Care Facilities

### FNDTN\*

NPI: 1669617197

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-8133

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 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

### FNDTN\*

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 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-8133

 (858) 966-8133

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


## ESCONDIDO


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED


### FNDTN\*


NPI: 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED


### FNDTN\*

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 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

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### SPECIALISTS SAN DIEGO MED


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 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT PROVIDER

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### SPECIALISTS SAN DIEGO MED


### FNDTN\*

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### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED


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 (760) 755-7600

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Accepting New Patients: No

### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED


### FNDTN\*


NPI: 1669617197

 2125 CITRACADO PKWY  
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 (760) 755-7600

 (760) 755-7600

 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT PROVIDER

 N/A

## D9. Blue Shield Promise Urgent Care Facilities

---


Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN\***

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN\***

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN\***

*NPI:* 1669617197

 2125 CITRACADO PKWY  
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ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT

PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN\***

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN\***

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**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN\***

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


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ESCONDIDO, CA 92029

## D9. Blue Shield Promise Urgent Care Facilities







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 (760) 755-7600  
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 M-F 8:00AM-5:00PM  
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 N/A  
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**RADY CHILDRENS  
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**RADY CHILDRENS**


## D9. Blue Shield Promise Urgent Care Facilities


### SPECIALISTS SAN DIEGO MED

#### FNDTN\*

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

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Accepting New Patients: No


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### SPECIALISTS SAN DIEGO MED

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#### FNDTN\*

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 (760) 294-9270

 (760) 294-9270

 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No

### LA MESA


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

#### FNDTN\*

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

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 *Accessibility:* CONTACT  
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## D9. Blue Shield Promise Urgent Care Facilities


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 PROVIDER  
 N/A  
Accepting New Patients: No





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## D9. Blue Shield Promise Urgent Care Facilities


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**RADY CHILDRENS  
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## D9. Blue Shield Promise Urgent Care Facilities


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*NPI:* 1669617197

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### **FNDTN\***

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No

### **RADY CHILDRENS**

### **SPECIALISTS SAN DIEGO MED**

### **FNDTN\***





*NPI:* 1669617197

 5565 GROSSMONT



## D9. Blue Shield Promise Urgent Care Facilities






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CENTER DR STE 2  
LA MESA, CA 91942  
 (619) 713-5375  
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 *Accessibility:* CONTACT PROVIDER  
 N/A  
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*NPI:* 1669617197  
 5565 GROSSMONT  
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 (619) 713-5375  
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## D9. Blue Shield Promise Urgent Care Facilities






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## D9. Blue Shield Promise Urgent Care Facilities


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Accepting New Patients: No

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FNDTN\***

*NPI: 1669617197*

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility: CONTACT  
PROVIDER*


 N/A


Accepting New Patients: No

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Accepting New Patients: No


## D9. Blue Shield Promise Urgent Care Facilities


### OCEANSIDE

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN\***

*NPI:* 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT  
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 N/A


Accepting New Patients: No

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## D9. Blue Shield Promise Urgent Care Facilities






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## D9. Blue Shield Promise Urgent Care Facilities






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Accepting New Patients: No

**SAN DIEGO**

**RADY CHILDRENS**


## D9. Blue Shield Promise Urgent Care Facilities


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### **SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### **RADY CHILDRENS**

### **SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

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Accepting New Patients: No


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 (858) 966-8800

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 N/A


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 (858) 966-8800

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PROVIDER

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Accepting New Patients: No


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### **SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

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 N/A


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## D9. Blue Shield Promise Urgent Care Facilities

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 (858) 966-8800

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 N/A


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## D9. Blue Shield Promise Urgent Care Facilities






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 N/A  
Accepting New Patients: No




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*NPI:* 1669617197  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 (619) 280-2905  
 (619) 280-2905  
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 N/A  
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 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No





**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN\***

*NPI:* 1669617197






 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

## D9. Blue Shield Promise Urgent Care Facilities






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 (858) 966-8800  
 (858) 966-8800  
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Accepting New Patients: No


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

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 (858) 966-8800  
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Accepting New Patients: No

### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***






*NPI:* 1669617197  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT

PROVIDER  
 N/A  
Accepting New Patients: No

### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

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Accepting New Patients: No

**RADY CHILDRENS**

## D9. Blue Shield Promise Urgent Care Facilities

### SPECIALISTS SAN DIEGO MED

#### FNDTN\*

NPI: 1669617197

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

(619) 280-2905

(619) 280-2905

Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

### RADY CHILDRENS

### SPECIALISTS SAN DIEGO MED

#### FNDTN\*

NPI: 1669617197

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

(619) 280-2905

(619) 280-2905

Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

### LA MESA

### RCH EAST COUNTY URGENT CARE\*

NPI: 1710065933

5565 GROSSMONT CENTER DR STE 2  
LA MESA, CA 91942

(619) 713-5375

(619) 713-5375

SU 1:00PM-10:00PM

M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

### SAN DIEGO

### RCH MID CITY URGENT CARE\*

NPI: 1710065933

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

(619) 280-2905

(619) 280-2905

SU 1:00PM-10:00PM

M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

### ESCONDIDO

### RCH NORTH COUNTY URGENT CARE\*

NPI: 1710065933

625 CITRACADO PKWY STE 100

ESCONDIDO, CA 92025

(760) 739-1543

(760) 739-1543

Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

### OCEANSIDE

### RCH OCEANSIDE URGENT CARE\*

NPI: 1710065933

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

(760) 547-1000

(760) 547-1000

SU 1:00PM-10:00PM

M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

### SAN DIEGO

### SOUTHBAY URGENT CARE INC\*

NPI: 1558746750

1628 PALM AVE  
SAN DIEGO, CA 92154

(619) 591-9999

(619) 591-9999

Site Languages(s) Spoken:  
Spanish, Vietnamese

SU 10:00AM-6:00PM

M-F 9:00AM-8:00PM

SA 10:00AM-6:00PM

Accessibility: CONTACT PROVIDER

<https://www.southbayurgentcare.com/>

Accepting New Patients: No



## E. Index of Providers

<b>A</b>	
ABAID, LISA.....	248
ABAYA, HONEYLYNN.....	208
ABBOUD, JEAN-PAUL.....	510
ABCEDE, GAIL.....	365
ABDALLAH, ALI.....	1304
ABDALLAH, WALID.....	161
ABDELWAHHAB, EANAS.....	309
ABDOLLAHI, KARIM.....	351
ABDOU, RAMI.....	103, 131, 514, 648
ABDULRAHIM, AHMED.....	1004
ABEDI ASL, ESRAFIL.....	385
ABELHAD, NADIA.....	109, 153, 182, 598
ABELL, GEOFFREY.....	1421
ABERCROMBIE, SHERI.....	2133, 2295
ABITBOL, JEAN JACQUES.....	691, 697, 749
ABOU ABBASS, AHMAD.....	397, 479
ABOUL-HOSN, RYAN.....	2371
ABRAHAMSEN, KELSEY.....	310, 655
ABRAMSON, MARIA.....	412
ABRAMSON, RACHEL.....	1421, 1422
ABRAVESH, SOODABEH.....	459
ABSHIRE, BRET.....	523, 524
ACCELERATED URGENT CARE.....	15
ACCESS TO INDEPENDENCE.....	2250
ACEVEDO, SUSANA.....	1567
ACEVEDO-FREY, SYLVIA.....	722
ACKROYD, ARCHIE.....	2398
ACOSTA, AZUCENA.....	565, 760, 2285, 2286, 2326
ADAMI, REBECCA.....	1837, 2008
ADAMS, CONRAD.....	768
ADAMS, LAURA.....	323, 687
ADAMS, MONA.....	2346, 2351, 2398
ADDO, BELINDA.....	574
ADEDAYO, TOLULOPE.....	208
ADEGBITE, ADEKUNLE.....	208
ADEMA, DONALD.....	85
ADEYEMO, OLUWAFEMI.....	228, 229
ADJAN, ROULA.....	1119, 1422
ADLOUNI, LOUBABA.....	1422
AFC URGENT CARE OF BONITA.....	2430
AFC URGENT CARE OF SAN DIEGO.....	2430, 2431
AFC URGENT CARE OF SANTEE.....	2431
AFFLALO, SUZANNE.....	85
AFRA, ROBERT.....	179
AFSHAR, MASOUD.....	713
AFSHAR, YAMA.....	44
AGAJANIAN, RICHY.....	215, 504
AGANOVIC, LEJLA.....	318, 673
AGARWAL, ASHOK.....	207, 218
AGARWAL, MADHU.....	552
AGENA, CYAN.....	519, 742
AGGARWAL, SAURABH.....	207, 722
AGHILI, ROXANA.....	1630, 1686, 1902, 2079
AGING & INDEPENDENCE SERVICES.....	2257
AGNIHOTRI, PARAG.....	2006
AGORRILLA, MARIA.....	421, 725
AGUERO, AMETHYST.....	1154
AGUERO, PETER.....	2159
AGUEY, OMAR.....	753, 1596
AGUILA, YESENIA.....	602, 1929
AGUILAR, EDITA.....	1156
AGUILAR, MICHELLE.....	208
AGUIRRE, KRISTEN.....	561, 720, 721
AGYEMAN, KOFI.....	524
AGYEMANG, ALBERTA.....	1715
AHADIAT, OMEED.....	203
AHDOOT, JACOB.....	250, 254
AHDOOT, MORRIS.....	257
AHL, SCOTT.....	203
AHLUWALIA, JUSLEEN.....	614
AHMAD, AAKIF.....	1301
AHMAD, ASHRAF.....	376, 588
AHMED, HEBA.....	40
AHMED, MOHAMED.....	774
AHMED, SARAH.....	462
AHMED, SYED.....	624
AHN, JENNIFER.....	633
AHSAN, NUSRAT.....	49
AILINANI, HARY.....	226, 738
AINSWORTH, DELISSA.....	1794, 2122
AISAGBONHI, OMONIGHO.....	1790
AIZIN, VITALI.....	109, 120, 282, 296, 627, 716
AJIR, MAHYAR.....	18
AKASHI, MARC.....	1058
AKLADEOS, NERMEEN.....	86
AKONG, KATHRYN.....	2107
AL ANI, NAJWAN.....	1087
AL HARASH, ABDALHAMID.....	730, 744
AL KHIAMI, BELAL.....	296, 506, 1754, 1853
AL NAHLAWI, BASMA.....	142, 716, 2206
AL-AZAWI, HIND.....	372, 552
AL-DAHMAN, ZAID.....	123, 173, 187, 201, 296, 332, 577, 633, 1679
AL-MSHHDANI, AYSER.....	160, 536, 638, 1378
AL-NASER, RAED.....	343
AL-NOURI, OMAR.....	1821, 1822, 2170, 2176
AL-SALEH, YADANI.....	41, 77, 627
AL-TAMEEMI, AHMED.....	28, 1096
ALAGIRI, MADHU.....	2111
ALAMAR, ALI.....	42
ALANI, ANAS.....	1925
ALANIZ, MATEO.....	19, 1024
ALASANTRO, LORI.....	98, 99, 289
ALASSIL, SALLY.....	1358
ALAYO, ERICK.....	117
ALB, OVIDIU.....	19
ALB, SIMONA.....	19
ALBARRAN-SLOVIN, MELODY.....	1704, 1929
ALBORZIAN, SHERVIN.....	1116
ALBRIGHT, KELSEY.....	310, 655, 1795, 2122
ALDANA, NANCY.....	1156, 1157
ALDOUS, JEANNETTE.....	627, 717, 1358, 1359, 1548, 1994, 2209
ALEXANDER, AUSTIN.....	441, 519
ALEXANDER, BRENTON.....	1708, 1919
ALEXANDER, DEBORAH.....	266
ALEXANDER, GERALD.....	270
ALEXANDER, SINDU.....	638
ALFAY, WISAM.....	433, 724
ALFONSO, ALVIN.....	1726, 1960
ALGHAMDI, ASMA.....	57, 83, 1087, 1201, 1523, 1524, 1648
ALGHURAIBI, OHOUD.....	1694
ALGRA, JEFFREY.....	1868, 2120
ALHANKAWI, DHUHA.....	169
ALI, MOHAMMED.....	49, 66
ALI, RAED.....	270
ALIKHANI, SHAHRIAR.....	352

## E. Index of Providers

ALIMONOS, LYSISTRATI.1046, 1106, 1185, 1378, 1379, 1380, 1584, 1585	AMBO, STANLEY.....1600	ANDRY, JAMES.145, 150, 325, 691, 1643, 1645, 1826, 2180
ALJAWADI, GEORGIA.....20	AMBROSE, CHRISTOPHER.106, 572, 766, 1606, 2233	ANGAROLA, JEFF.....583, 584, 705
ALKATIB, RHONDA.....594, 619, 2072	AMERI, BIJAN.....749	ANGER, JENNIFER.....327, 697
ALLAM, SHAMILI.....366	AMERICARE ADULT DAY HEALTH CARE CENTER.....2260	ANGRA, KUNAL.99, 114, 168, 561, 614, 615, 711
ALLAMEHZADEH, REZA.....54, 456	AMERICARE ADULT DAY HEALTH CARE CENTER†.....2429	ANGUIANO, FRANCISCO.....127
ALLEN, ANNE.....184, 752	AMIN, JATIN.....207, 218, 496, 506, 724	ANOSHIVANI, ARDE.....474
ALLEN, ELIZABETH.....1791, 2069	AMINIAN, AFSHIN.....469, 483	ANSARI, HOSSEIN.....297
ALLEN, JONATHAN.....233	AMINIAN, ARASH.....270, 416	ANSARI, RASHAD.....766
ALLEN, KATHERINE.....1181	AMINLARI, ARDALAN.....762	ANSARI, SHORA.....464
ALLERS, JENNA.....310, 1795	AMIRNOVIN, RAMBOD.....2080	ANTHONY, JULIAN.....200, 581
ALLOS, ALEXANDER.....141, 343, 683	AMJAD WARYAM, ASHEE AMJAD.....208, 209	ANTHONY, SHARON.....602
ALLSUP, VICTORIA.....653, 2111	AMMIRATI, GUISEPPE.....319	ANTONYAN, HOLLY.....542
ALMANSOUR, MUMTAZ.....26	AMMIRATI, MARIO.....690	ANUFORO, CHINWE.....209
ALMIRANTE, MARIA.....660	AMORY, DAVID.....573	ANWAR, YASMIN.....1869, 2214
ALOMARI, IHAB.....447	AMOS, MARIA.....602, 1930	ANYADIKE, CYRIL.....502
ALSHAMMARY, MOHAMMED.....159	AMRA, NOOR.....462	ANZA HOUSE.....2254
ALSHARIF, KAIS.....352, 389	AMREEN HOME.....2254	AOTO, KIM.97, 162, 191, 338, 538, 646, 647, 1604, 1651, 1664, 1683, 1773, 1842, 1878, 2053, 2054, 2332, 2341, 2346, 2371, 2387, 2398, 2399
ALSHEIKH, HUDA.....1175	ANAHEIM URGENT CARE INC.....15	APOSTOLIDES, JOHN.....696
ALSTEEN, STEPHANIE.....602, 1930	ANAND, GOBIND.....1741, 1987	APPEL, RICHARD.....250
ALTAMIRANO, LEON.....2204, 2321	ANASTASIU, DANIELLE.....429	APPLEGET, JOSEPH.....1726, 1960
ALTRIKI, MOHAMAD.422, 423, 730, 732	ANAYA, MANUEL.....624	AQUINO, FELINO.....530, 1195, 1254
ALTSHULER, JEFFREY.....404	ANBAR, RAN.....309	ARAIZA, ERNESTINA...164, 1652, 2263
ALTURJUMAN, AHMAD.....496	ANDAYA, MIKHAEL.....1201	ARANETA, TOMAS.....51
ALVARADO HOSPITAL LLC....13, 2236	ANDER, AZIZ.....713, 2200	ARBOR HILLS NURSING CENTER.781, 2246
ALVARADO, EDMUND.....1449	ANDERSEN, CLAIRE.440, 441, 580, 740, 741	ARCA, CHRIS.....574
ALVAREZ, ARMANDA.....725	ANDERSEN, MICHAEL.....508	ARCE GOMEZ, LAURA.....20, 1025
ALVAREZ, DIANA.....535, 631	ANDERSON, ALBERT.....34	ARCHAMBAULT, CHRISTIAN.....1424
ALVAREZ, IRAIDA.....717	ANDERSON, CARLEY.....655	ARCHIBALD, JOHN.202, 225, 439, 513, 737, 2360, 2399
ALVAREZ, LISA.....754, 1253	ANDERSON, ELAINE.118, 159, 185, 330, 624, 1615, 1649, 1675, 1835, 1992	ARCOVEDO, RODOLFO.....143
ALVAREZ, PAMELA.....507	ANDERSON, GREGORY.....673	ARD, SCOTT.....355
ALVAREZ-ESTRADA, MIGUEL.20, 57, 67, 83, 620, 716, 1304, 1524, 1525, 1981, 2206	ANDERSON, LINDSEY.....169	ARDIGO, GREGORY.....502, 729
ALVORD, PAUL.....687	ANDERSON, MARLA.....479, 480	ARELLANO, JACQUELINE.165, 283, 601, 1653, 1714, 1927
ALY, DILYANA.....519, 773	ANDERSON, MATTHEW.....226, 655	ARGOUD, GEORGES.....116, 722
ALYAS, ALISIA.....163, 655, 1124	ANDERSON, TRACEY.....497, 498	ARGUELLO, JUAN.....413
AMADOR, LINDSAY.288, 612, 1726, 1960	ANDOLINA, SARA.....559	ARIAS-ALISHAHI, ELIZABETH.....219
AMANAT, SOROOSH.....1025	ANDREE, GREGOR.....653, 1423, 2111	ARIELLA, LYNDA.....2204, 2321
AMANI, RAMIN.....1600	ANDREW, SHIRLEY.....710	ARIF, MUHAMMAD.....34, 50
AMANN, CHRISTOPHER.....1730, 1970	ANDREWS, BRAD.....561, 1891	ARJOMANDI, NEDA.....391
AMARAL, MARGARET.....1769	ANDREWS, JOHN.....1359	ARLATA, TAMANTHA.....1581
AMAYA SPRINGS HEALTH CARE CENTER.....2253	ANDREY, JEFFREY...119, 504, 624, 759	
AMAYA, RICARDO.....1071		



## E. Index of Providers

ARLINGHAUS, RENE.....2267	ATIENZA, PAMELA.....1058	BAEZ, ELIZABETH..... 754
ARMANI, AVA.179, 323, 687, 766, 1670, 1822, 2170, 2233	ATIGA, SCHUBERT.....127, 1625, 1626	BAGBY, JESSICA.....1731, 1970
ARMANIOUS, NANCY..... 33	ATILLO, RONALD MAR..... 283, 602	BAGHERI, BITA..... 243
ARMEEN, GARY.....310, 1795, 2122	ATKINS, AARON..... 441, 519, 520	BAGHOUMIAN, MARINEH..... 2372
ARMENTA, JORGE.655, 1125, 1221, 1450	ATKINS, CHEYENNE..... 519, 520	BAGINGITO, AUSTIN.....1305
ARMSTRONG, PATRICK.....184, 576	ATKINS, WILLIAM..... 519, 742	BAGINSKI, LEON..... 459
ARNETT, JUSTIN.....300, 641	ATMAR, AKMAL..... 539, 1879	BAGRODIA, ADITYA..... 327
ARNOLD, REBECCA..... 160, 2264	ATTIA, NADER.207, 218, 422, 496, 507, 724, 725	BAHADOR, AFSHIN.....624
AROCHO-SALGADO, MIRELIS.142, 143, 685, 1641, 1698, 2165	ATTOBRA, TATIANA.....773	BAHADORANI, JOHN.....355
ARONLEE, TRACY..... 2295, 2296	AUERBACH, STEPHEN..... 557	BAHENA-COLLEY, SANDRA. 541, 668
ARRIESGADO, MINNETT..... 641	AUSTIN PAGE, LUKAS..... 2080	BAHIA FAMILY MEDICAL GROUP INC.....15
ARRIETA, ANTONIO..... 468	AUSTIN, ANDREA.....1731, 1970	BAHRAMZI, MARIA..... 1305, 1306
ARRIETA, IRIS..... 761, 2227	AUSTIN, MARK.....495	BAI-TONG, SHIYU.....1659, 1757, 2015
ARRIETA, NOEMI.83, 716, 1142, 1525, 2207	AVALLONE, THOMAS....190, 641, 2372	BAIG, NABIL..... 117, 149
ARROYO VISTA NURSING CTR.782, 2250	AVALOS, ROY..... 164, 282	BAIK, JESSICA.....67
ARROYO, ARIANNA..... 515	AVIARA HEALTHCARE CENTER.780, 2244	BAILEY, CHARLES..... 93
ARROYO, VANIA..... 655	AVILA, MICHAEL.....30, 1142, 1143	BAILEY, CRISTINA..... 86
ARTHUR, KRISTINE..... 44	AVOCADO POST ACUTE..... 780, 2241	BAILEY, JACOB.....317, 669, 1810, 2142
ARTS, SERENA.....1255	AWADALLA, FARAH..... 350, 542	BAILEY, THOMAS..... 459, 460, 588
ARUTYUNOV, BORIS.....1998	AWDISHO, ALAN....28, 159, 1097, 1650	BAILEY, TIMOTHY.....185
ARVIZU, PALOMA..... 1181	AWDYKOVYCH, MARTA..... 1424	BAILIS, JESSICA..... 316, 1805, 2275
ARYA, MALVIKA.....300, 641	AYELE, MAHOGANY..... 754, 2215	BAILONY, AHMAD.....1217
ASHBY, KEVIN..... 204	AYON MARTINEZ, CARLOS... 86, 1594	BAILONY, MOHAMMED.....1217
ASHIER, SAURABH..... 738, 739	AYSON, NICOLE..... 1424, 1425	BAIN, NATALIE.....1306
ASHIZAWA, JAMES..... 81	AZAD, HABIB..... 454, 456	BAISLEY, SHAWN..... 1008, 1162
ASHKENAZE, DAVID.....351	AZAM, ARSALAN..... 115	BAJWA, MANDEEP..... 1425
ASHLEY, BLAKE.....397	AZIMI, AYSUN.....1425	BAJWA, SAIF..... 49
ASHMAN, ELLEN..... 283, 602	AZIMI, NASSIR.....329	BAKER, BRUCE.....495
ASHMAN, RANDY.....167	AZIMI, SHERRI.....763	BAKER, DAVID..... 100, 174
ASHRAF, HADIA..... 34	AZIZ AWAD AWADALLA, MARINAEMAD.....737	BAKER, LINDZEE..... 310
ASHRAF, HEBA..... 204, 245	<b>B</b>	
ASHTARI, MOZHGAN..... 44	BABAKNIA, ARDALAN.....245	BAKER, ROBERT.....226, 739
ASHTIANI, ALI.....238	BABKINA, NATALIA..... 189	BAKER, SERENA..... 209
ASIMAKOPOULOS, FOTIOS.....1744	BACHARACH, REBECCA..... 1305, 1582	BAKER, TANYA.....1930
ASIS, STEPHANIE.....2341, 2352, 2372	BACKMAN, JOHN.....164	BAKHTIARY, PEJMAN..... 735
ASLIAN, AZITA.....536, 638, 1217, 1877	BACON, LOUISE..... 397, 480	BALAKER, ASHLEY..... 260, 385, 386
ASPREC, JOSEPH..... 49	BADALYAN, SEDA..... 41, 293	BALBOA NURSING AND REHAB CTR..... 2250
ASSADIAN, MEHRAK..... 614, 1293	BADER, RACHEL..... 668	BALDERAS-MAGALLANES, RODOLFO..... 24, 119
ASSELIN, LYNETTE.....1600	BADIE, MEHRNAZ.....54	BALDONADO, ANALICIA...1067, 1068
ASTOURIAN, PATRICK..... 579	BAE, CHAY.....365, 366	BALDWIN, ANDREA.....559, 1882
ATCHISON, MARVIN..... 231, 774, 775	BAE, JINYI.....1882	BALDWIN, DONNA.....192, 1250
ATHILL, CHARLES..... 109, 597	BAE, WANJUN.....451	BALIKIAN, PHILIP..... 581, 1917
	BAEK, KILHYO..... 559, 754, 1222, 1223	BALL, SHELDON.....627, 1998
	BAEZ, BEATRICE.....1202	BALL-ZONDERVAN, MONICA.....52
		BALLARD, BROOKE..... 1849, 2180

## E. Index of Providers

---

BALLAS, JERASIMOS.....	1657, 1755	BASEN, TYLER.....	444	BEDROSIAN, DIANE.....	1601
BALTRUS, JUSTINE.....	717, 2323	BASERI, BABAK.119, 216, 504, 506,		BEHNAWA, SUSAN.....	85
BAMFORD, LAURA.....	1995	625, 729, 759		BEHR, CHRISTOPHER.....	691
BANDARI, DANIEL.....	371	BASHAM, CLAUDIA.....	631	BEHREND, TERRY.....	633, 634
BANDUKWALA, RAHIL.....	44, 360	BASICH, CANDACE.....	52	BEIERMEISTER, KEITH.....	323
BANERJEE, PUSHPENDU.....	292, 296	BASIN, NATALIE.515, 570, 655, 714,		BEITTER, KEERSTIN.133, 192, 570, 655,	
BANGS, SASHA.....	1221	739, 1908		1632, 1692, 2122	
BANIADAM, BEHZAD.....	62	BASS, GURGIANA.....	2134, 2297	BEJKO, ETELEVA.....	573, 766
BANKS, JAMINELLI.....	134, 193, 579	BAST, SIDNEY.....	510	BEKENDAM, PAMELA.....	735
BANKS, SARAH.....	2134, 2296	BASTUBA, MARTIN.....	327, 697	BEKENDAM, PETER.....	735
BANSAL, NEERAJ.....	752	BATES, TYLER.....	754	BELANGER, TANYA.711, 1486, 1487,	
BANSAL, PREETI.1662, 1681, 1857,		BATHAEE, FARSHAD.....	264, 415	2197	
1897, 2045, 2347, 2352, 2399		BATIN, FRANCES.....	36	BELEN, NEZER.....	1075, 1255
BANTA, WARREN.....	215, 216	BATISTA, OSVALDO.....	1450	BELINSKY, MARIA.....	577, 2267
BANTHIA, VISHAL.....	131, 514, 648	BATRA, MUNISH.521, 526, 687, 688,		BELL, ANDREA.....	283
BANUELOS, LYDIA.....	376, 462, 588	696		BELL, DAVID.....	230
BAO, GANG.....	670, 685	BATRA, REEMA.....	330, 1835	BELL, IRA.....	425, 426
BARADARIAN, SAM.....	326	BAUM, PETER.....	1525	BELL, JENNIFER.....	571, 765
BARBA, ARNEL.....	184, 1960	BAUMAN, LAURA.....	1987	BELL, TRACY.....	1981
BARBA, DANIEL.....	199	BAUMANN, DANIELA.2332, 2341,		BELLA VISTA HEALTH CENTER.782,	
BARBA, DAVID.....	1824, 2177	2347, 2352, 2363, 2372, 2373, 2387,		2247	
BARBADILLO, FERDINAND.1059,		2388, 2399, 2400		BELLINGHAUSEN, AMY.1731, 1971,	
1567, 1568		BAUTISTA, JENNIFER.171, 759, 1669,		1972	
BARBADILLO, TERESITA.....	1218	1670, 2233		BELLO, JUSTINE.....	47
BARBOZA, GEORGE.....	498	BAUTISTA, LUIS.....	1005, 1307	BELLO, OSAGIE.....	216, 504, 1356
BARE, IAN.....	52	BAWA, MANEESH.....	691	BELLOMO, THOMAS.1687, 1834, 1903,	
BAREISS, ANNA.....	305	BAXTER, SALLY.....	1770, 2046	2080	
BARI, MONICA.....	441, 520	BAXTER, STEPHANIE.....	281, 597	BELOTT, PETER.....	329
BARLEBEN, ANDREW.....	1823, 2177	BAYAT, HAMED.....	186, 577, 1676, 1914	BELTRON, KIMBERLY.....	1255, 1930
BARNARD, CHRISTOPHER.....	114	BAYLIS, CHRISTOPHER.....	1726, 1961	BELVERUD, SHAWN.....	2177
BARNES, RYAN.....	687, 2170, 2171	BAYLON, ALDO.....	138, 1635, 2261	BEMANIAN, SHAHROOZ.204, 245,	
BARNHILL, JOSHUA.....	352	BAYSHIRE CARLSBAD.....	780	246	
BARR, AUSTIN.....	225, 439, 737	BEAR, JONATHAN.....	178, 318	BEN-HAIM, SHARONA.1607, 1824,	
BARR, JESSICA.....	257	BEATTY, ZACHARY.....	614	2178	
BARRERA, HUGO.....	143	BEAUCHAMP WALTERS, JULIA.....	2112	BENARD, ROBERT.....	1931
BARRERA, JOSEPH.....	450	BEAUMONT, THOMAS.....	1824	BENCH, SHAWN.....	688, 2171
BARRERA, KAYLENE.....	231, 745, 775	BEAZER, ALEX.....	1770, 2046	BENDER, FRANK.....	197
BARRIO, VICTORIA.....	156, 531	BECERRA SONGOLO, TOSHA.280,		BENDER, RICHARD.....	453, 456
BARRON, KAVITA.....	2296	595, 1708, 1919		BENESCH, ERIN.....	474
BARRY, JEFFREY.....	1731, 1971	BECERRA, CARLOS.....	254	BENIK, KAREN.....	426
BARTHEL, ROBERT.....	293	BECERRA, GABRIEL.....	186, 2267	BENNER, ERIC.....	54
BARTZ, BRYAN.....	2159, 2160	BECK, TIFFANY.....	249	BENNETT, LAUREN.....	243
BARTZ, PAUL.....	184, 200, 727	BECKER GALUSHA, JANE.....	431	BENSON, JIMI.....	28
BARVALIA, MIHIR.....	120, 153, 159	BECKER, JANTIMA.....	310, 570, 714	BENZL, JERRY.....	460
BARVE, PRANAV.....	36, 51	BEDFORD, RONALD.209, 498, 725,		BERENTER, JAY.....	176, 312
BASAK, RYAN.....	36, 51	726		BERG, CHRISTOPHER.....	251
BASCH, MICHAEL.....	88	BEDRAN, ASAD.....	47	BERGEN, SOPHEA.....	2122

## E. Index of Providers

---

BERGER, COLBY.....176, 312  
BERGERON, PATRICK.....1816, 2160  
BERGGREN, ERICA. 633, 718, 719, 1558  
BERGMARK, JAMIE.....2352, 2400  
BERKOFF, GREGORY.....289  
BERMAN, BRETT.....109, 120, 282  
BERMAN, ZACHARY.....1810, 2146  
BERNADETT, ALEX.....620, 1981, 1982  
BERNALES-MENDEZ, DEZARINA.333  
BERNARDO, RACHELLE.714, 1508,  
1509  
BERNARDO, STACEY.....86  
BERNETICH, MEGHAN.....2215, 2216  
BERNSTEIN, DAVID.....521  
BERRY, JULIE.....569, 764  
BERRY, MICHAEL.....98  
BERTELSEN, CAITLIN.....554  
BERUMEN, JENNIFER.....2171  
BESHAI, ALFRED.....237, 446  
BESSUDO, ALBERTO.171, 504, 625, 711,  
712  
BESTERFELDT, LYDIA.....1256  
BETTS, ANDRES.....495, 584  
BETTY, MARYANN.1630, 1687, 1842,  
1903, 2080, 2081  
BEVINS, ELIZABETH.....662, 1761, 2026  
BEYENE, YEMISRACH.....26  
BHAJU, JESHMIN.....668  
BHATIA, PRERANA.....173  
BHATIA, SHAGUN.1663, 1682, 1857,  
1897, 2046, 2347, 2352, 2400  
BHATT, JIKEN.....598  
BHATTACHARJEE, RAKESH.....2107  
BHOYRUL, SUNIL.....150, 323  
BIALOSTOZKY, MARIO.....2081  
BIAMA, RICHARD.....749  
BIANCHI, CHRISTIAN.....521  
BICKLER, STEPHEN.....2185  
BIERMAN, DINA.....542  
BIFFL, SUSAN.....1868, 2120  
BIGGER, ALAINA.....631  
BILAL, BASSAM.....48  
BILAN, NATALIA.....65  
BILLECI, BARTON.....40, 250  
BILLINGTON, KATHERINE.....1961  
BILOTTA, NATALIE.....602, 1931  
BINAVI, HOWNAZ.....98, 165, 349, 602  
BINDAL, ANKUR.....125, 137, 636, 662  
BINDER, NICHOLAS.96, 161, 190, 301,  
334, 641, 642, 2332, 2341, 2353, 2373,  
2388, 2400  
BINDER, PRATIBHA.174, 299, 508,  
567, 761, 1661, 1762, 1857, 1897, 2227  
BINETTE, DONYA.....1478, 1479, 1883  
BINGHAM, LUCAS.....347  
BIRCH PATRICK CONV CTR.....2241  
BIRD, JEREMY.....284  
BIRO, NICOLAS.....735  
BISCHER, MARGARET.....284  
BISHOP, LESLIE.....98, 183, 575  
BISHOP, MELISSA.....1307  
BISUNA, BLANCA.....52, 449  
BISWAS, MIMI....201, 207, 218, 496, 725  
BIXBY, MINDY.....93, 94  
BJORNSON, MICHELE.....754  
BLACK, JASON.....57  
BLACK, NICHOLAS.....289, 1732  
BLAIS, MICAH.325, 691, 1826, 1827,  
2180  
BLAKE, GARY.....638, 1380, 1381, 2034  
BLAKESPEAR, JEREMY.....1510  
BLAND, HOWARD.....360  
BLAND, JACELIS.....1911, 2195  
BLASKIEWICZ, DONALD.....1607, 1825  
BLISS, MORGAN.1664, 1684, 1858,  
1902, 2056  
BLOCK, EDWARD.....451  
BLOCKER, NIRIT.....1470, 1471  
BLOOMBERG, DAVID.....763  
BLOSSER, JOSHUA.....86  
BLOSSER, NICHELE.....89  
BLUCHER, CHERI.....518  
BLUMENFELD, LIZA.....322, 685  
BOBICK, BRIAN.....571  
BOBO, JERRY.....536, 541, 636, 662  
BOCK, MATTHEW.....2073  
BODDU, NAVNEET.....558  
BODIFORD, SAMANTHA.....1307, 1308  
BODKIN, DAVID.....330  
BOECK, CARL.....2401  
BOECKMANN, JESSICA.....161, 642  
BOEDER, SCHAFER.....1739, 1978  
BOEING, KRISTINA.....1961  
BOEN, MONICA.....615  
BOHR, CHRISTINA.....1359  
BOIKO, SUSAN.....1686, 2079  
BOISKIN, MARK.....577, 634  
BOLAR, DIVYA.....319, 673  
BOLO, KYLE.....301, 642  
BOND, KIMBERLEE.....2044, 2045  
BONDRE, IOANA.....299, 1763  
BONEV, VALENTINA.....556  
BONILLA, EDWARD.....222  
BONNICI, MARCELLA.....92  
BONSU, BEMA.....539, 1218, 1425, 1426  
BOODMAN, SANDRA.....252  
BOONJINDASUP, AARON.....574  
BOOTH, CHRISTOPHER.....1805, 2276  
BOQUIN, ENRIQUE.....91  
BORDIN-WOSK, TALYA.....1748, 1998  
BORECKY, ADAM.....348, 349  
BOROK, ZEA.....295, 629  
BORQUEZ, ALEJANDRO...1860, 2073  
BORRAJERO, OBEL.....1704  
BORRERO, MARCOS.....76, 1356, 1991  
BORSAN, COSMIN.....1526  
BORTNER, ADAM.....1308  
BORTNIKER, ETHAN.....169, 291  
BORTZ, DAVID.....149, 294  
BORTZ, PASCAL.....150, 323  
BOSTON, LAURA.....1020, 1021, 1292  
BOSWELL, GILBERT.....319, 673  
BOUCHARD, REID.....572, 766  
BOULDER CREEK POST ACUTE.782,  
2249  
BOURLAND, BRYAN.....691  
BOUTELLE, AMY.....1716  
BOUTELLE, BARBARA.107, 198, 572,  
581, 683, 715, 720, 766  
BOUTELLE, DAVID.107, 198, 572, 581,  
683, 715, 720, 766, 1606, 2213  
BOUTELLE, KERRI.....316, 1806, 2276  
BOW, LINDA.....263, 415  
BOWERS, JESSIE.....1426  
BOYD, JAMES.....67, 291  
BOYD, LISA.....1795, 2123  
BOYDSTON, EMILY.....722  
BOYS, JOSHUA.....1830  
BRAAMSE, CHLOE.....754  
BRACE, ELION.....24

## E. Index of Providers

BRADLEY COURT SPECIAL CARE CENTER.....780	BRODSKY, MARK .....1309	BUI, JOSEPH.....660
BRADSHAW, MICHAEL.....615	BROGAN, JACQUELINE.156, 157, 531, 576	BUI, KEVIN.....319, 674
BRADY, KATELYN.....1716	BROMAN, GRETCHEN.....1224	BUI, MAI.....1966, 1967
BRADY, MATTHEW.397, 478, 479, 480	BROOKDALE SAN JUAN	BUKATA, SUSAN....325, 691, 1827, 2181
BRADY, PATRICIA.....1308	CAPISTRANO.....783	BULIBEK, BATYRJAN.....164
BRAHM, STEPHEN.....228	BROOKMAN, MYLES.....376	BULKIN, ANATOLY.....199
BRAHMBHATT, BHOOMI.....638	BROOKS, JEFFREY.....571	BULLOCH, EDGAR.160, 189, 1107, 1174
BRAMBILA, YELENA.....655	BROOKSHIER, TRENT.....660	BULLOCK, ANDREW.132, 578, 579, 654
BRANCH, CODY.....319, 674, 1811, 2146	BROOME, HELEN.....1791, 2069	BULLUM, ANTHONY.....202, 1703
BRANNEN, MANDY.....155, 1646	BROUDY, ABRAHAM.....1059	BULOW, KWI.....2209
BRAR, HARBINDER.....504, 507, 508	BROUHA, BROOK.....168, 615	BUNDY, KATHLEEN.....682
BRAR, KARANBIR.....91	BROUHA, SHARON.....319, 674	BUNKE, NISHA.....324, 767
BRAR, SIMERJEET.....313, 2277, 2297	BROWN, COLLEEN.....655	BUNOSKY, ABIGAIL.....1816, 2160
BRAR, SUKHDEEP.....209	BROWN, DARCIÉ.....2297	BURCIAGA, HENRY.....717
BRASKET, ADAM.....209	BROWN, EDEN.....631	BURDI, MICHAEL.....483, 484
BRAUN, TARA.....168, 615	BROWN, HOSEA.....45, 206, 722	BURGAMY, ELIZABETH.....1012
BRAVERMAN, IRA.....60, 1214	BROWN, JOHNNY.....718	BURGESS, DANIEL.....179, 323
BRAVO, ARLENE.....443, 744	BROWN, KEVIN.....213	BURKE, ALICIA.....113
BRAVO, RICARDO.....655	BROWN, RICHARD.....153, 324	BURLAKOVSKY, NATHAN.....141
BRAYTENBAH, MELANIE.....113, 1609	BROWN, SHENISE.....184	BURNEY, BRAEANNE.....284, 602
BRAZEL, DANIELLE.....294, 627	BROWNING, ELIZABETH.....1705	BURNIKEL, DAVID.....691
BRECKON, SAMANTHA.....682	BROWNLOW, ROY.....108, 329, 596	BURNS, DELLA.....1256
BREDENKAMP, JAMES.....465	BRUBAKER, ALEAH.....2172, 2173	BURNS, RICHARD.....735
BREEDLOVE, AMANDA.....2297	BRUECKNER, TAMMIE.....1796, 2123	BURNS, ROBERT.....556
BREITHAUPT, ANDREW.....542, 543	BRUGGEMAN, ANDREW.140, 318, 343, 670, 671	BURRIS, RYAN.....237, 244
BREMNER, AMY.....405	BRUHN, JOSHUA.....1088	BURROUGHS, GLORIA.....230, 723
BREMNER, LUKE.....179	BRUMUND, KEVIN.305, 648, 1775, 1776, 2056	BURROWS, TERENCE.....1727, 1961
BRENDECKE, LORIE.....518, 519	BRUNETTO, HEIDI.....432, 1851, 2284	BURROWS, WILLIAM.....1300
BRERETON, DANIEL.....145, 691	BRUNO, KELLY.....1708, 1919	BURRUEL, KAYLA.....742
BREWER, ANH.....56	BRYANS, BRIANNA.....742	BURTON, LUCAS.....1309
BREWER, SARAH.....47	BRYANT, DUANE.....127, 128, 1626	BURTON, PAUL.....233
BRIED, JAMES.....581, 1918	BRYL, AMY.....2081	BUSCH, HEIDI.....99
BRIGGS, BENJAMIN.....2103	BUCKNER, JOSEPH.....719, 1574, 1575	BUSH, JAMES.....648
BRIGGS, BRIDGET.....56, 86	BUECHNER, CHARLENE.1046, 1106, 1107, 1186, 1381, 1382, 1383, 1384, 1585	BUSH, KELLY.....2103
BRIGHTON PLACE EAST.....783	BUEN, FLOYD.....260, 261, 386	BUSH, MELISSA.253, 257, 369, 370, 371
BRIGHTON PLACE SAN DIEGO.782, 2250	BUENROSTRO, CHRISTINA..1716, 1931	BUSINO, ROWLEY.....339
BRIGHTON PLACE SPRING VALLEY.....783, 2253	BUI, AMY-VAN.....450, 501	BUSTAMANTE, ANGEL.....440
BRINSON, CIRSTEN.....219	BUI, ANH.....602, 1931	BUSTOS, JERROLD.....425
BRION, PAUL.....573, 766	BUI, CHRISTOPHER.....2180	BUTLER, KIM.....2341
BRION, SONJA.....1136	BUI, DON.275, 405, 406, 489, 490, 593	BUTLER, LISA.....77
BRIONES COLMAN, FELICIA.....1360	BUI, HANH.....753, 759	BUTLER, PHILIP.....150, 345, 697
BRODAK, DANIKA.....115	BUI, JACK.....1791, 2070	BYNON, KRISTEN.....390
BRODERICK, RYAN.....688, 2172	BUI, JONATHAN.....1659, 2026	
BRODSKY, DENNIS.....570		

### C

CABADING, DOREEN.....1074
CABALLERO, JAMES....614, 1293, 1294
CABARLO, JEHRIB.....1426, 1568

## E. Index of Providers

CABRAL, ERIK.....	499	CAO, STEPHANIE.....	2401	CARRABY, ARNETT.....	128, 334, 536
CABRERA, JOANNE.....	187	CAO-NGUYEN, TIEN.....	175	CARRERA, JORGE.....	32, 1154
CABRERA, JUAN.....	250	CAPARSO, AMANDA.....	65, 1247	CARRIEDO CENICEROS, MARIA.....	83, 1203, 1310, 1527
CABRERA, MICHELLE.....	2201	CAPERNA, JOSEPH.....	627	CARRILLO, MARITZA.....	116, 1023, 1301, 1613
CAGATAY, HARRIER.....	226, 739	CAPETANAKIS, ELENI.....	1059	CARRION GELABERT, ANA.....	113, 1610
CAGE, DORI NEILL.....	691, 2177	CAPISTRANO BEACH CARE CENTER.....	780	CARROLL, JEANNE.....	2015
CAI, SHEILA.....	105, 106	CAPISTRANO BEACH EXTENDED CARE AND LIVING CTR.....	780	CARROLL, SARAH.....	569
CAINE, SAMUEL.....	134, 135, 342, 540	CAPONETTI, ELLIOTT.....	322	CARSON, COREY.....	1310, 1311
CALABRIA, MEGAN.....	288, 612	CAPOZZI, JENNIFER.....	1716, 1932	CARSON, LATISA.....	1559
CALAME, ANTOANELLA.....	615, 618, 1968	CAPUTO, ROY.....	233	CARSON, MIA.....	34
CALDERON MOLINA, JUAN.....	535, 634	CARABULEA, GABRIEL.....	703	CARSON, STEPHEN.....	1427
CALDERON MORALES, ASTRID.....	143, 198, 685, 1642, 1698, 2165, 2166	CARAMBAS, CLARITA.....	77, 630	CARSWELL, AIMEE.....	319, 674, 1811, 2147
CALDERON, JORGE.....	1547	CARAPIA, FABIOLA.....	1609	CARTER, CAITLIN.....	2106
CALHOUN, CHANELLE.....	1238, 1239	CARASQUERO, ANDREA.....	358, 392	CARTER, KHALIL.....	1047, 1107, 1108, 1186, 1384, 1385, 1386, 1585, 1586
CALIFANO, JOSEPH.....	305, 648, 1776, 2057	CARAZO, MATTHEW.....	282, 598	CARTER, NATASHA.....	1300
CALLAGHAN, KATHRYN.....	2297	CARBONELL, SONIA.....	668	CARTER, STEPHANIE.....	164, 165
CALLAWAY, MALLORY.....	683	CARDENAS, MICHAEL.....	299, 638	CARTWRIGHT, SHANIQUA.....	731
CALLISON, YANHUI.....	601	CARDENAS, MIRIAM.....	155, 530, 603	CARVALHO, DANIELA.....	1859, 2057
CALOCA, LAURA.....	196	CARDENAS, RICARDO.....	390	CASA PACIFICA ADHCC.....	2260
CALZADA, AUDREY.....	103, 131, 648, 649	CARDINELL, ANNA.....	165, 754, 1654, 2216	CASE, ERINN.....	603
CAMACHO, BENJAMIN.....	534, 1875	CARDONES, ARTHUR.....	1583	CASEY, SHANNON.....	1652, 2264
CAMAQUIN, MIA.....	284, 603	CARDOZA, CLAUDIA.....	2274	CASILLAS BERUMEN, SERGIO.....	143, 199, 688, 1642, 1699, 2173
CAMARGO, SANDRA.....	122	CARE MERIDIAN LA MESA.....	2246	CASO, STEPHEN.....	310
CAMARGO-LOWTHERS, ANGELICA.....	603, 1932	CARLIN, CHRISTOPHER.....	585	CASSADAY, DONALD.....	34
CAMARILLO, DANIEL.....	50, 87	CARLO HOUSE.....	2253	CASTANER, ZALYA.....	753, 1143, 1144, 1594
CAMERON, KENDALL.....	579	CARLSON, JOHN.....	222, 510	CASTELLANO, TIFFANY.....	619, 1732, 1972
CAMERON, MELISSA.....	1691, 2112	CARLSON, KATHLEEN.....	1883	CASTELLANOS, GRACIELA.....	122
CAMP, ANDREW.....	2046	CARLSON, ROBERT.....	57	CASTELLANOS, JOEL.....	1713, 1924
CAMPA, PATRICIA.....	1653	CARLSON, STEVEN.....	109, 153, 182, 598, 709	CASTELLANOS, LUIS.....	1925
CAMPBELL, AMBER.....	498	CARLTON PENN, CORNELIA.....	196, 715, 1695, 2268	CASTELLON, SHAWN.....	424, 773
CAMPBELL, BRIANNA.....	57, 620, 1202, 1309, 1310, 1982	CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR.....	782, 2250	CASTELNOVI, CLAUDIA.....	1427
CAMPBELL, SARA.....	2081	CARMONA, RUBEN.....	140, 343, 671, 1636, 1846, 2144	CASTILLEJOS, DAVID.....	2336
CAMPBELL, TANNER.....	2181	CARNEY, AMY.....	183, 1139, 1140	CASTILLEJOS, MARIA.....	2336
CAMPOS, MELISSA.....	1026, 1526	CARPENTER, ROBERT.....	1097, 1548, 1549	CASTILLO, MARIA.....	638
CANDARE, VANESSA.....	310	CARR, CHERYL.....	241, 448	CASTILLO, PATRICIA.....	1450, 1451, 2123
CANLAS, AVELINO.....	1202, 1203	CARR, MIANDA.....	718, 1558, 1559	CASTILLO, STEPHANIE.....	1527
CANO, SARAH.....	1920	CARR, OLIVIA.....	263, 390, 471	CASTILLO, TIFFANY.....	194, 2268
CANTRELL, SARAH.....	288, 612	CARR, WARNER.....	235, 444, 445	CASTLE MANOR NURSING AND REHABILITATION CTR.....	782, 2248
CANTU, ALICIA.....	2112	CARRA, BARBARA.....	2195	CASTREJON, JOSEPH.....	89
CANTU-REYNA, GUILLERMO.....	60, 1216, 1377			CASTRO RUEDA, HERNAN.....	454, 478
CAO, LISA.....	469				

## E. Index of Providers

CASTRO, DAVID. ... 432, 614, 1850, 1967	CHAN, JUSTIN..... 179, 180	CHAUDHURI, KALI..... 443, 444
CASTRO, JORGE.....1601	CHAN, KWOK FUNG. .... 2336, 2342	CHAUHAN, SMIT.....662
CATIPON, GABRIELLE.....510	CHAN, LINDA.....395	CHAURASIA, OM.....451, 452
CAUCHI, CAROLINE GUERRERO. .....2373	CHAN, TIFFANY.....1451	CHAUSSE CASTRO, EKATERINA...1518
CEBALLOS, JACQUELINE CAMILLE. .....2298	CHAND, RAVINDRA.....194	CHAVARRIA, JESSICA.....1471
CELANO, NICHOLAS.....157, 532, 576	CHANDRADAS, SAJIV.....622	CHAVEZ SERRANO, VIOLETA.....762
CELAYA, PATRICIA.....139, 1635, 2261	CHANG KIMES, AUDREY.....358	CHAVEZ, ALEXANDRIA.....603, 1933
CELESTIN-RAMSEY, AKANKE.603, 1257	CHANG, ALBERT.....37	CHAVEZ, BRIAN.....243
CELESTINO, MISHEL.....2203	CHANG, ALEXANDER.....199	CHAWLA, ANUJ.....438, 510
CELIZ, ADRIANA.....716, 1517, 1518	CHANG, AMY.....1301, 1302	CHEATHAM, BRITTANY.....603, 1933
CENTRO MEDICO EL CAJON.823, 824, 825, 828	CHANG, ANGELA.....305	CHEGINI, SEPIDEH.....84
CENTRO MEDICO EL CAJON, .27, 1093, 1094	CHANG, DAVID.220, 423, 732, 768, 769	CHELIMILLA, HARITHA.....185
CENTRO MEDICO ESCONDIDO.....841	CHANG, EDWARD.....103, 131, 649	CHELVAKUMAR, GAYATHRI.....1918
CENTRO MEDICO ESCONDIDO, .31, 1151	CHANG, ELMER.....451	CHEN, ALICE.289, 619, 1732, 1741, 1972, 1973, 1982, 1983
CEPIN, DANIEL.....109, 110, 121	CHANG, ENOCH.....654	CHEN, ANDREW.....185, 577, 1675, 1913
CEPIN, MONICA.....23	CHANG, HELEN.....54	CHEN, BRYAN.....615
CERALDE, ALAN.....226, 227	CHANG, JENNIFER.....319, 674	CHEN, CHENG-HAN.....356, 367
CERNELC KOHAN, MATEJKA.1666, 2107, 2108	CHANG, JOHANNA.....1667, 2110	CHEN, EILEEN.....1428
CERVANTES, SANDRA.1047, 1108, 1187, 1386, 1387, 1388, 1389, 1586	CHANG, KU JUEY.....45, 360, 361	CHEN, HAMILTON.206, 226, 433, 440, 724, 738
CEVALLOS, JAMES.57, 58, 1203, 1204, 1527, 1528	CHANG, LAWRENCE.....67	CHEN, HEATHER.....762
CHA, DANIEL.....2335	CHANG, MICHAEL.....43	CHEN, JAMES.....484
CHAC, RICK.....127, 638	CHANG, STEVEN.....351	CHEN, JENNIFER.....1427, 1428
CHAIN, PEI CHI.....130, 1627, 2402	CHANG, TIMOTHY.....289	CHEN, KAREN.....674
CHAIT LLAMAS, LWBBA.....1568, 1569	CHANG, TOM.96, 334, 438, 536, 642, 2347, 2353, 2373	CHEN, KATIE.....603
CHAKRABARTI, PRIYA.1048, 1108, 1109, 1187, 1389, 1390, 1391, 1586, 1587	CHANG, WILLIAM.....392, 393	CHEN, LESLIE.....2402
CHAKRABARTY, MILANKUMAR.....215	CHANGCHEN, ERIC.....768	CHEN, MARGARET.....32, 1155
CHALMERS, VIRGINIA.....2286	CHANTALA, ELIZABETH.....603, 1932	CHEN, MAY.....429, 454, 456, 457
CHAMBERLIN, DAVID.....490	CHAO, BRIAN.....196	CHEN, MING.....1239
CHAMBERLIN, JOSHUA.....470	CHAO, JAMES.....180, 696, 752	CHEN, SANFORD.....376
CHAMBERLIN, KALIANA.....559, 754	CHAPIN, DENISE.....1016	CHEN, SISI.....183
CHAMBERS, KATRINA.....166, 1654	CHARLAT, MARTIN.....282	CHEN, STEVEN.....180, 697
CHAMBI-HERNANDEZ, RUTH. 34, 215	CHARLES COWAN, TRICIA...220, 436	CHEN, TONY.....697, 2191
CHAN, ALONSO.....133	CHARP, KENNETH.....1127	CHEN, TSUH YIN.....24, 1043, 1549
CHAN, ANDY.....1360	CHASE AVENUE FAMILY HEALTH CTRS INC.....812, 813, 827	CHEN, YU-WEI.292, 625, 1744, 1745, 1993
CHAN, JASON.....234	CHASE AVENUE FAMILY HEALTH CTRS INC, .....28, 1094	CHENG, BRANDON.141, 235, 541, 1637, 1705, 1880
CHAN, JESSICA.....360, 450	CHASE, AVA LOU.....1257	CHENG, CATHY.....250
CHAN, JUDY.....448	CHATFIELD, ALEXANDRA.192, 579, 1692, 1916	CHENG, EULALIA.....2108
	CHATHAM, OLIVIA.....754	CHENG, GEORGE.....1748, 1998
	CHAU, CINDY.....370	CHENG, HOWARD.....364
	CHAU, JOHN.....627	CHENG, KAREN.319, 674, 1811, 2147, 2148
	CHAU, PETER.....2074	CHENG, WAYNE.....524
	CHAUDHRI, YASHWANT.137, 541, 571, 720	CHENG, YU TSUN.....1871, 2181

## E. Index of Providers

---

CHERRY, REENA.....	1796	CHONG, AMY.....	2112	CHUNG, NATHAN.....	268
CHESHER, NICHOLAS.1806, 2134, 2277, 2298		CHONG, ILSONG.....	63	CHWA, JEFFREY.....	142, 1641
CHETLAPALLI, SURYA.....	294	CHONG, MARIBETH.....	19	CIANCIOLA, MARK.....	65
CHEUNG, SUNNY.....	729	CHONG, TIMOTHY.....	596	CIDAMBI, EMILY.....	1910, 2182
CHEVINSKY, MICHAEL.....	406	CHONG, YOO JIN.....	18, 19	CIES, WILLIAM.....	552
CHEW, WESLEY.....	2373	CHONGKRAIRATANAKUL, TEPSIRI. .....	627, 634	CIOBANU, COSMINA.....	2298, 2299
CHEWNING, RUSH.....	2148	CHOO, SUN.....	1903, 2082, 2103	CISTRONE, MONICA.....	722
CHIANG, JENNIFER.....	157, 532, 576	CHOPLIN, NEIL.....	190, 301, 642	CISZEK, ALEXANDRA.....	1885
CHIAO, HELLEN.....	563	CHOU, BILL.....	1311, 1312	CIZMAR, BRANISLAV.....	189, 714
CHIARAPPA, FRANK.....	1827, 2181	CHOU, WILLIAM.....	477	CLAIREMONT HEALTHCARE AND WELLNESS CENTER LLC.....	783
CHIEN, JOHN.....	250	CHOUDRY, BILAL.....	100, 298, 733	CLANCY, JOHN.....	91
CHIEN, PEI.....	1817	CHOUDRY, QASIM.....	187	CLANCY, TARA.....	91
CHIEN, SHELBY.....	329, 595	CHOW, BYRON.....	1157	CLARK, CYNTHIA.....	755
CHILAKA, SAMUEL.559, 755, 1883, 2216		CHOW, JASON.....	223, 438, 511, 735	CLARK, LORI.....	45
CHIN, ERIC.....	510, 511	CHOW, JENNIFER.....	641	CLARK, MA BELEN.....	89
CHIN, MICHAEL.....	521, 522, 523	CHOW, MAN HUNG.....	1549, 1550	CLARK, MELISSA.686, 1642, 1699, 2166	
CHING, ANDREA SHERYL.....	735	CHRISMAN, JESSICA.....	603	CLARK, SKYLAR.....	1579, 1580
CHING, TSUNG.....	36	CHRISTENSEN, PATTI.....	186, 2268	CLARY, BRYAN.....	1822
CHIODI, MARTINA.....	508	CHRISTIANSON, WARREN.571, 765, 2286, 2287, 2326, 2327		CLAUDAT, KIMBERLY.....	1806, 2277
CHIRIANO, JASON.....	523	CHRISTIE, CAMERON.....	263	CLAVERIA, RICHARD.....	484
CHIRIBOGA, MEGAN ELISE. 559, 1884		CHRISTIE, PATRICIA.....	32, 1703	CLAY, CORRIE.....	1176, 1844
CHISHOLM, CHRISTOPHER.....	596	CHRISTY, TYLER....559, 755, 1884, 2217		CLEEREMANS, BRUCE.....	255
CHISHOLM, KAREN.....	2336	CHU, ANDREW.....	135, 193, 579	CLEMENT, LUIS.....	2135, 2299
CHISUM, FAITH.....	235	CHU, CHRISTOPHER.1666, 1691, 1866, 1907, 2101		CLEMENTINO, NANCY.....	1136
CHISWICK, GARY.1013, 1014, 1138, 1244, 1245, 1251, 1511, 1512		CHU, ERIC.....	452	CLOTFELTER, CHRISTINE.....	29
CHITKARA, PUJA.....	119, 142, 1641	CHU, JAMES.....	514	COBB, DAMON.....	1915
CHIU, STEPHAN.301, 334, 1770, 1840, 2347, 2363, 2374		CHU, WEIMING.....	392	COBIAN, VANESSA.....	87, 185, 1144
CHO, AARON.....	319, 674, 675	CHUA, WILLY.....	741	COBURN, PIERRE.....	441, 520
CHO, ANTHONY.....	52	CHUAN, SANDY.....	638	COCCIA, MICHAEL.....	351
CHO, MICHAEL.....	261, 386, 465	CHUANG, KAI-WEN.....	432	COCKERHAM, KIMBERLY.....	128
CHOAN, CAROLINE.....	371	CHUDACEK, JANET.....	155, 1647	CODEN, DANIEL.....	2363
CHOATE, BERNADETTE.....	603, 1933	CHULA VISTA FAMILY HLTH CTR. 800, 801, 802, 803, 804, 805, 806, 807, 808		COFFEY, CHARLES.305, 649, 1777, 2058	
CHODAY, PRITHI.....	36	CHULA VISTA FAMILY HLTH CTR, .23, 1040		COFFLER, ELIANE.....	293
CHOI, ANTHONY.....	597	CHULA VISTA PEDIATRICS... 790, 807		COFFLER, MICKEY.....	562
CHOI, DAVID.....	246, 376, 428	CHULA VISTA PEDIATRICS, ...23, 1040		COGGAN, JAMES.....	625
CHOI, ESTHER.....	299, 638	CHUN, DAVID.....	467	COHEN, BRAD.....	581
CHOI, JI.....	240, 1884	CHUN, HYUN.....	1312	COHEN, CARA.....	1157
CHOI, JIHOON.325, 691, 1827, 1828, 2182		CHUNG, ARTHUR.....	772	COHEN, DAVID.....	281, 282
CHOI, NATHALIE. . 289, 613, 1728, 1963		CHUNG, CHRISTINE.....	319, 675	COHEN, EDWARD.147, 150, 180, 181, 327, 345, 697	
CHOI, RANA.....	242	CHUNG, KIYON.....	598, 627, 630	COHEN, GARY.....	595
CHOI-SIRITARATIWAT, ISABELL.383, 384, 591		CHUNG, LINDA.....	372	COHEN, MANSOUR.....	2034
				COHEN, STEPHEN.....	238

## E. Index of Providers

---

COHEN, ZACHARY.153, 181, 329, 558, 575, 596	CORDERO, RAYMUND. .... 745, 775	CRISELL, MONISHA. .... 444, 527, 752
COLBURN, KEITH. .... 230, 443, 744	CORDES, WILLIAM..... 1429	CRISOL, CAROLINE. .... 2299
COLE, JASON. .... 288, 612	CORDOBA, MIGUEL. .... 1059	CRITES, LAURA..... 655
COLEMAN, BROOKE.202, 225, 513, 737, 2360, 2402	CORMAN, DANIEL..... 1088, 1313	CROCKETT, DENNIS..... 261, 465, 592
COLEMAN, COLLEEN. .... 268	CORONA, FRANK..... 572	CROSS, MICHAEL. .... 522
COLEMAN, LORI.140, 197, 343, 671, 1636, 1697, 1847, 2144	CORONADO, MYRNA. .... 717, 1528	CROTTEAU, ALEX..... 755
COLEMAN, PAGE. .... 603, 1934	CORREA, CARINA. .... 113	CROWLEY, DONNA..... 539
COLESON, PAMELA. .... 192	CORRY, ANDREA. .168, 289, 613, 1085	CROWLEY, DOUGLAS..... 294
COLLINS, BRIAN..... 496	CORTES, CHRISTINE. .... 613	CRUZ RODRIGUEZ, JOSE.296, 630, 1754, 2006
COLLINS, CATHLEEN.1860, 1973, 2072	CORTES, ELIZABETH..... 555	CRUZ WHITLEY, JESSICA. .... 297
COLLINS, MICHAEL.....135, 342, 660	CORTEZ, AARON..... 683, 2160	CRUZ, GUADALUPE. .... 2264
COLLINS, RESENIA. .... 1769	CORTEZ, JAIME. .... 757, 2224	CRUZ, MICHAEL..... 1023, 1024, 1523
COLLINS, WILLIAM.....1312, 1313	CORTIZO, ROSA. .... 2205, 2321	CRUZ, VANESSA.565, 566, 760, 2288, 2327, 2328
COLOGNE, SCOTT..... 152	CORVINI, NICOLAS..... 1692	CSAPOCZI, PETER. .... 627, 1361
COMBS, MATTHEW..... 34, 87	CORY, ALLISON. .... 559, 755, 2217	CU-UNJIENG, ANDREW..... 642
COMBS, WALTER. .... 87	COSINO, ANJELICA. .... 1934	CUA, BENNETT..... 447
COMMUNITY CARE CENTER. .... 781	COSTALES, STEPHEN..... 359	CUA, NICOLE..... 127, 641
COMUNALE, RODERICK.60, 535, 1877	COSTELLO, DENNIS..... 282	CUBAS, IVAN..... 158, 622
CONCENTRA URGENT CARE. .... 15, 16	COSTELLO, MARK. .... 2161	CUENCA, ARNOLD. .... 52, 451
CONCHA URDAY ZAA, JANNY..... 344	COTTONWOOD CANYON HEALTHCARE CENTER. .... 780, 2242	CULLEN, BENJAMIN. .... 661
CONCORS, ANDREW. .... 1471	COUGH, HEIDI. .... 257, 372, 373	CULOTTA, ANTHONY. .... 301, 438, 511
CONE, STEPHANIE.1119, 1120, 1218, 1219, 1428	COUGHLIN, DAVID. .... 1761, 2026, 2027	CUMMINGS, GEORGE.1071, 1072, 1128, 1129, 1472
CONNER, PAMELA.284, 603, 1716, 1717, 1934	COULLAHAN, JESSICA. .... 1158	CUMMINS, ANDREW..... 622
CONNER, RICHARD. .... 526, 527, 752	COUNCELBAUM, NANCY..... 39	CUNNINGHAM, ISIS..... 1872
CONNOR, CAROLINE.284, 603, 1717, 1934	COUNTRY HILLS HEALTH CARE CENTER..... 2242	CUNNINGHAM, STEPHANIE..... 1704
CONNOR, JEFFREY..... 2361	COUNTRY HILLS POST ACUTE.780, 2242	CUNNINGHAM-AHUMADA, ROSE. .... 462, 463
CONRAD, HEATHER..... 2082	COUNTRY MANOR LA MESA HEALTHCARE CENTER. .... 781, 2246	CURET, ZULMA. .... 1158, 1248
CONRAD, RANDALL. .... 2374	COURIS, MICHAEL..... 642	CURLEY, EDWARD..... 569, 1240
CONSTANTINO, STEPHANIE..... 1583	COVARRUBIAS, GRACIA..... 45, 54	CURRAN, BRIAN..... 1709, 1920
CONTRERAS, LORETTA..... 1451	COWAN, JOHN. .... 570	CURRAN, PERRIN..... 63
CONTRERAS, MICHELLE..... 638	COX, JEREMY.... 201, 207, 218, 725, 730	CURRY, JASON..... 104, 569
COOK, SHERYL..... 1909, 2287	COX, JUSTIN. .... 110, 598	CURTIS, DANIEL. .... 227
COOKE, LAWRENCE..... 44	COX, KEVIN..... 342	CURTIS, MEGAN. .... 1361
COOKISH, DAVID..... 1796	COX, MATTHEW..... 414	CUSACK, ANNE. .... 316
COOPER, JAMES. .... 675	COX, VICTORIA. .... 30, 1144	CUSHING, JAMES. .... 470
COOPER, MICHAEL.202, 513, 737, 2361, 2402	COYER, MICHAEL. .... 264	CUTCHON, SYDNEY..... 1692
CORATE, LALAINE..... 317	COYNE, CHRISTOPHER..... 619, 1973	CUTLER, APRYL..... 603
CORBIN, DAVID. .... 85, 720	CRAFT, KEVIN. .... 1646, 1701, 1927, 2213	CUTLER, MICHAEL..... 67, 83
CORCORAN, KIMBERLY. .... 498	CRANDAL, BRENT..... 316, 1807, 2277	CVAR, KATHRYN..... 460
	CRAWFORD, ELWARD. .... 1832	CVIJANOVIC, GORAN..... 33
	CRAWFORD-DAY, ANN. .... 719, 2323	CYMBALUK, ANNA..... 2100
	CRAYCHEE, LEO..... 1596	CZYPULL, MONICA..... 284, 1717
	CRIFE, TAYLOR. .... 1796	



## E. Index of Providers

<b>D</b>					
DABESTANI, ALI.....	45	DAVID, MARY LOU.....	448	DEISS, ROBERT.....	1995
DABO, TARAM.....	67, 68	DAVID, TAL.....	691	DEJBAKSH, SHEILA.....	205, 373
DABROWSKI, THOMAS.....	76	DAVIDSON, JOHN.....	135, 540, 1634, 1879	DEKKERS-O'HARE, INGRID.....	755
DADA, FESTUS.....	522	DAVIES, SUMMER.....	1717, 1718, 1935	DEL AGUILA, FABIOLA.....	2135, 2300
DADA, STEPHEN.....	522, 745, 775	DAVIS, BARBARA.....	250	DEL CAMPO CASANELLES, MIGUEL.....	1991
DADACHANJI, CYRUS.....	724	DAVIS, CHRISTOPHER.....	1685, 1861, 2074	DEL RE, AMANDA.....	1168
DAGOSTINO, JACQUELINE.....	141, 1637	DAVIS, DEIRDRE.....	68, 1314	DEL RE, ANGELO.....	2082
DAHMS, ERIC.....	1361, 1362	DAVIS, JADE.....	2402, 2403	DEL ROSARIO, GELEN.....	536, 1877, 1878
DAHMS, MADELYNN.....	1472	DAVIS, JANET.....	1935	DEL ROSARIO, PAMELA.....	1758, 2016
DAIGNEAULT, ARTHUR.....	45	DAVIS, JASON.....	149, 297, 627, 628, 634	DEL VECCHIO, MEGAN.....	604, 1935
DAIRO, BRANDON.....	108, 164, 182, 558, 596, 1608, 1672, 1882, 1924	DAVIS, KELLE.....	99, 118, 149, 159, 624, 1604, 1616, 1645, 1649, 1992	DELA PAZ, LENNIE.....	60
DAL PORTO-KUJANPAA, STEPHANIE.....	472	DAVIS, KELLY.....	455, 468, 469	DELA ROSA, KRISTINA.....	615
DALAL, PRITHA.....	1868, 2120	DAVIS, MICHAEL.....	438	DELANEY, CODY.....	172
DALHOUMI, SARAH.....	1043	DAVIS, MORGAN.....	1420, 1421	DELANEY, MICHAEL.....	100, 188, 578, 733
DALUGDUGAN, ESTHER.....	717, 1529, 2207	DAVIS, STEPHANIE.....	204, 257, 373	DEL CORE, LAURA.....	174, 299, 639, 1661, 1763, 2035
DAMANI, SAMIR.....	282, 296, 530, 534, 1754, 1875	DAVIS, TRACIE.....	160, 161, 333, 536, 639	DELENGOCKY, TAYSON.....	128, 335, 536
DANDURAND, JOHN.....	159, 624	DAWOOD, FARAH.....	109, 110, 329	DELNITZ, DANUTA.....	52
DANESH, HOUMAN.....	250	DAY, CHRISTOPHER.....	1219	DEMASCO, MICHAEL.....	1797
DANESHMAND, HOOTAN.....	206	DAY, ROBERT.....	253, 370, 373	DEMBO-SMEATON, ELENA.....	40, 41
DANESHMAND, SAID.....	620	DE CARO, ROBERT.....	227	DEMLINGER, GLENN.....	2428
DANESHMAND, SHAHRAM.....	718, 1560, 1561	DE CARVALHO, CARLOS.....	77, 78	DEMOOR, PATRICIA.....	1797
DANESHVAR, ABRAHAM.....	192, 655	DE CASTRO, SHARLENE.....	1872	DENNIS, TSHEKEDI.....	474
DANG, ERIC.....	2161	DE DIOS, SARAH.....	284, 603, 1610, 1718, 1935	DENNY-BROWN, SINAN.....	388
DANG, KAYLEE.....	684, 2161	DE LA ROSA, JOSE.....	24, 1550	DENTICO-OLIN, MARC.....	2056
DANIELS, SARAH.....	1241	DE LA ROSA, RENATO.....	24	DENYSIAK, JACQUELINE.....	68, 76, 621
DANON, SAAR.....	455	DE LARA, KAROL JOHN.....	604	DEPAOLO, AMANDA.....	2323
DAO, LISA.....	450	DE LEON, ROBERT.....	429, 430	DEPORTO, TANYA.....	765
DAO, MARC.....	91, 92, 2227	DE MIK, TRAVIS.....	1048, 1109, 1187, 1188, 1391, 1392, 1587	DERISSI, DANA.....	2123
DAO, NU.....	498	DE ROTH, GEORGINE.....	30, 68	DESAI, ASEEM.....	447
DAO, VIET.....	68	DE SILVA, NIHAL.....	718, 2211	DESAI, SONAM.....	242
DAPPEN, AMANDA.....	1313, 1314	DE VERA, SARAH.....	104	DESGRANGES, PATRICK.....	172
DARZI, MARIAM.....	655	DEACON, CASSIE.....	2299, 2300	DESHPANDE, KAVITA.....	68, 69
DAS, GOURAB.....	175	DEAN, MOENA.....	175, 338, 2332, 2342, 2348, 2363, 2374, 2388, 2403	DESILVA, GAYANI.....	430
DASCENZO, EMILY.....	164, 1129	DEARING, DAVID.....	398, 401, 775	DESILVA, PETER.....	66
DASHI, ARBEN.....	294, 627	DEBOTTIS, DANIEL.....	270	DESTA, TADDESE.....	117, 158, 622
DATE, AMIT.....	103, 514	DECOCK, JAMES.....	33	DEUTSCH, KAREN.....	1936
DATO, PAUL.....	150, 181, 327, 697	DECONDE, ADAM.....	305, 649, 1777, 1778, 2058, 2059	DEVERA, GEMMIE.....	1630, 1862, 2083
DAUGHERTY, DAVID.....	573	DEDES, HOWARD.....	470	DEVEREAUX, CHRISTOPHER.....	563, 564
DAVALOS, RICARDO.....	66	DEEL, MARGARET.....	32, 33	DEVONSHIRE CARE CENTER.....	781
DAVE, SHRAVAN.....	1742, 1987	DEEMER, ANDREW.....	573	DEWING, JANNE.....	43
DAVENPORT, STEPHEN.....	444	DEIS, CRISTINA.....	1613	DHANANI, YURZUL.....	230
				DHARKAR SURBER, SAPNA.....	530, 604, 1196, 1257, 1258

## E. Index of Providers

DHIMAN, DARSHAN.....217, 221	DO, THOMAS. .... 2074	DOUGHERTY, CHRISTINE.566, 760, 2288, 2289, 2328
DHOOT, SONIA.....376, 588, 589	DOAN STEPHENS, CRYSTAL.653, 1356, 1357, 2113	DOUGHERTY, CLARA.133, 150, 176, 310, 341, 655, 656, 1633, 1645, 1667, 1797, 1845, 2124
DIA, ALI.....163, 2264, 2324	DOAN VAN, NICOLAS. ....238	DOUGLAS, JASON.....293
DIAMOND NEIGHBORHOODS	DOAN, ANGELA ..... 604, 1936	DOULL, MATTHEW...107, 178, 572, 766
FAMILY HLTH CTRS INC.924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 957	DOAN, CHINH.....1250, 1479, 1480	DOVE, KATHERINE. .... 2027
DIAMOND NEIGHBORHOODS	DOAN, DORA..... 647	DOWLING, DAVID. ....633
FAMILY HLTH CTRS INC, . .... 74, 1343	DOBECKI, DOUGLAS. ....595	DOWNING, KRISTOPHER.145, 324, 325, 691
DIAZ, JAENAI..... 631, 2300	DOBYNS, JEFFREY. ....469, 484	DOWNS, SAIGE. .... 369
DICESARE, DANIEL..... 449, 581, 582	DOCKERY, LEE. ....2268	DOWNTOWN FAMILY CTR AT CONNECTIONS..... 897, 956
DICKINSON, PHILLIP.....344	DOCKTER, ANDI. .... 686	DOWNTOWN FAMILY CTR AT CONNECTIONS, ..... 74, 1343, 1344
DICKS, BRIAN.147, 150, 181, 327, 345, 698	DOCTORS EXPRESS OF OCEANSIDE INC..... 16	DRAME, SALWA ..... 1452
DICKSON, MATTHEW .....619	DOEZIE, ALLEN.....349	DRIEBE, AMY.174, 299, 639, 1661, 1763, 1764, 2036
DIEFFENBACH, BRYAN..... 689	DOGGETT, STEPHEN.....477	DRILLING, KATHERINE. .... 104
DIEP, BRIAN..... 69	DOKICH, SRETENKA.....1170, 1171	DRINHAUS, ROLF.....524
DIEP, KEVIN. .... 1362	DOLLAND, STEVEN.288, 612, 1727, 1961	DRISCOLL, KARRIE.284, 604, 1718, 1936
DIETERICH, FREDERICK ..... 761, 2228	DOLMETSCH, JEANETTE. .... 1452	DRISCOLL, SUSAN.530, 531, 604, 716, 1075, 1076, 1872, 1937
DIETZLER, MARQUE.....227	DOLNAK, DOUGLAS. .... 2300	DRISKILL, BRENT..... 649
DIGGS, THOMAS..... 598	DOMBROWSKY, JOSEPH..... 685	DRIVER, CATHERINE. ....478
DIKRANIAN, ARA..... 716	DOMINGUEZ, DENNIS.....1088, 1089	DRIVICK, VALERIE. .... 683
DILAURO, STEVEN..... 169, 170	DOMINGUEZ, FERNANDO.....1363	DROKER, BRIAN.....100, 188, 298
DILLEN, REBECCA ..... 604	DON, MICHELLE..... 1791, 1792	DRUET, JACK.....495
DILLMAN, ARIANA. .... 115, 1611	DONALDSON, CHADWICK.103, 104, 649, 1605	DRURY, PAUL.. 355, 356, 367, 585, 587
DILLON, BENEDICT.84, 718, 1550, 1551	DONALDSON, JARED.202, 223, 511, 512	DRZYMALSKI, MONIKA. .... 69
DILLON, MAYRA.58, 83, 117, 533, 1204, 1874	DONG, TAMMY.....1060	DSOUZA, NICOLE. .... 631, 2301
DIMAIRA, FRANCESCA.....1718	DONLON, RYAN.....498, 726	DU, SARAH.....104, 133, 656
DIMEGLIO, PAUL.....510	DONNELL, MARTI.62, 89, 563, 758, 1228, 1229	DUARTE, KRISTEN.....1807, 2277, 2278
DIMMETTE, PATTIE..... 509	DONOFRIO-ODMANN, JOY.....2083	DUBE, BIANCA..... 1005
DING, HILDA.....2103	DORADO, SUE. .... 156, 531, 614	DUBOIS, SUJA..... 622
DINH, JACK.....502, 729	DORAISWAMY, ARUL ..... 206, 723, 724	DUCK, CRAIG..... 29
DINH, MY..... 718, 1561, 1562, 2210	DORINGO, ELAINIE. ....1060	DUDAREWICZ, TERESA..... 69
DINH, PAUL.....270	DORN, TIA. .... 1183	DUGGAN, BRIDGETTE. ....624
DINH, Y NHA THI. .... 390	DORR, KASIE.....87	DUGGAN, DANIEL.....484
DIOKNO, RHODA ..... 2135, 2300	DORRIZ, PARSHAW. .... 457	DUGGAN, VERONICA.....205
DIXIT, SHUBHAM..... 1362	DOROS, STEPHEN. ....319, 675	DULAY, JOTI..... 288, 612
DIXON, SARAH..... 1429	DORSEY, KYLE.141, 235, 541, 1637, 1638	DUMMER, KIRSTEN..... 1861, 2074
DJEKIC, KRISTINA.293, 626, 1748, 1999	DORUELO, ASHLEY.1048, 1049, 1109, 1188, 1392, 1393, 1394, 1587	DUNN, JOSEPH. .... 229, 230
DO, ELAINE. .... 1258	DORWART, ELIZABETH.....2083	DUNN-PIRIO, ANASTASIE. 2027, 2301
DO, HULBERT.110, 153, 182, 598, 709, 712, 753, 754, 759, 2199, 2215	DOSHI, AMI. .... 2113	DUNPHY, TAYLOR..... 270
DO, JACKIE. .... 755	DOSHI, NEELIMA. .... 1158, 1159	
DO, LUAN.....332	DOSS, KATIE.....2301	
DO, STEPHANIE..... 1862, 2083		



## E. Index of Providers

FAMILY HEALTH CTR IBARRA.916, 917, 918, 956	FAN, LI..... 578	FERBER, JEFFREY..... 90
FAMILY HEALTH CTR IBARRA, .74, 1344	FAN, ROBERT.....502	FERNANDEZ LEYVA, JUAN.....1016
FAMILY HEALTH CTR OF SD- ELM ST. .... 956	FANNIN, HANA AH..... 104	FERNANDEZ, GENARO.110, 121, 153, 329, 331, 534
FAMILY HEALTH CTR OF SD- ELM ST, ..... 74, 1344	FANOUS, ASHRAF..... 195, 662	FERNANDEZ, RAYMOND..... 45
FAMILY HEALTH CTR OF SDELM ST. .... 897, 898	FARAMARZI, FARNAZ..... 737	FERNANDEZ, RODRIGO..... 123
FAMILY HEALTH CTR SAN DIEGO-OAK PARK...921, 922, 956, 958	FARASAT, SADAF..... 1363, 1364	FEROLIE, PAM..... 604
FAMILY HEALTH CTR SAN DIEGO-OAK PARK, ..... 74, 1345	FARAVARDEH, ARMAN.331, 332, 628, 634	FERRAILOLO, NATALIE...1144, 1145, 1179
FAMILY HEALTH CTR SD NATIONAL CITY.....860, 861, 863	FARAZ ESLAMI, PARASTOO..... 460	FERRANTE, JADE..... 242
FAMILY HEALTH CTR SD NATIONAL CITY, ..... 59, 1211	FARHAT, KELLI..... 641	FERRARA, SAMANTHA..... 341, 1845
FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL. ... 933, 934, 957	FARHIDVASH, FARIBA.....125, 713, 733	FERRER, MIRON..... 322, 684
FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL, ..... 74, 1345	FARID, NIKDOKHT.....319, 675	FERRITER, STACY..... 1727, 1962
FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE..... 955	FARINAS, LEAH..... 688	FICK, DARYL..... 622
FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE, ..... 74, 1346	FARJOURI, FARHAD..... 185, 243, 361	FIEDLER, DEREK..... 184, 288, 612
FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE, ..... 74, 1346	FARMER, STEVEN..... 163, 193, 203, 715	FIELDING, JOSEPH..... 1472, 1473
FAMILY HLTH CTR SAN DIEGO-BEACH AREA.888, 889, 890, 891, 892, 954	FARNSWORTH, WILLIAM.100, 188, 578, 733	FIGHTLIN, STEFANIE..... 52
FAMILY HLTH CTR SAN DIEGO-BEACH AREA, ..... 74, 1346	FARRAR, COURTNEY.141, 198, 572, 684, 1910, 2161, 2162	FIGUEROA RODRIGUEZ, BRENDA..... 1120
FAMILY HLTH CTR SAN DIEGO-EL CAJON.813, 814, 815, 816, 817, 818, 819, 820, 821, 823, 827	FARRELLY, ERIN..... 270	FILIPOVIC, MAYA..... 280, 595
FAMILY HLTH CTR SAN DIEGO-EL CAJON, ..... 28, 1094	FARRIS, REUBEN..... 20, 23	FILIPPELLO, LAUREN..... 604
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC..... 788, 789, 808	FARSAD, RAMIN..... 30	FINCH, CHRISTINA..... 685, 2108
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC, ..... 23, 1040, 1041	FARSHAMI, FATEMEH..... 478	FINN, DAPHNA.....313, 2279
FAMILY HLTH CTR SAN DIEGOCITY COLLEGE..... 898, 899	FARSHIDI, ARTA..... 543	FIREIZEN, YARON..... 2108
FAMILY HLTH CTR SD HILLCREST. 880, 881, 882, 883, 884, 885, 886, 887, 888, 954	FARSHLER, ANTHONY.200, 434, 727, 1702	FIRESTEIN, CATHERINE..... 293, 626
FAMILY HLTH CTR SD HILLCREST, ..... 74, 1346, 1347	FARUQUE, TANIA..... 181	FIRESTONE, MICHELLE..... 2135, 2302
	FARZIN, ABDUL..... 501	FIRST, BRIAN..... 619
	FATHI, NAGHMEH..... 424	FISH, STEVEN... 174, 301, 335, 536, 537
	FATLAND, SARAH..... 1229, 1230	FISHER, CASEY..... 558, 570, 575, 579
	FAZEL, NASIM..... 543	FISHER, JAY.....2084
	FAZELI, SOUDABEH.319, 675, 1811, 2148	FISHER, JENNIFER..... 625, 683
	FAZILAT, GOLAREH..... 429	FISHER, SLOANE..... 1938
	FE, ALEXANDER..... 317	FISHER-GAMEZ, LORI..... 559
	FEINBERG, STEVEN..... 465	FISHMAN, ELENA..... 1430
	FEINER, JEFFREY..... 356, 367	FITZGERALD, MICHAEL..... 662, 2302
	FEIZI, SEDI..... 604	FITZPATRICK, APRIL..... 167
	FEJLEH, ASHLEY.....1709, 1920	FITZPATRICK, MICHAEL..... 484
	FEJLEH, MOHAMMAD..... 1742	FLANIGAN, MARILYN..... 2284, 2303
	FELD, KEREN..... 1938	FLANNERY, CHRISTOPHER. 435, 503
	FELDMAN, GARY..... 93, 94	FLEMING, DAVID..... 1194
	FELDMAN, ROBERT..... 45	FLEMING, JOHN..... 2387, 2425
	FELIX, FRANCISCO..... 227, 739	FLEMING, SARAH..... 1621, 2016
	FELLION, LAUREN..... 310	FLEMING, TARA..... 1121
	FENG, CHU-PEI..... 477	FLEMING, WESLEY..... 685
	FENNEMA, ERIC..... 225, 439	FLETCHER, EMILY..... 1060
		FLINN, SCOTT..... 576, 1912
		FLINT, JAMES..... 1828, 2183
		FLISZAR, EVELYNE..... 319, 675, 676



## E. Index of Providers

---

GAVRILYUK, IGOR.....	78	GILANI, SAPIDEH.306, 649, 1779, 1780,	GOLDSTEIN, EDWARD.718, 1562, 2210
GAVRILYUK, OLEG.....	654	2060	GOLDSTONE, ADAM..... 2353
GAYAM, SAJJAN.....	280, 595	GILBERT, CHRISTOPHER.....186, 1676	GOLDSZTEIN, HERNAN..... 104
GE, NENGJIE.....	258, 259	GILBOA, RUTH.....200, 561, 711, 721	GOLLAPUDI, RAGHAVA.110, 121, 599,
GE, NORMAN.....	261	GILES, GREGORY..... 2375	630
GEBHARD, KARL.....	52, 53	GILIBERTO, JOSEPH.531, 614, 1294,	GOLLIN, YVONNE.....633
GEE, JENNIFER.424, 568, 763, 1849,		1295, 1874, 1967	GOLLOGLY, HEIDRUN.302, 335, 438,
1899, 2228, 2229		GILLAN, JAMES..... 176	512, 537, 2375, 2389
GEE, JOEY.....	454, 457	GILLES, LOUIS..... 176	GOLSHAHI, BAHAR..... 391, 472
GEE, KELLY.....	43, 360	GILLILAND, TYLER..... 322	GOMER, JEREMY..... 89
GEIGER, ERIK.....	250	GILLMAN, MICHAEL..... 351	GOMEZ, DANIELA.718, 1562, 1563,
GEISINGER, TERESA.....	726	GILROY, LAURA..... 2274	2210, 2211
GELBERG, ANNA. 294, 628, 1749, 1999		GIM, RONALD..... 356, 367	GOMEZ, GABRIEL..... 476
GELLENS, ANDREW.....161, 536, 639		GIORGI, ASHLEY..... 605, 1938	GOMEZ, GUILLERMO..... 423, 734
GENG, BOB.....	2072	GIOVANNETTI, ERIN..... 284, 1719	GOMEZ, JUANITA.176, 668, 1669,
GENOVESE, KELLY.....	1885	GISH, ROBERT.533, 622, 1096, 1214,	2136, 2266, 2304
GENTILI, AMILCARE.....	319, 676	1357	GOMEZ, LESLIE.284, 605, 1719, 1720,
GEORGE, BRUCE.....	2361, 2428	GISI, SYLVIA..... 89	1939
GEORGE, JENNIFER.....	1072	GITTINGS, DANIEL..... 270, 271	GONZALES, DARRELL.....289
GEORGE, KENDALL.....	2361, 2428	GIURGIU, DAN..... 688	GONZALES, EDIVINA.....51, 57
GEORGIEV, MARY JO.....	2205, 2322	GLADSDJO, JULIE.....168, 616	GONZALES, MICHELLE. 62, 1072, 1073
GEPSHTEIN, YANA.....	1292, 1293	GLASSER, DANIEL.....570, 764	GONZALES, PATRICK.....51, 57
GERAYLI, AFSHIN...352, 353, 446, 584		GLASSER, MARGA..... 107, 108	GONZALEZ MELENDEZ, ADALICE.
GERBATSCH-BORNEMISZA, ILDIKO.		GLASSMAN, JERROLD.....599, 630	..... 686
.....	76	GLEASON ROHRER, GWEN. 1315, 1316	GONZALEZ, ADRIANA..... 631
GERMAN, JOHN.....	487	GLEICHMAN, JULIA..... 662, 663	GONZALEZ, ANDRES.165, 710, 1654,
GERSTENFELD, ERIC.....	616	GLENN, TARA.....2016	2195
GERWER, JOHANNA.....	1364	GLICKMAN, SAMUEL..... 317	GONZALEZ, CLAUDIA..... 2275
GHAFAARI, DAUOD.....	1089	GLOBUS, JEFFREY.....53	GONZALEZ, DAVID..... 53, 81
GHAHREMANI, SIMIN.1062, 1569, 1570		GODDARD, SHANNON..... 1194, 1195	GONZALEZ, JOSE.....157, 532, 576
GHAYOUMI, POURIYA.....	525	GODINEZ, BRENDA..... 566, 760	GONZALEZ, KEVIN.....227
GHAZAL, RONNY.....	234	GOEB, YANNICK.. 325, 692, 1828, 2183	GONZALEZ, KRISTEN..... 683
GHAZARIAN, ZERON.....	267	GOEL, GUNJAN..... 690	GONZALEZ, LISA.288, 605, 612, 1727,
GHAZI, FARANAK.....	65	GOGGIN, SAMANTHA..... 1431	1962
GHIASI, ZAHRA.....	259	GOHIL, RAJIT..... 34, 35, 50	GONZALEZ-GARCIA, CAROLINA.
GHOSH, SUBRATO.....	250	GOKHROO, RAHUL.....218, 435	..... 2324
GHOSHEH, FARIS.....	463	GOLD, JEFFREY.1679, 1855, 1856,	GOODRICH, ANDREW.....1733
GI, HUNG.....	1575, 1633	2028	GOODWIN, RACHEL..... 1729, 1964
GIALAMAS, GUS.....	593	GOLD, MARGARET.....41	GORDON, BRENT..... 2075
GIAMMANCO, PIERRE.....	738	GOLDBERG, ROBERT..... 454, 476	GORDON, CHRISTOPHER..... 1089
GIAMONA, KRISTEN.....	2136, 2304	GOLDEN HILL POST ACUTE.783,	GORDON, DANIELLE..... 605, 722
GIANFORTUNE, RACHEL.....	1176	2250	GORDON, JUSTIN..... 157, 532
GIANG, STEVEN.....	2404	GOLDEN LIFE ADHC..... 2259	GORDON, MICHAEL.....271
GIBONEY, JENNIFER..653, 2084, 2114		GOLDENSON, BENJAMIN.....249	GORE, GWENDOLYN..... 66, 583
GIBSON, JULIA.....	722	GOLDFINGER, SARAH..... 1259	GORGES, RANDA..... 1098
GIGER, ANTON.....	81	GOLDING, IAN..... 2075	GORHAM, LAURA.1630, 1687, 1903,
GIL, GABRIEL.....	69, 70	GOLDKLANG, ROBERT.....170, 291	2084

## E. Index of Providers

GORSKI, TITO.231, 745, 746, 773, 774, 776	GRIMALDI, JOHN..... 147	GUJRAL, INDERPAL.....355, 356, 367
GORSKI, YARA.231, 232, 746, 747, 776, 778	GRIMES, KELLY..... 684	GUJRAL, NAVJYOT..... 587
GORWIT, JEFFREY..... 186	GRINDLE, SILVIA..... 579	GUJRAL, SATVINDER..... 377, 589
GOSHEN, KIRSTEN..... 149, 284	GRISOLIA, JAMES..... 636	GULLY, MICHELLE..... 1873
GOSMAN, AMANDA.180, 326, 696, 2185	GRISSOM, MURRAY..... 1812, 2150	GULOTTA, SAMANTHA..... 632, 2304
GOTTESFELD, STEVEN..... 310, 1797	GROBMAN, LILLIAN.....309, 653	GUNDOGDU, MELEK.....2028
GOULD, HILARY..... 139, 1635, 2262	GROGAN, BRIAN..... 2036, 2037	GUNTA, SUJANA..... 1241, 1242
GOVASHIRI, REZA..... 50	GROSS, KIMBERLY..... 605	GUNTHER, HOPE..... 613, 1729, 1965
GOVEA, ALAYN..... 296, 1754	GROSS, MATTHEW.1631, 1687, 1843, 1863, 1904, 2085	GUO, THERESA..... 306, 650
GOYAL, NIDHI..... 2101	GROSSMONT HOSPITAL..... 2236	GUPTA, ABHAY..... 180
GOZZO, YVETTE..... 267	GROSSMONT HOSPITAL DP SNF..... 2246	GUPTA, ANSHU..... 180
GRACE HOUSE..... 2254	GROSSMONT POST ACUTE CARE.781, 2247	GUPTA, ANUJ..... 2214
GRAF, HALEY..... 2203	GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC.989, 990, 991, 992, 993, 994	GUPTA, MONIKA..... 125, 713, 733
GRAHAM, SCOTT..... 271, 415, 416, 417	GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC, ..... 85, 1584	GUPTA, MRINALI..... 377, 553
GRAMES, BARRY..... 234	GROTTING, JOHN..... 146, 180, 692	GUPTA, PRATIMA..... 1764, 2037
GRAMINS, DANIEL..... 1830, 1871, 1911	GROVE, JAY.. 199, 767, 1699, 1917, 2234	GUPTA, SAMEER..... 723
GRANDISON, BROOKE..... 219	GROVE, VICKI..... 761	GUPTA, VARSHA..... 1432
GRANESE, MARSHA..... 460	GROVEY, BRITTANY..... 595, 596	GUPTA, VISHAL..... 298, 636
GRANITE HILLS HEALTHCARE AND WELLNESS CENTRE LLC..... 2242	GRUENENFELDER, JENNIFER.275, 407, 490	GURBANI, AJAY..... 417
GRANT ANDERSON, BETTY.207, 217, 218	GRUNVALD, EDUARDO..... 628, 1999	GUSTAFSON, GEORGE..... 234
GRASSO, GINA..... 2427	GRUSHCHAK, SOLOMIYA.168, 169, 544, 616, 757, 758	GUTFLAIS, ERIC..... 636, 663
GRATIANNE, ROBERTO... 125, 713, 733	GUADARRAMA, IGNACIO.1519, 1610, 1939	GUTH, CARA... 133, 341, 656, 1633, 2124
GRATTAN, ANNE..... 384	GUALTIERI, CHRISTOPHER. 642, 2047	GUTIERREZ, ANGELICA..... 1364
GRAVES, JENNIFER..... 2033	GUAN, HOWARD.714, 2201, 2202, 2423	GUTIERREZ, CRYSTAL..... 498
GRAY, SARAH..... 1431, 1432, 2114	GUARDADO-SOTO, RAQUEL.196, 1653, 2265	GUTIERREZ, JUSTINE..... 1129
GREAR MANN, MELISSA.... 1729, 1964	GUEFEN, URI..... 23, 76, 619	GUTIERREZ, LORAINÉ..... 70
GREEN, BILLIE..... 79	GUERENA, MICHAEL..... 574	GUTIERREZ, TANIA..... 1316, 1317
GREEN, HANNAH..... 26	GUERIN, CHRIS..... 290, 619, 1740, 1978	GUTTIKONDA, RAKHESH..... 542
GREEN, TRAVIS..... 95	GUERRA, JACQUELINE..... 85	GUZMAN, HORTENCIA..... 656
GREENBAUM, BRADLEY..... 403	GUERRERO, EVAN..... 485	GUZZO, RICHARD..... 186, 2269
GREENBERG, CATOU..... 61	GUHARROY, ASIM..... 79	GVOZDYEV, BORYS..... 485, 708
GREENE, ERIC..... 196	GUIANG, RAINIER... 207, 432, 433, 724	GWYNN, DAVID..... 259, 377, 589
GREENE, JACQUELINE.306, 649, 1780, 1781, 2061	GUIDE, SHIREEN..... 582, 586	
GREENSTEIN, JOSHUA..... 187, 577	GUIDI, CASEY..... 757, 1702, 2224	<b>H</b>
GREINER, ALEXANDER..... 1665, 2073	GUIDO-ESTRADA, NATALIE.1856, 2028, 2034	HA, THU..... 605, 1259, 1260, 1939, 1940
GREWAL, NAVROSE..... 767	GUITTARD, JESSE..... 1733, 1973	HAAK, LOGAN..... 642
GREWAL, PRABHJOT..... 747		HAAS, RICHARD..... 228, 298, 636
GRIESINGER, MICHAEL..... 115, 1612		HABBOUSH, RANA..... 163, 539, 656
GRIFFIN, SETH..... 288, 612		HACHOLSKI, MARK..... 1317
GRIFFITH, PATRICK..... 404		HACINAS, REYNALDO... 716, 1140, 1519
GRIFFITHS, KENNETH..... 1316		HACKLEY, DAVID..... 325
		HADDAD, FADI..... 331
		HADDADIN, HASSAN.506, 518, 730, 741
		HADINGER, JANE..... 285
		HAFTBARADARAN MOHAMMADI, AFSANEH..... 371

## E. Index of Providers

---

HAGHIGHI MOTLAGH, BEHNAZ.47, 48	HAN, JAMES..... 571	HARRIS, JEFFREY.306, 650, 1781, 1782, 2061
HAGHVERDIAN, BRANDON.....271	HAN, KYOUNG. ....135, 193, 579, 1916	HARRIS, LAURA..... 186, 2269
HAHN, LEWIS. ....319, 676	HAN, SUL KI..... 162, 339, 647	HARRIS, LISA..... 1769
HAHN, MICHAEL. ....319, 676	HAN, SULKI..... 2342, 2376	HARRIS, MATTHEW.....353
HAI, FAIZI. .... 1355	HANAGAMI, CORI. .... 663	HARRIS, PAMELA. ....1644, 1885, 2218
HAIDER, SANDRA. .... 472	HANDLER, BARRY..... 696	HARRISON, AMY..... 35, 51, 554
HAIDER, SHANZAY.....214, 435	HANDLER, SUZANNE.....642	HARSOLIA, ASIF. ....395
HAIDER, UZMA. ....214, 434, 435	HANDLEY, KAREN..... 475	HART, BECKY.....1940
HAIGHT, BRUCE.335, 537, 1840, 1841, 1878, 2376, 2389	HANDWERKER, JASON. .... 320, 676	HART, MARQUIS..... 688
HAJNIK, CHRISTOPHER..... 180	HANJAN, TIVA..... 470, 485	HARTFORD, NICOLE.....1601
HALE, EMILY..... 113, 330, 605	HANLEY, LAUREN.1049, 1050, 1110, 1189, 1397, 1398, 1588	HARTMAN, ANDREW..... 573
HALEY, JESSICA..... 1665, 1685, 2075	HANNA, ANDREW..... 389	HARTMAN, JULIE..... 498, 726
HALEY, STEVEN..... 156, 531, 614	HANNA, KAREN.....767	HARTMANN, PHILLIPP..... 2101
HALGEDAHL, YI.559, 560, 755, 1224, 1225, 1226, 1227, 1596, 2218	HANNA, LINDSAY..... 285, 1720	HARVEY, DELFINA. .... 605
HALIM, NEIL..... 82	HANNAWI, ANDREW.....2029	HARVEY, SCOTT.299, 639, 1764, 2037, 2038
HALL, ANDREW..... 19	HANNSUN, GEMMY. .... 1812, 2150	HASAN, AWS.291, 622, 1742, 1743, 1988
HALL, JACOB..... 101, 733, 734	HANONO, ABRAHAM..... 2362	HASAN, BUSHRA. ....498, 726
HALLDORSON, JEFFREY. .... 688	HANONO, HELFON..... 2362	HASE, KATHLEEN.....184
HALPERIN, JASON..... 92, 2226	HANSEN, CHRISTINA..... 152, 310	HASEGAWA, CHRIS.....1798, 2125
HALPERN, DAVID. .... 98, 285	HANSEN, DOYLE..... 157	HASHEM, SHIVA.....1021
HALVORSON, PAULA..... 1703	HANSEN, JOHN..... 1432	HASHEMI, EMAD. ....257
HAMDAN, AYAD. ....1745	HANSINK, RAYMOND. ....705	HASSAN, SARAH.....364
HAMED, JACQUELYN. .... 200, 1701	HANSON, ADRIENNE.....742, 743	HASSANEIN, TAREK.117, 118, 158, 185, 587, 622
HAMID, WAHIDA. .... 1076, 1647	HAPKE, ELENA. ....1473	HASTANAN, CAROL..... 1090
HAMIDI ASL, KAMRAN. .... 350	HARDIN, JEREMY.....289	HASTIE, ELIZABETH..... 628, 2000
HAMIDI, AFSHIN.....583	HARDISON, CHARLES.....581	HATTANGADI GLUTH, JONA.140, 178, 318, 671, 2144
HAMIDI, MAHSHID. ....70	HARE, MARC..... 115, 185, 619	HAUFF, SAMANTHA. .... 650
HAMILTON, ANITA. ....243	HARFORD, ROBERT. .... 213	HAUPT, DAVID..... 555
HAMILTON, JOANNE.....474, 475	HARFOUCH, CHAWKI..... 506	HAWKINS, MELISSA..... 761, 2228
HAMILTON, LISA MARIE.1145, 1317, 1318	HARGROVE, RACHEL..... 404	HAWLEY, DANIEL..... 320, 676
HAMM, DEANNA.....631	HARIANAWALA, SALIM. .... 267	HAYTON, TAMMY..... 509
HAMMAN, MICHAEL.....616	HARKNESS, RUMIKO. ....1720, 1940	HAZAN, ALISON.....656
HAMMEL, NATHAN. .... 180	HARMAN, JACY.....441, 442	HAZELBAKER, PAUL..... 1365
HAMMES, JOHN.....149, 628, 634	HARMEYER, JENNA. ....656	HEAD, KRISTIN.1655, 1673, 1852, 1885, 1940
HAMMETT, ERIN.....24, 142, 1043, 1044	HARMIS, NATASHA. ....719, 1575	HEADLEY, ALISON..... 636
HAMMOND, CHARLES..... 293, 626	HARMS, MONICA. .... 44	HEBREO, JOSEPH..... 187, 188
HAMMOND, HEATHER..... 156, 184	HAROUSH, GAL.....1940	HEHE, KYLE.....95, 472, 592
HAMOUI, NAHID..... 254, 268	HARPEL, SHERYL.....1077	HEIFETZ, SUSAN..... 63
HAMOUIE, JUDY.439, 440, 2342, 2348, 2354, 2376	HARRAH, WILLIAM. .... 684	HEIMLER, GRAHAM.....70
HAMZEI, ALI..... 164, 281	HARRELL-BURDER, BEVERLY.115, 619, 1612	HEIN, PETER.....35
HAN, AMY.....616	HARRINGTON, BARBARA LORRAINE. .... 1260, 1261	HEINRICH, JAMES. .... 465, 466
HAN, ANGELA.....2196	HARRINGTON, JOHN.....165	HEINRICI, ALEKA.... 70, 594, 1318, 1530
	HARRIS, CHRISTINA.....656	
	HARRIS, GENEVIEVE.....281, 597	



## E. Index of Providers

---

HEKMAT, RAZI.....	61, 1214	HIGGINS, JOSHUA.....	176, 310, 656, 1668, 1798, 2125	HOFFMAN, STEVEN.....	2405
HEMET GLOBAL MEDICAL CENTER.....	13, 781	HIGHTOWER, GEORGE.....	616	HOFMEISTER, ERIC.....	146, 692
HEMP, JAMES.....	696	HIGUERA, EDITH.....	539, 656	HOGAN, ROSELYNN JOY.....	1263
HEMPERLY, STEPHEN.....	169, 616	HIKES, RYAN.....	90, 758, 2225	HOGARTH, MICHAEL.....	1749, 2000
HENDERSON, GREGORY.....	544, 758	HILAL, TARIQ.....	389	HOGUE, BRENNAN.....	290, 619, 1734, 1974
HENDERSON, PHILIP.....	1365	HILDRETH, AMBER.....	1988	HOLDEN, MARC.....	698
HENDERSON, RODNEY.....	345	HILL, CARLA.....	720, 1580, 2212	HOLLEMAN, KEVIN.....	187, 195, 632, 663
HENDERSON, TREVOR.....	1433	HILL, GENIELYN.....	605, 1261, 1262, 1941	HOLLICK, NATALIE.....	1062
HENDRICKS, MARK.....	79	HILL, KAITLYN.....	174, 300	HOLM, WILLIAM.....	554
HENDRIX, JEFFERSON.....	1530	HILL, LINDA.....	621, 1467, 1468, 1983	HOLMER, ARIELA.....	1743
HENLEY, MEARA.....	1482, 1483	HILLCREST HEIGHTS HEALTHCARE CENTER.....	783, 2251	HOLMSTROM, STEVEN.....	97
HENNEIN, LAUREN.....	302, 1663, 1682, 1858, 1897, 2047	HILLDALE HABILITATION CENTER.....	2247	HOLNESS, RONALD.....	398
HENNINGER, DELMER.....	518	HILLER, ASHLEY.....	515	HOM, DAVID.....	306, 307, 650, 1782, 2062
HENRICK, ANDREW.....	350, 377, 378	HILLIARD, THESALONICA.....	605, 1262, 1941	HOM, GREGORY.....	2405
HENRY, ANEEL.....	79	HINCHCLIFF, KATHARINE.....	1830, 2187, 2188	HOM, KATHERINE.....	437
HENRY, BRIAN.....	45	HINES, TAYTE.....	213, 711, 2197, 2198	HOM-TEDLA, MARIANNE.....	1765, 2038
HENRY, REBECCA.....	70	HINKLE, CORINNE.....	341, 1846	HOMESLEY, SUSAN.....	2398
HEPNER, ABSALOM.....	447	HINSHAW, PAUL.....	189, 1680, 1681, 2201	HONG, ANDREW.....	81
HERMAN, ANDREA.....	1570	HIRSCH, JENNIFER.....	1729, 1965	HONG, ERIC.....	282
HERMAN, RACHEL.....	141, 235, 541, 1638	HIXSON, THOMAS.....	2376	HONG, HEE KYUNG.....	240
HERMAN, SAM.....	18, 89	HLAVAC, SANDRA.....	726	HONG, JOHN.....	201
HERMANSON, KATHLEEN.....	104, 1605	HO, ALAN.....	352, 353	HONOLD, JOSE.....	2017
HERMES, MARY.....	1473	HO, AMIEE.....	1627, 2364, 2404	HOO, PAMELA.....	304, 1773, 2364, 2405
HERNANDEZ, CRISTINA.....	289, 1733, 1974	HO, GILBERT.....	101, 578	HOOPER, BONNIE.....	98, 166, 605, 1604, 1655, 1941
HERNANDEZ, JESSICA.....	1886, 2219	HO, HOANG.....	2404	HOOPES, DAVID.....	572, 671, 2145
HERNANDEZ, JOANNA.....	1204	HO, HOANG HUU.....	657	HOREISH, ADAM.....	123, 1622
HERNANDEZ, MARCO.....	421, 422	HO, HOANG MINH.....	647	HORGAN, SANTIAGO.....	324, 688, 1822, 2174
HERNANDEZ, MIRIAM.....	2204	HO, LARRY.....	237	HORIZON CBAS.....	2259
HERNANDEZ, RALPH.....	20, 83, 1531, 1614	HO, MYLIEN.....	1110	HORKY, LAURA.....	1812, 1813, 2150
HERNANDEZ, SILVIA.....	2304	HO, TAMMY.....	276, 407, 490, 593	HORMOZDYARAN, SANAYA.....	1433
HERR, COLLEEN.....	166	HO, TRAM.....	2336	HORN, ADAM.....	178, 318
HERR, RAYMOND.....	661	HOAG CLINIC.....	16	HORN, TREVOR.....	743
HERRERA, CHARITY.....	182, 597	HOAG HOSPITAL IRVINE.....	13	HORNBEAK, KIRSTEN.....	1734, 1974
HERSEVOORT, SHAWN.....	663	HOAG ORTHOPEDIC INSTITUTE.....	13	HORNER, HEATHER.....	98, 108, 149, 153, 182, 329, 597
HERSH, LINDSEY.....	219	HOAGLAND, PETER.....	107, 594	HORNEY, KRISTAN.....	1263
HERSKOVITZ, SCOTT.....	2085	HOANG, CHI.....	1262	HORNFELD, COURTNEY.....	605
HETTIG, JUDITH.....	1077, 1261	HOANG, KENNY.....	2387, 2425	HOROWITZ, MICHAEL.....	320, 676
HEURING, JULIE.....	285	HOANG, KEVIN.....	2405	HORTON, LUCY.....	1995
HEYMAN, BENJAMIN.....	1745, 1746	HOANG, MAI.....	1765, 2038	HOSALKAR, HETAL.....	1709
HIBBS, NICOLE.....	1433	HOANG, VY.....	1121, 1433	HOSEIN, NADEEN.....	620
HICKS, TOMMY.....	43	HOCHBERGER, WILLIAM.....	702	HOSSEIN ZADEH MALEKI, ANA.....	125, 713, 734, 1625, 2200
HIETALATI, SAMANTHA.....	1758, 2016	HODGKIN, EDWARD.....	1090	HOSSEINI, ALIREZA.....	243, 244, 450
HIGGINS, DAWN.....	442				



## E. Index of Providers

JACOB HEALTH CARE CENTER LLC. ....783, 2251	JENKINS, ENCHANTA..... 639, 1563	JOMOC, CAITLIN. 304, 647, 1774, 2054
JACOBS, JEFFREY..... 223, 378, 589	JENKINS, ERIN.....285, 605	JONES, CHRISTA. ..285, 606, 1721, 1943
JACOBS, KATHLEEN..... 320, 677	JENNINGS, AMY..... 717, 2324	JONES, DANIEL..... 296, 318
JACOBS, NATALIA.....435, 730	JENSEN, ADRIENNE...606, 1077, 1078	JONES, KENDRA..... 509
JACOBS, RANDOLPH.....434, 727	JENSEN, BRIAN..... 1909, 2289	JONES, LAILA.....285
JACOBS, ROBERT.....569	JENSEN, BROOKE..... 222	JONES, LAKESHA..... 211
JACOBS-KLEISLI, MILAGROS.....1063	JENSEN, NATISHA.....268	JONES, MARILYN.....292, 624
JACOBSEN, BRADLEY.568, 643, 1897, 2048	JEONG, MATTHEW.....1366	JONES, STACY..... 755
JACOBSEN, GARTH.179, 688, 689, 1670, 1823, 2174, 2175	JEPPESSEN, LANCE..... 711	JONES, VALORIA.....219, 731, 768, 769
JACOBSON, ARTHUR.....223, 723, 735	JERCINOVICH, IGOR..... 525	JOO, KATHY..... 728
JACOBSON, JON..... 320, 677	JESPERSEN, RHONDA..... 109	JORDAN, JAMIE..... 1433
JACOBY, RICHARD.....165, 173	JI, AMANDA..... 1593	JORJADZE, KETEVAN.....285
JAFFE, GILAD..... 295, 629, 768	JIANG, FEN.....454, 455	JOSEPH, JEFFREY..... 223, 512, 735
JAFFRAY, JULIE..... 2104	JIANG, JUN..... 628, 2000	JOSHI, WEENA.1688, 1843, 1904, 2086, 2087
JAFFRAY, PAUL..... 320, 677, 1813, 2151	JIANG, WEN..... 1684, 1859, 2063	JOSHI, YASH.....313, 663, 2305
JAHANPANAH, FERESHTEH.....28, 29	JILLANI, ASIF..... 237	JOSHUA, JISHA..... 1810, 2142
JAIME, CINDY..... 639	JIMENEZ BACARDI, ADRIA..... 2114	JOSON, PETER..... 378, 463, 589, 590
JAIN, ALEXANDRA.....141, 1638	JIMENEZ, ANDREA...1638, 1706, 1880	JOU, BILL..... 728
JAIN, RINA.....692	JIMENEZ, CARLOS.....131	JOU, PAUL..... 576
JAIN, SUPRABHA..... 120, 628	JIMENEZ, KRISTAL..... 21, 1028	JOURDAIN, VICTOR..... 115
JAKKULA, JAGAN.....229, 430, 740, 771	JIMENEZ, NANCY.....718, 2325	JOYCE, ROBERT.....2427
JAKOBSEN, MICHAEL.....386, 466	JIN, MAN..... 302, 643, 1770, 1771, 2048	JU, NATHANIEL.422, 561, 757, 1598, 1891, 2224
JALALI, FARID.....363	JINDAL, ANUJA.1660, 1679, 1856, 1896, 2115	JUANG, PATRICIA..... 1740, 1979
JALISI, NEJAT..... 26	JINDAL, RISHI..... 689	JUAREZ, AMERICA..... 2262
JAMAL, MOHAMMAD.....428	JOHN, ALAN..... 121, 159, 630, 712	JUAREZ, LETICIA.....1127, 1128, 1464
JAMES, CHRISTINE..... 719, 1919	JOHN, TANNER.....70, 663, 1983	JUAREZ, PATRICIA..... 1434
JAMES, JOJI..... 254, 371	JOHNSEN, HEGE..... 232, 746, 776, 777	JULAZADEH, SARA..... 192, 304, 647
JAMISON, KAREN.....1365, 1366	JOHNSON, ARIKA..... 668, 669	JULIAN, FIDES.165, 283, 601, 1654, 1714, 1715, 1928, 1929
JAMSHIDI-NEZHAD, MOHAMMAD..... 573	JOHNSON, BRYCE.....271, 417	JUMA, SAAD.....147, 150, 327, 346, 698
JANISZEWSKI, EVA.....54	JOHNSON, CHRISTINE..... 1912	JURKOWSKI, LEONARD.....619
JANKOWSKI, PAWEL.....255, 269	JOHNSON, CHRISTOPHER.2387, 2425	JUSTINO, HENRI..... 2075
JANNESARI, ROYA..... 1673	JOHNSON, DANIEL.....1169	
JANSEN, CORNELIUS..... 307, 650	JOHNSON, JENNIFER..... 2212, 2325	<b>K</b>
JARDON, JAVIER..... 1116, 1117	JOHNSON, KENNADY.....684, 2162	KAABI, BILAL..... 422
JASKI, BRIAN.....107, 594	JOHNSON, KENNETH.....119, 1616	KABOLIZADEH, PEYMAN.....395
JASSO-RAMIREZ, MARTHA...535, 631	JOHNSON, KIMBERLY..... 113, 155, 210	KABRA, ASHISH.....558, 759
JAVAHERI, MANIJEH..... 46	JOHNSON, ROGER.....202, 223, 512	KADAKIA, AMAR..... 243
JAVIER DESLOGES, JUAN.....345	JOHNSON, SHAWNA AKIKO.1264, 1265	KADAKIA, NIMISH..... 271, 272, 417
JAZBEH, SAMMER.....1813, 2151, 2152	JOHNSON, SUSAN.....373, 588	KADIFA, FADY..... 366, 393
JECMENICA, MLADEN..... 428, 429	JOHNSTON, ERIC.....175, 762	KAFRI, HASSAN. 110, 121, 154, 159, 1105
JEDAMSKI, WALDTRAUT.....206, 724	JOHNSTON, RACHEL..... 288, 612	KAHL, NICHOLAS..... 606, 1003, 1140
JEFFREY, JAMES..... 151	JOLICOEUR, MEGAN.291, 621, 1741, 1983, 1984	KAISER, EMILY..... 764
JENKIN, FREDERICK.....70	JOLLEY, WALTER.....661	KAISEY, MUSHRIK.....24
		KAKAIYA, ROSHNI..... 58, 1044
		KAKIMOTO, AMY..... 30

## E. Index of Providers

---

KALANTARI, OUZHAN.....	260	KASAI, SARAH.....	763, 2397	KELCHNER, MATTHEW.	96, 720, 1004
KALBAKJI, NATALY.2333, 2348, 2354, 2365, 2378, 2390, 2407		KASAWA, JOHN.....	26, 1090, 1091	KELLEHER, BRIDGET.200, 560, 756, 1163, 1164, 1701, 1887, 2220	
KALE, RAHUL.....	703, 704, 706	KASIR, RAFID.....	692	KELLER, BENJAMIN.....	2186
KALINIAN, HAYGOUSH. 702, 705, 706		KASSAB, GHADA.....	157, 616	KELLER, CHARLES.....	379, 590
KALRA, ANKUR.....	2337, 2390, 2425	KASSAM, HAFIZ.....	272	KELLER, YESENIA.....	113
KAMADA, SATOSHI.....	39	KATSNELSON, MARCELLA... 294, 628		KELLEY, JESSICA.....	606
KAMAREI, SHAPARAK.....	66	KATZ, JONATHAN.327, 698, 1832, 2191		KELLEY, STEVEN.....	750
KAMEL, JOSEPH.....	544	KATZ, YISRAEL.....	1749, 2000	KELLING, JONATHAN.....	495
KAMOTO, LYNN.....	1576	KATZEN, SETH.....	132, 341, 654	KELLOGG, CHERYL.....	48
KANAAN, SAMER.....	274, 275, 404	KATZMAN, BARRY.336, 2333, 2343, 2378, 2390, 2407, 2408		KELLOGG, KRISTEN.....	1078
KANALY, KIM.....	453, 460, 461	KATZMAN, LEE.....	2340, 2378	KELLY, KATHERINE.560, 1487, 1488, 1891	
KANE, KARA.....	555, 583	KAUFER, DAVID.....	1551, 1552	KEMMERLY, THOMAS.....	729
KANE, NORMAN.....	325, 573	KAUFHOLD, ANNE.70, 1006, 1319, 1531, 1532		KEMP, KATHRINE.....	1265, 1943
KANG, EILEEN.....	266, 431	KAUFMAN, AVRUM.....	348	KENNEDY, KATHRYN.....	471
KANG, JOSEPH.....	772	KAUFMAN, BRITNEY.....	515, 555	KERAMATI, SHAHIN.....	599
KANG, KYUNG.....	242	KAUFMAN, DAVID.....	246	KERSTEN, DIANA.....	379, 590
KANNAN, SWATI.....	1969	KAUFMAN, JENNIFER CHILYN. 1319		KESANAPALLI, DEEPTHI.....	1434
KANSAGRA, AKASH.....	677	KAUFMAN, TIFFANY.....	515	KESARI, SANTOSH.....	457
KANSARA, DEVANSHU.....	692	KAUNITZ, GENEVIEVE.....	616, 1969	KESEL, KELSEY.....	442, 520
KANTAS, PARIS.113, 716, 1520, 1521, 1611		KAUP, ALLISON.106, 289, 316, 575, 580		KESHAVARZI, SARA.....	1673
KANU, ABDUL.....	207, 724	KAUR, JATINDER.31, 64, 1145, 1246, 1247		KESSLER, JENNIFER.....	756
KANUKUNTLA, TULASI.430, 431, 740, 771		KAURA, MAYA.....	46	KEYS, ANNA.....	184
KARANDE, PRACHI.141, 235, 541, 1639, 1706, 1880		KAYAL, ANAS.....	123, 713	KFIR, MENASHE.....	253, 254, 370
KARANIKKIS, CHRISTOS.....	761, 762	KAYE, ALYSON.....	755, 756	KHAFAJA, MOHAMAD.....	2279, 2305
KARANJIA, NAVAZ.298, 313, 636, 663, 664		KAYE, SHAWN.....	18	KHAGI, SIMON.....	254
KARAPETIAN, ELENA.....	2354	KAYE, WALTER.....	2305	KHAING, KATHY.....	123, 635
KARAVAN JAHROMI, MAHSA.....	544	KAZEM, AHMAD.....	1296	KHALEEL, AMMAR.....	96, 2261
KARI, ELINA.307, 651, 1783, 1784, 1859, 1860, 2063		KAZEM, HARON.....	1022	KHALEGGHI DAMAVANDI, MIR BEHNAM.....	395, 396
KARIMABADI, MARJAN.....	65	KAZEMI, SEPIDEH.....	252	KHALEGGHI, MANI.....	341, 657
KARIMI, KAMBIZ.....	243	KEALEY, TAMMY.....	556	KHALIGHI, PAYMAN.....	2408
KARIMIAN, AMIR.....	282	KEARNS, MARK.....	1831	KHALIL, VADY.162, 192, 339, 647, 2333, 2343, 2349, 2355, 2365, 2378, 2379, 2391, 2408	
KARIPPOT, ANOOP.137, 138, 313, 315, 316, 664, 667, 668		KEARNY MESA CONVALESCENT AND NURSING HOME.....	783	KHAMISA, SORAIYA.....	631, 2305
KARMAKAR, KANKA.....	653, 1434, 2115	KEARSE, WILFRED.....	346	KHAMISHON, BORIS... 636, 637, 2029	
KARMUR, AMIT.....	233, 747, 777, 778	KEDDINGTON, JOAN.2337, 2391, 2426		KHAN, AHAD.....	203
KARODY, ATULA.....	442, 520	KEEFE, KELLY.....	643	KHAN, ALIYA.....	639, 1110, 1111
KAROW, DAVID.....	320, 677	KEEL, DOUGLAS.....	617	KHAN, CEMONE.....	464
KARP, MICHAEL.....	1601	KEEN, WILLIAM.....	282, 1713	KHAN, FAHAD.....	643, 2408
KARRIS, BIANCA.....	664	KEFLEZIGHI, BAHGHI.....	1319, 1320	KHAN, HASHIM.....	110, 599
KARROWNI, WASSEF.....	367	KEIFER, JASON.....	664	KHAN, KHADEER.....	358
KARUNAMUNI, JENNIFER.320, 677, 678		KEILLER, DANNY.147, 150, 181, 327, 346, 698, 699		KHAN, MATTHEW.....	1265
				KHAN, SAMIRA.....	379
				KHAN, SHAHFAR.....	2087

## E. Index of Providers

KHANNA, SURABHI.....	142, 685	KIM, MOSES.263, 276, 390, 407, 408,	491, 593	KLUEMPER, NICOLE.2136, 2305,	2306
KHARADJIAN, TALAR.....	565, 567	KIM, PAUL.....	180, 692	KNIGHT, DARREN.....	380
KHARAZI, ALEXANDRA.....	110, 144, 344	KIM, PHILIP.304, 647, 1774, 2054, 2355,	2366, 2409	KNUTSON, THOMAS.....	199, 1700
KHARE, MANASWITHA.....	2115	KIM, SEON-HOON SEAN.....	242	KOBAYASHI, GARY.....	92
KHATIB, NORA.....	643, 2048	KIM, YUHEE.....	1183, 1184	KOCHARIAN, NAIRA.....	298
KHATIBI, NIKAN.....	181, 182, 495	KIM-ORDEN, MICHAEL.....	485, 708	KODSI, ALICIA.....	1122
KHAWAR, OSMAN.....	188	KIMBALL, JEFF.....	525	KOH, STEVE.....	195, 2265
KHAYYAT, OMAR.....	172	KIMBALL, MICHAEL.146, 345, 692,	693	KOHATSU, KAREN.....	2039
KHEHAR, BHUPINDER.....	79	KIMURA, BRUCE.....	599	KOHLI, SANJIVAN...394, 703, 704, 706	
KHERADMAND, SHIVA.500, 544, 545,	727	KINBACK, KEVIN.....	349	KOHOUT, KATHRYN.....	710, 2196
KHIEU, TINA.192, 304, 539, 2343, 2355,	2366, 2391, 2409	KINDRED HOSPITAL SAN DIEGO.13,	2236	KOLB, FREDERIC.....	2188, 2189
KHINDA, SUNEHA.....	2362, 2409	KING CHAVEZ HEALTH CENTER.918,	919, 920, 921, 958	KOLODENKER, GENNADY.....	264
KHOSHREZA, HALEH.....	43	KING CHAVEZ HEALTH CENTER, .74,	1347	KOLODGE, GAVIN...132, 146, 654, 693	
KHUAT, LIEN.....	285	KING, APRIL.....	168	KOLODGE, KAITLEN.....	133
KHURANA, ANIL.....	358, 392	KING, FRANK.....	471	KONDAPALLY, YAMUNA.....	36
KI, TRISH.....	606, 1266, 1267, 1943	KING, JOHN.....	281	KONDILI, DHIMITER.320, 678, 1813,	2152
KIDANE, ZINNIA.....	1943, 1944	KING, JUSTIN.....	689	KONG, GRACE.....	257, 373
KIDDER, BRENDAN.....	70, 1320	KING, MARY.....	2337, 2392, 2426	KONING, JEFFREY.....	309, 653
KIDOKORO, YASUKO.....	76	KINGDON, JOANNA.1863, 1904, 2087		KONUGRES, GEORGE.....	356, 367
KIENZLE, HELEN.....	475	KINGDON, TYLER.....	2006	KONYN, CATHERINE.....	183
KIM MCMANUS, OLIVIA.1660, 1679,	1857, 2029	KINGSBURY, A GRANT.....	79	KOO, ANITA...130, 162, 539, 1627, 1879	
KIM, ABRAHAM.....	272, 415, 417, 418	KIPPER, MICHAEL.....	299, 638	KOOKOOTSEDES, GAYLE.366, 396,	628
KIM, ALEXANDER.....	595	KISCADEN, LAUREN.....	263, 390, 471	KOOROS, KOOROSH.....	175, 309
KIM, BONNIE.....	470, 471	KISKILA, NATHAN.....	42	KOPACZ, JOANNA.....	365
KIM, BRIAN.....	379, 380, 590	KIVIAT, ANNETTE.1668, 1693, 1869,	1908, 2126	KOPLIK, SHERI.....	455
KIM, CHEL.....	241	KLAPHEKE, ROBERT.....	291, 622	KORFF, GARY.....	18
KIM, DANIEL.....	452	KLAREN, AMANDA.....	2355, 2409	KORMANIK, PATRICIA.166, 285, 756,	1655, 1721, 2220
KIM, EDWARD.....	379, 380, 590	KLATMAN, SAMUEL.....	146	KORN, ERROL.....	118
KIM, EMILY.....	506	KLAUSE, ELVIRA.....	398	KORSAND, SID.....	1063, 1064
KIM, ERIC.....	320, 678	KLEIN, DAVID.....	1765, 2038	KOSEL, MATTHEW.....	1512, 1513
KIM, ESTHER.....	379, 704	KLEIN, LORRIE.....	412, 413	KOSMO, MICHAEL.....	712
KIM, FRANK.....	527	KLEINSMITH, DARIN.....	555	KOSOY, DANIEL.....	689, 2175
KIM, ILWHA.....	425	KLEMENCIC, TAHNEE.....	1852, 1944	KOSSMAN, STEVEN.....	633
KIM, IRENE.....	51, 89	KLEWEIN, CRYSTAL.....	499	KOTHA, AKTHER.....	344
KIM, JAMES.....	110, 330, 530	KLIGERMAN, SETH.....	320, 678	KOTHA, PURUSHOTHAM....	330, 1833
KIM, JANET.....	322, 379	KLINE, LANNING.....	2049	KOTHA, ROSHAN.....	331, 344, 1848
KIM, KAREN.....	61, 62	KLING, KAREN.1671, 1701, 1870, 1911,	2186	KOUCHAK, YASMIN.....	763
KIM, KEUN YOUNG.....	481	KLOBERDANZ, KELSEY.....	1267	KOUKEYAN, KARIN.....	198, 686
KIM, KEVIN.....	748			KOUMAS, JOHN.....	50
KIM, LAUREN SOOJIN.....	240			KOUMAS, MARY.....	49
KIM, MICHAEL.568, 763, 1899, 2229,	2230			KOUMJIAN, MICHAEL.....	345, 526
KIM, MICHELLE.....	578, 1915			KOUPAIE, JAFAR.....	500
KIM, MIN JOO.....	183			KOUSARI, JHALEH.....	1484, 1485

## E. Index of Providers

KOVACS, DAVID.....	455, 478	KURESHI, SOHAIB.....	344, 637	LAKE FOREST NURSING CENTER.....	782	
KOZMA, BONITA.....	1969	KURKJIAN, AZAD.....	705	LAKE, MENORE.....	678	
KRAD, OMAR.....	463, 464	KUROSAKA, MOMO.....	621, 1984	LAKHERA, YOGITA.....	173, 174, 297	
KRAFCIK, SONJA.....	48	KURTULUS, MEL.....	300	LALITHAKUMARI, ARYA.....	1367	
KRAFT, ELIZABETH.....	268	KURUKULASURIYA, DAYANTHITHI.....	62	LALONDE, FRANCOIS.....	469, 485	
KRAHN, DOUGLAS.....	522	KURUVADI, NISHA.....	61, 79, 80	LAM, ANNE.....	2367, 2410	
KRAK, MICHAEL.....	1602	KURZ, TROY.....	163, 2262	LAM, DAVINA.....	2126	
KRAMER, MELISSA.....	1242	KUSHNARYOV, ANTON.....	569, 764	LAM, KHANH.....	112, 601, 1608, 1929	
KRAPES, MICHAEL.....	1909, 2289	KUSHNER, KENNETH.....	398, 480, 481	LAM, KIM.....	373, 374	
KRAUSE, MARTIN.....	280, 495, 596, 767, 1852, 2234	KUSNEZOV, NICHOLAS.....	146, 150, 325, 693, 1644, 1829, 2184	LAM, MICHAEL.....	1751, 2001	
KREMER, ARNOLD.....	18, 26	KUTZ, CRAIG.....	290, 619, 1735, 1974	LAM, PAMELA.....	294	
KREPS, CHRISTOPHER.....	176, 313	KVIATKOVSKY, MILLA.....	1750, 2001	LAM, TUAN.....	404	
KRESHAK, ALLYSON.....	1734	KYI, MYA.....	531, 606	LAM, VINH.....	481, 487, 488	
KRIGER, STEPHEN.....	135, 342, 540	<b>L</b>			LAMALE-SMITH, LEAH.....	1662, 1681, 1765, 2039
KRIJGER, LISA.....	1366	LA COSTA HOUSE.....	2241	LAMANTIA, MICHELE.....	628, 717, 1215, 1367, 1552	
KRISHNAN, PRIYANKA.....	361, 427, 428	LA FUENTE POST ACUTE.....	784, 2254	LAMBERT, GAGE.....	2126	
KROCHMAL, RACHEL.....	710	LA JOLLA NURSING AND REHAB CTR.....	781, 2246	LAMONT, DANIEL.....	356, 367	
KROL, THOMAS.....	564	LA MAESTRA CHC EL CAJON BROADWAY.....	822, 823, 827	LANCASTER, MICHELLE.....	515, 516	
KRUEGER, VAN.....	693	LA MAESTRA CHC EL CAJON BROADWAY,.....	28, 1095	LANDEO GUTIERREZ, JEREMY.....	2109	
KRUK, PETER.....	653	LA MAESTRA FAMILY CLINIC INC. .....	28, 59, 74, 1095, 1211, 1212, 1347	LANDER, JEFFREY.....	93, 347, 359, 360, 413, 545	
KRYCHMAN, MICHAEL.....	373	LA MESA HEALTHCARE CTR.....	781, 2247	LANDIS, SARAH.....	1454	
KUECHLE, RALPH.....	475	LA MESA PEDIATRICS.....	845, 846	LANDON, JEFFREY.....	539	
KUEK, JOHN.....	535, 632	LA MESA PEDIATRICS,.....	42, 1173, 1174	LANE, BRIAN.....	2017	
KUGEL, SAMUEL.....	541, 2285	LA PALOMA HEALTHCARE CTR.....	782, 2248	LANE, KEVIN.....	225, 723, 738	
KUIOKA, TROY.....	1130	LABIB, MICHAEL.....	2137, 2306	LANE, KIMBERLY.....	1611, 1644, 1655, 1721, 1834, 1944, 1945	
KULASA, KRISTEN.....	1740, 1979	LAC, PETER.....	435, 436, 769, 770	LANE, RICHARD.....	101	
KULHANEK, JAN.....	165, 282	LACH, REBECCA.....	1028, 1029, 1320, 1321	LANG, PAUL.....	302, 643	
KULICK, DANIEL.....	447	LAD, NIKISHA.....	717	LANGENBERG, BRET.....	689	
KULISCHAK, JOHN.....	2366, 2410	LAFONTANT, JEAN.....	64, 575	LANGER, ROBERT.....	545	
KULJIAN, NANCY.....	499	LAFORTEZA, JOZELLE.....	1944	LANGIS, TANYA.....	572	
KULKARNI, NISHAT.....	2269, 2294	LAGO HERNANDEZ, CARLOS.....	1750, 2001	LANIER, JAME.....	227	
KUMAR, AVNEE.....	518, 772, 1869, 2235	LAGUNA HILLS HEALTH AND REHAB CTR.....	782	LANIER, TIMOTHY.....	359	
KUMAR, KRIS.....	282	LAI, AMARA.....	1146	LANUZA, MARK.....	1205	
KUMAR, NINA.....	211	LAI, KHANG.....	263	LAPINA, LORI.....	1454	
KUMAR, NISHCHAL.....	53	LAILAW, JOHN.....	632, 2306	LARA, LESLEY.....	1532	
KUMAR, RASHMI.....	246	LAJOIE, ADRIANNE.....	170, 291	LARKINS, PHILIP.....	193, 1695	
KUMAR, SOMA.....	1988			LAROSE, CONNOR.....	234	
KUNAM, SYAM.....	229, 771			LAROWE, ALEXISS.....	155, 200	
KUNIN-RIDA, TERI.....	26, 58, 70, 71			LARSEN, JULIE.....	2045	
KUO, ALLEN.....	585, 587			LARSEN, STEVEN.....	2410	
KUO, DENNIS.....	353, 354, 389, 2104			LARSON, BENJAMIN.....	444, 527, 528	
KUPFER, DAVID.....	523, 526, 696			LARSON, BRETT.....	225, 513, 738	
KUPIS, ROBERT.....	764					
KUPPALLI, KRUTIKA.....	293, 627, 1747, 1995					
KURAISHI, AQDAS.....	87					

## E. Index of Providers

LAS VILLAS DE CARLSBAD OPERATIONS LLC.....	780	LEE, BEGEM.....	2115	LEMON GROVE CARE AND REHAB CTR.....	782, 2248
LASKER, BRUCE.....	637	LEE, BRIAN.....	241, 704	LEMON GROVE FAMILY HEALTH CENTER...848, 849, 850, 851, 852, 853	
LASKY, LANA.....	560	LEE, BYUNG.....	216, 504	LEMON GROVE FAMILY HEALTH CENTER, .....	50, 1184
LASSWELL, EVE.....	1808, 2279	LEE, DAVID.....	1761, 2030, 2280, 2307	LENHART-PENDERGRASS, PATRICIA.....	1667, 1866, 1907, 2109
LAU, JANICE.....	2411	LEE, GEMAYEL.....	595, 596	LENIHAN, MICHAEL.....	133, 693
LAU, KUEN CHINE.....	2410, 2411	LEE, HAEWON.....	1667, 2120	LENNON, RYAN.....	1267
LAURENT, LOUISE.....	1657, 1756, 2009	LEE, HEE.....	1721	LEON, FLOR.....	1454, 1455
LAVERTY, CHAMINDRA.....	2030	LEE, HELEN.....	500, 561	LEON, JOSUE.....	762
LAW, KAREN.....	1029, 1205	LEE, INSUN.....	108, 329, 596	LEONARD, BEVERLY... 1017, 1581, 1582	
LAW, LINDSEY.....	349	LEE, ISABEL.....	152	LEONARD, LISA.....	90, 762, 2228
LAWHORN, CHRISTA.....	211	LEE, JAMES.....	247	LEPARD, KRISTINA.....	764
LAWRENSON, LESLEY.....	772	LEE, JASON.....	2349, 2356, 2411	LEPEZ, DAVID.....	83, 84, 1533
LAWRIE, ALISA.....	1435	LEE, JENNIFER.....	2379	LERNER, JONATHAN.109, 153, 182, 597, 709, 1608, 1646, 1926, 2194	
LAWSON, CATHERINE.....	63	LEE, JENNY.....	777	LEUIN, SHELBY.1664, 1684, 1902, 2064	
LAWSON, ERIN.....	558	LEE, JIMMY.....	259	LEUNG, CHRISTINA.....	384
LAZAR, DAVID.....	2187	LEE, JOHN.....	223, 224, 438, 723, 736	LEUTE, ERIC.....	1206, 1534
LAZARUS, ELIZABETH.....	168, 288	LEE, JONATHAN KWANG.....	226	LEVERONE, NICHOLAS.....	2002
LAZO, NELLY.....	454	LEE, JOSEPH.....	83, 1532, 1533	LEVIN, JACQUELINE.....	449, 546, 582
LAZZARINI, THOMAS.....	438, 735, 736	LEE, KAREN.....	1993	LEVINE, MATTHEW.....	1302, 1303
LE, BRANDON.....	614	LEE, KATHERINE.....	257, 258, 360, 374	LEVINE, MONICA.....	249
LE, CHARLES.....	635	LEE, KYUNG.....	725	LEVINE, REED.....	664, 690
LE, CRYSTAL.....	1678, 2017	LEE, MICHAEL.....	488, 617, 1367, 1368	LEVY, MICHAEL.....	2178
LE, DAN.....	356, 357	LEE, MINDY.....	285, 606	LEVY, PHILLIP.....	2379
LE, DIANA.....	1128, 1465	LEE, MYUNGHEE.....	133, 722	LEW, HOMER.....	46
LE, HUAN.....	670, 2143	LEE, PAUL.....	204, 247	LEWIS, DEVON.....	657
LE, JACQUELIN.....	2411	LEE, RICHARD.....	272, 709	LEWIS, GEORGE.....	702
LE, NGUYEN.....	211	LEE, ROLAND.....	320, 678	LEWIS, GREG.....	294
LE, SANG.....	233, 234	LEE, RONALD.....	250	LEWIS, MICHAEL.....	2190
LE, TAM.....	2356, 2427	LEE, RYAN.....	661	LEWIS, PRIYA.....	2189
LE, TAYLOR.....	1652	LEE, SALLY.....	2379, 2392	LI, ALEXANDRIA.....	2049
LE, THUAN.....	506	LEE, SANDRINE.....	1321	LI, JINGHONG.....	1735, 1853, 2234
LE, VU.....	750	LEE, SEMI.....	241	LI, MING.....	454
LEAMING, ROBERT. 391, 555, 556, 593		LEE, SHARON.....	395, 477	LI, XIA.....	313, 664, 2280, 2307
LEANO, ANYLOU.....	211	LEE, SUSAN.....	48	LI, XIANGLI.....	92
LEAVITT, JAMIE.....	461	LEE, WILLIAM.....	516	LIANG, NI-CHENG.....	177
LEBANO, RICHARD.....	71	LEE-KIM, CHRISTINE.....	236, 445	LIAO, OTTO.....	351, 352
LEBENSCHN CHIALVO, FLORENCIA.....	2137, 2306	LEGER, GABRIEL.....	1761, 2030	LIAUW, JASON.....	402, 403, 408, 482
LEBO, DEBRA.....	509	LEHNERT SCHUCHARDT, ELEANOR.....	2076	LIEBER, CAROL.....	716, 1268
LEDBETTER, ALEX.313, 664, 2280, 2307		LEI, SHARON.....	384	LIEBERMAN, RONALD.....	176
LEDON, JENNIFER.....	413, 545, 546	LEIBEL, SYDNEY.....	2073	LIEM, WIEKE.....	546
LEE, ALAN.....	574, 575	LEIER, TIM.....	207, 724	LIEN, CHRISTINA.....	522
LEE, ALEXANDER.....	542	LEIGHT, TERRA.....	384, 591		
LEE, ANDREW.....	259	LEININGER, DANIEL.331, 332, 1839, 1840			
LEE, AUSTIN.....	2392	LEISH, BRIAN.....	43, 362		

## E. Index of Providers

LIFE CARE CENTER OF ESCONDIDO. ..... 781, 2244	LIU, GRACE.....203, 242	LOUSSARARIAN, ARTHUR.447, 448, 455, 456
LIFE CARE CENTER OF VISTA.784, 2254	LIU, JESICA..... 1435	LOVE, VICKI..... 1269
LIM, DEAN.....556	LIU, JIE..... 1322	LOVE, YVONNE..... 715
LIM, IMELDA. 531, 1196, 1197, 1268, 1873	LIU, SHANGLEI..... 1821, 2169	LOVEJOY, AMY.1688, 1835, 1904, 2087
LIM, ROSEMARIE..... 533, 1879	LIU, STEVEN.....172	LOVERN, JENNIFER.614, 1131, 1132, 1296, 1297
LIM, VIVIAN..... 320, 678	LIU, TIMOTHY.....2308	LOVING CARE ADHC..... 2259
LIN, CHI WHEI..... 46	LIU, WENJING..... 553	LOWE, ASHLEY..... 166, 285
LIN, DARIUS..... 272	LIU, YUNXIANG.....2049	LOWE, LINDSAY..... 631
LIN, GRACE..... 309, 652	LIZOTTE, PAUL..... 64	LOZADA-PASTORIO, ELIZABETH.123, 124
LIN, HENRY..... 2412	LLANES, BENJAMIN..... 2412	LOZANO, JUAN..... 21, 117, 1614
LIN, JAMES..... 258	LLOYD, MATTHEW..... 1455, 1456	LOZANO, MARTHA..... 140
LIN, JOYCE..... 1799	LO, ALAN..... 46, 366	LOZIER, JEFFREY..... 578, 1915
LIN, KEVIN..... 267	LO, PATRICIA..... 374	LU, CHONG PING.....230
LIN, PARKSON..... 264	LOBATZ, MICHAEL.....101	LU, CHRISTIAN..... 250
LIN, RAY.....516	LOBUE, THOMAS.....439, 512	LU, LESLIE..... 54
LIN, RICHARD..... 750	LOC, KIET..... 371	LU, STEPHANIE..... 1368
LIN, SHINKO.....157, 532, 576	LOCASCIO, ELIZABETH..... 509	LU, TAMMY..... 1078, 1269
LIN, SHUANG.....1091	LOCKE, JOHN..... 525	LUAN, GORDON..... 71
LIN, THEODORE..... 438, 439, 736	LOEFFLER, ALLISON.1050, 1051, 1111, 1112, 1190, 1401, 1402, 1403, 1589, 1590	LUCACI, BIANCA..... 433, 726
LIN, TOM..... 2102	LOGAN HEIGHTS FAMILY HEALTH CENTER.936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 956, 958	LUCAS, SARAH..... 324
LIN, YUAN..... 200	LOGAN HEIGHTS FAMILY HEALTH CENTER, ..... 75, 1348, 1349	LUCATERO, JENNIFER.....516, 555
LINDA VISTA HEALTH CARE CTR.876, 877, 952	LOGAN, DWAYNE..... 380	LUCERO, RENEE..... 546
LINDA VISTA HEALTH CARE CTR, .75, 1348	LOHNES, ELLIE..... 1456	LUCKETT, DE COURCY..... 155
LINDBACK, SARAH..... 1248	LONG, RYAN.....141, 164	LUDEMA, THOMAS..... 94
LINDEMAN, KURTIS..... 1321, 1322	LONGGARDNER, KATHERINE.2031, 2308	LUGO, GUSTAVO..... 294
LINDEMANN, CHRISTINA..... 657, 2127	LONGBERG, AUSTIN..... 449	LUHAR, RIYA..... 101, 298, 578
LINKE, SARAH. 1808, 2137, 2280, 2307	LONGOBARDO, FRANCESCA..... 657	LUJAN, ARLEEN..... 1435, 1436
LINNEMEYER-RISSER, KRISTEN. . 322	LOPER, KAREN..... 1435	LULIC, DZENAN..... 57
LIOTTA, BENJAMIN.290, 619, 1735, 1974	LOPEZ VIZCARRA, MARCO..... 457	LUM HO, RACHEL..... 714, 2202, 2203
LIPSCHITZ, LISA.1050, 1111, 1189, 1190, 1399, 1400, 1401, 1589	LOPEZ, ALYSSA-NICOLE..... 127, 641	LUM, YUIN-WAH.....1197
LIPTON, GREGORY..... 559	LOPEZ, IRMA..... 32	LUNA, MARIO..... 525, 750
LIRA, JOSE..... 120, 139	LOPEZ, JOANNA..... 2266	LUND, GUY..... 628, 635
LIRA, SHANNON..... 726	LOPEZ, MARIA..... 440	LUONG, TRAN..... 1800
LISH, JONATHAN..... 1322	LOPEZ, MARIBEL..... 717, 2325	LUPTON, JASON..... 617
LIU BARBARO, DOROTHY..... 432, 1179	LOPEZ, MARIO..... 1456, 1457	LURINKS GARCIA, MARIA..... 731
LIU, ANDREW.120, 172, 185, 294, 331, 533, 565, 567, 628, 1896	LOPEZ, NICOLE..... 323, 687, 1821, 2169	LUSBY, FRANKLIN.....2367
LIU, CHIA CHI..... 253	LOPEZ, RACHAEL..... 374	LUSCHWITZ, BRIAN..... 1602
LIU, CHIA-LIN..... 71	LOPEZ, SANDRA..... 759, 762	LUTTGE, SCOTT..... 444, 528, 752
LIU, FRED..... 313	LOPEZ, XIMENA..... 1867, 2116	LUU, DANIEL..... 614, 1967
LIU, GENE FU..... 477	LOSTETTER, ADRIENNE..... 1248	LUU, QUANG..... 261, 466
	LOUIE, BRANDON..... 528	LY, NANCY..... 110, 530, 534, 599
		LY, PHUONG..... 53
		LY, SOPHEAP..... 186
		LYFORD, WILLIS..... 617



## E. Index of Providers

LYLE, DOUGLAS.....	357, 367	MAHDAD, MEHRDAD.....	255	MANSOURY, HADI.....	255, 371
LYNCH, GREGORY.....	739	MAHDAL, SUZAN.....	1185	MANSY, GINA.....	140, 178
LYNCH, SHAUNA.....	621	MAHENDRAN, SRIVIDYA.....	1436	MANSY, TAMARA.....	1099
LYNN, KENNETH.....	389	MAHESHWARI, ANOOP.....	422, 424	MANZANO, EUNICE.....	606
<b>M</b>					
MAA CHIP, FHARAK.....	533, 535	MAHMOOD, FARAH.....	205	MANZO, CORINA.....	1945
MAASUMI, KASRA.....	371, 372, 584	MAHONEY, KAITLYN.....	1474	MAPLES, RANDI.....	139
MAC, OLIVIA.....	232, 746, 777	MAHOOTI, SEPI.....	652	MAPLETON, SHARINA.....	36, 89
MACASADIA, MARITES.....	133, 539	MAHROU, REZA.....	237	MARANDOLA, MICHAEL.....	451
MACAULEY, TODD.....	38	MAI, TUAN.....	149, 597, 599	MARANGI, KENT.....	486
MACCHIO, GREGORY.....	108	MAJDALANI, KAREN.....	253	MARANO, RACHEL.....	2116
MACDONALD, HEATHER.....	268	MAJEED, WASAN.....	87	MARC AURELE, KRISHELLE.....	653, 1758, 2018, 2116
MACEWAN, IAIN.....	178, 318, 672	MAJERSKI GONZALEZ, MANDY.....	718, 1564	MARCINIAK, ROMAN.....	1368
MACHO, DANIELLA.....	227	MAJITHIA, AMIT.....	1751, 2002	MARCUS, DEKE.....	475
MACIAS, ALISSA.....	1130, 1131, 1485, 1486	MAJUMDAR, ADITI.....	485, 486	MARDACH, REBECCA.....	1991, 1992
MACIEL, MARLA.....	369	MAK, ROBERT.....	2106	MAREK BYKOWSKI, JULIE.....	320, 678
MACINTYRE, ELIZABETH.....	1242	MAKANI, SAMIR.....	177	MAREK, MAKSYM.....	126, 713, 734
MACK, GREGORY.....	693	MALAK, LAWRENCE.....	2262, 2308	MARGER, MICHAEL.....	750
MACKAY, GILLIAN.....	174, 300, 639, 1662, 1766, 2039, 2040	MALEK, MIKHAIL.....	182, 1675	MARINESCU, CATALIN.....	258
MACMURRAY, MICHAEL.....	64, 565	MALEKIRAD, JACQUELINE.....	364	MARJON, PHILIP.....	119, 216, 504, 625, 712, 729, 759
MADAN, SAKSHI.....	657	MALEKMADANI, ARIENNE.....	2207	MARKMAN, LISA.....	244, 361, 362
MADANI, BAHAR.....	170	MALEKSHAMRAN, KEYVAN.....	1159, 1160	MARKS, ROBERT.....	320, 678, 1813, 2152
MADANY, GEORGE.....	1436	MALHOTRA, ARATI.....	1503, 1504	MARLAY, GREG.....	2392
MADERA RIVERA, PAULA.....	1642, 1699, 2166, 2167	MALIK, SUDHIR.....	637	MARMUREANU, ALEXANDRU.....	275
MADGEDI, SHEILA.....	606	MANALESE, MARIA THERESA.....	242	MAROLLA, ALICE.....	1817
MADHAV, KINJAL.....	99, 107	MANASSON, KATHERINE.....	46	MAROSOK, MICHELLE.....	166, 285, 606, 710, 1945, 2196
MADHAV, SANDIP.....	97, 104, 281, 309	MANCHEL, BRUCE.....	135, 719, 1069, 1070, 1578, 1579	MARQUE URGENT CARE.....	16, 17
MADRID, RICHARD.....	51, 87	MANCHESTER, KAREN.....	183	MARQUEZ, LUIS.....	71
MAFONG, ERICK.....	617	MANDEL, RONALD.....	43	MARR, RYAN.....	97, 175, 539, 647, 2333, 2343, 2349, 2356, 2367, 2379, 2380, 2392, 2393, 2412, 2413
MAGANA, MARISA.....	177, 765	MANECKE, KRISTEN.....	641	MARRIOTT, AGATA.....	152
MAGANDA, JESSICA.....	113	MANGINE, REGINA.....	1581	MARSDEN, CLAIRE.....	431, 432
MAGEE, ANNA.....	2274	MANGOBA, LUTHER.....	62	MARSHALL HOUSE.....	2255
MAGGE, SURESH.....	482	MANI, MAJID.....	128, 336, 537	MARSHALL, CATHARINE.....	292
MAGINOT-CHESHER, TAMARA.....	1808, 2138, 2280, 2308	MANI, NASRIN.....	128, 161, 336, 537, 643, 1056, 1117, 1566	MARSHALL, LAWRENCE.....	1825, 2178
MAGIT, ANTHONY.....	307, 651, 1784, 1785, 2064, 2065	MANI, PARVIN.....	2040	MARSHALL, STUART.....	325
MAGNOLIA ADULT DAY HEALTH CARE.....	2258	MANNEN, JOSEPH.....	2340	MARSTON, JACQUELINE.....	621, 1323, 1324
MAGNOLIA POST ACUTE CARE.....	780, 2242	MANNINO AVILA, ELIZABETH.....	2116	MARTIN, DAVID.....	522
MAGNOLIA SPECIAL CARE CENTER.....	780	MANNINO, ELIZABETH.....	1180	MARTIN, HALEY.....	311, 657, 1800, 2127
MAGNOLIA SPECIAL CARE CTR.....	780	MANORCARE HEALTH SERVICES HEMET.....	781	MARTIN, RIA.....	1269
MAGOS, DANIEL.....	186, 2270	MANRIQUEZ-CASTILLO, ERENDIRA.....	1437	MARTIN, STEPHANIE.....	546
		MANSOUR, DAVID.....	29, 159, 577, 1650, 1913	MARTIN, THOMAS.....	627, 1996
		MANSOUR, RASHAD.....	156, 432	MARTINEZ ANDREE, INGRID.....	1437

## E. Index of Providers

---

MARTINEZ MURGUIA, IRENE.719, 1221, 1222, 1457	MAY, LOUIS.25, 159, 1099, 1552, 1553, 1650	MCGRATH, BENJAMIN..... 473
MARTINEZ, ARMANDO.294, 628, 1751, 2002	MAYADEV, JYOTI ..... 178	MCGRAW, JOSEPH.175, 190, 302, 336, 537, 643, 2334, 2349, 2356, 2380, 2393, 2413
MARTINEZ, CAROLYN.606, 1270, 1946	MAYER, ANDREW.....291	MCGUIRE, DESMOND....380, 553, 554
MARTINEZ, ELADIO.....21	MAYET, KHADIJA .....54	MCGUIRE, WILLIAM.318, 670, 1810, 2143
MARTINEZ, JORGE ..... 52, 57	MAYOYO, MARILYNN ..... 113, 155, 606	MCHENRY, KATHRYN.27, 31, 50, 64, 753, 1146
MARTINEZ, KENNETH .....94, 95	MAZAREI, RAHELE ..... 567, 762	MCHONE, PATRICIA.....359
MARTINEZ, LESLY.63, 90, 563, 758, 1892, 2225	MAZZA, DAVID.....135	MCINTOSH, ANDREW.....414
MARTINEZ, NANCY .....114, 1021	MBA, MBA UZOMA..... 290	MCINTYRE, DEBRA ..... 440, 738
MARTINEZ, NORAYMA . 186, 712, 2270	MC CLEARY, DAVID..... 225	MCINTYRE, SUSAN ..... 253
MARTINEZ, STEPHANIE.137, 2262, 2281, 2309	MC DIARMID, JOHN.....513, 514, 738	MCKENNETT, MARIANNE .....1029
MARVASTI, AMIR .....259	MC ELROY, CARTER..... 2162	MCKERAHAN, KELLY..... 56
MASAKI, DAMON.254, 258, 370, 371, 374	MCADAMS, JOSEPH.....1801, 2127	MCKESEY, JACQUELINE ..... 114
MASCARENO, EFRAIN.130, 1627, 1628, 2338	MCAULEY, ROBERT.....2274	MCKNIGHT, BRADEN.146, 150, 325, 693
MASIELLO, DAVID .....505	MCCALLION, DANIELLE.....286, 330	MCLAUGHLIN, ERIK.....1984
MASLIN, JESSICA ..... 128	MCCALLION, PATRICK.....1629	MCMAHON, SHARON .....1064
MASON, JAMES .....772	MCCAMMACK, BRADLEY.1242, 1243, 1244	MCMICHAEL, JESSICA..... 469
MASSOUDI, FARZAD..... 403	MCCANDLESS, JEREMY ..... 693	MCMILLAN, MONICA.....115
MAST, ASHLEY.....531, 613	MCCANDLESS, RACHEL ..... 1861, 2076	MCMURRAY, SARAH.....172
MASTERS, ROBERT.....367	MCCANN, JAN .....391, 392, 473	MCMURREN, BRITTANY..... 2344
MATEO, MARIE..... 711	MCCARTHY, KATHRYN..... 1673	MCNAMEE, CAIRINE..... 320, 679
MATHIAS, HERMAN..... 36, 217, 218	MCCAUL, DAVID.....318	MCNEALY HOUSE ..... 2249
MATHIAS, WILLIAM.....2204	MCCLAIN, MEGAN ..... 286, 606	MCPHERSON, SAMANTHA .....286
MATHUR, ARVIND.....214	MCCLAY, EDWARD.....173, 713	MEADOWS, AUDRA.....1766, 2040
MATIALEU, LEOPOLDINE.....163	MCCLEAN, ESMERALDA.304, 1774, 2367, 2413	MEAGHER, RAISHELLE ..... 720, 2326
MATIAS, JULIE ..... 1489, 1490, 1505	MCCOWN, BARRY.156, 432, 1648, 1851	MEAGLIA, JAMES.277, 408, 491, 593, 594
MATICH, BRANKO .....1324, 1325	MCCULLEY, DAVID .....2019	MEDIC, IGOR.....330, 1836
MATIKO, JAMES .....234	MCCULLOUGH, DEIRDRE.1619, 1837, 2010	MEDILO, LOVELLA.....607
MATOBA, NANA.1621, 1759, 2018, 2019	MCCULLUM, TIFFANY.....2138, 2309	MEDINA, ALEXANDER..... 58, 1206
MATSHE, ZENZIWE.....1146, 1674	MCCUTCHEON, CLAIRE.....294	MEDINA, NATALIE..... 60, 61
MATSON, GARY.....71	MCDANIEL, MICHELE.1736, 1975, 2088	MEDINA, RUBELETA ..... 607, 1946
MATSUOKA, AKIHIRO.307, 308, 651, 1785, 2065	MCDONALD, MARIN..... 320, 678, 679	MEGALI, NICOLE..... 105, 193, 311
MATTERA, BETH .....285	MCDONALD, MARY.....87	MEGERT, SONYA..... 330
MATTHESS, JANETTE .....285, 1722	MCDONALD, ROBERT .....87	MEHARDA, SANJIWANI .....35, 56
MATTHEWS, MERRITT..... 21, 58	MCDONNELL, EMMA.128, 129, 161, 537	MEHBOOB, SALMAN..... 165, 173
MATTIOLI, TAYLOR .....311	MCFARLAND, NATHAN.....50, 1180	MEHRANPOUR, PAYAM ..... 330, 331
MAUHILI, KENNA ..... 1909, 2289	MCGEE, JACQUELINE.107, 198, 572, 1606, 1698	MEHROTRA, SACHI.....171, 648
MAUSER, JILL ELLEN..... 711	MCGEHRIN, KEVIN.126, 137, 713, 715, 734, 740	MEHTA, AMAL ..... 230, 443, 744
MAXWELL, BENJAMIN..... 2281	MCGILLOWAY, MELANIE .....607	MEHTA, CHANDRAKANT..... 443, 744
MAXWELL, MELISSA ..... 2265	MCGINTY, PATRICK .....165	MEHTA, HIRSCH..... 110, 599
	MCGOWAN, GLAIZA ANN ..... 607	MEHTA, NOOPUR..... 193, 1693
		MEHTA, PRATIK..... 522

## E. Index of Providers

---

MEHTA, RITVIK.....	131	MERRILL, COREY.....	1801, 2127	MILLER, JEAN.....	183
MEHTA, SHILPA.....	39, 46, 244, 362	MERRILL, SARAH.....	21, 1030	MILLER, JULIE.....	764, 765, 2232, 2233
MEHTA, VIKRAM.....	96	MERRITT, MARISA.....	756	MILLER, KURT.....	461
MEHTA, VINAY.....	236, 445, 446	MESBAH, AZITA.....	255	MILLER, LAUREL.....	1458
MEHTA, VIVEK.....	269, 482	MESHKINPOUR, AZIN.....	426, 427, 547	MILLER, LUCY.....	332
MEHTSUN, WINTA.....	327, 697	MESIWALA, ADNAN.....	1863, 2088	MILLER, RYAN.....	440
MEINEKE, RYAN.....	180	MESLEH SHAYEB, AKRAM.....	625	MILLER, SCOTT.....	621, 1986
MEJIAS, JUAN.....	196, 197, 580	MESSINGER, BRADLEY.....	201, 218, 422,	MILLON, TINA.....	211
MEKEEL, KRISTIN.....	2191	495, 496, 507, 731		MILLS, BRAD.....	2309
MELBER, DORA.....	1620, 1677, 1756, 1838,	MESSIHA, ANDREW.....	354	MILLS, DAVID.....	1863, 2089
1854, 1894, 2010, 2011		MESTAN, KAREN.....	1759, 2019	MILLS, MARLIN.....	370, 371
MELE, ANTHONY.....	475	METCALF, ASHLEY.....	2088	MINASSIAN, ARPI.....	316, 317, 669
MELLENDEZ BERRIOS, IARA DEL.....	1051,	METH, ERNIE.....	638	MINKA, GENEVIEVE.....	1631, 1688, 1843,
1112, 1190, 1404, 1405, 1406, 1590		MEURICE, MARIELLE ERENDIRA		2089	
MELLENDEZ, ARIANA.....	300, 639, 640,	LUCILLE.....	300, 640	MIRACLE, ANGELYN.....	1852, 2214
1767, 2041		MEYER, ISAAC.....	607	MIRADI, MOHAMMED.....	331
MELGAR, MONICA.....	1325	MEYER, JILL.....	120, 124	MIRANDA, CYNTHIA.....	541, 669
MELKONIAN, VIKEN.....	461	MEYER, JOAN.....	193	MIRKARIMI, MORTEZA.....	77
MELL, LOREN.....	140, 178, 318, 672	MEYER, MEGAN.....	1710, 1921	MIRON, JEAN-PHILIPPE.....	664, 2310
MELOT, KAREN.....	211, 433	MEYERHOF, GRETA.....	567, 761, 2290,	MIRSAEID GHAZI, POURYA.....	250
MELTZER, PAUL.....	239	2329		MIRZA, BASHAR.....	295
MELTZER, VIRGINIA.....	607, 1270	MEYERS, JUDITH.....	183	MISAGHI, AMIRHOSSEIN.....	469, 486
MEMON, TALHA.....	501, 502	MICHAEL, NICOLE.....	286	MISHRA, GAURAV.....	137, 138
MENDELSON, SUSAN.....	258, 374	MICHAEL, RAMI.....	29, 159, 1100, 1650	MISHRA-OCCHINO, SEEMA.....	2090
MENDENHALL, ANNA.....	1136	MICHALOWSKI HOME.....	2249	MISSION HERITAGE MED GRP.....	17
MENDENHALL, GEORGE.....	281, 282	MICK, SHARON.....	286, 607, 1722, 1723,	MISSION HILLS POST ACUTE CARE.....	783, 2251
MENDES, CHANTAL.....	1631, 1688, 2088	1946, 1947		MISSION HOSPITAL LAGUNA	
MENDEZ, ADRIANA.....	566, 760, 2290,	MID-CITY COMMUNITY CLINIC.....	914,	BEACH.....	13
2329		915, 916, 954		MISTRY, CHETAN.....	1064
MENDEZ, ANDRES.....	1809, 2281	MID-CITY COMMUNITY CLINIC.....	75,	MITCHELL, CATHY.....	1141
MENDEZ, DIEGO.....	127, 536, 640, 718,	1349, 1350		MITCHELL, JESSE.....	213, 214, 434, 500,
1052, 1113, 1564		MIDORO, ABEGAILLE.....	1873, 1947	727, 728	
MENDEZ, JESUS.....	133, 1068	MIEL, RUFINA.....	455	MITCHELL, PAUL.....	227, 739
MENDIVIL, ALBERTO.....	249	MIGNEA, DAVID.....	1073, 1130, 1474, 1475	MITIKU, TEFERI.....	238, 346
MENDOZA, GRETTEL MARIE.....	1271, 1946	MIKHAIL, EMAD.....	39	MITREVSKI, PREDRAG.....	67
MENDOZA, RAYMUNDO.....	2393	MIKUT, ALYSSA.....	2045	MITTAL, YASH.....	622
MENIFEE GLOBAL MEDICAL		MILANCHI, SIAMAK.....	267, 268	MIYA, GARY.....	651
CENTER.....	13	MILDER, EDMUND.....	2106	MIZOGUCHI, LIANNE.....	2368, 2413
MENN, STUART.....	179	MILES, RENEE.....	2275	MIZZELL, ANNA.....	1713, 1926
MENON, POOJA.....	1030	MILLAR, MELISSA.....	1921	MLNARIK, ANASTASIA.....	1437
MERALI, MURTAZA.....	2380	MILLER, BRANDON.....	33, 87, 88	MOASIS, GHASSAN.....	326
MERCADO, BRYANT.....	556	MILLER, BRIAN.....	343	MOASIS, KAREEM.....	92
MERCANDETTI, ALEX.....	595, 629	MILLER, DONALD.....	1244	MOATTARI, ALI.....	551
MERCER, KELLY.....	163, 539, 657, 1125,	MILLER, EVA.....	1947	MODENA, BRIAN.....	280
1126, 1222, 1457, 1458		MILLER, HOWARD.....	293	MODHWADIA, MAMTA.....	580, 2294
MERCER, SCOTT.....	30	MILLER, JAMES.....	98	MOELLER-BERTRAM, TOBIAS.....	724
MERLO, CLIFFORD.....	773	MILLER, JAMIE.....	205, 258, 374		

## E. Index of Providers

---

MOFFATT, KYRRA.....	1177	MOORE, BRIAN.343, 720, 1847, 1848, 2213	MOULD, KEVIN.....	27	
MOFID, MEHRDAD.....	326	MOORE, CANDACE.....	151, 369	MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC.....	2253, 2254
MOHALE, SHARON.....	592	MOORE, HEATHER.....	166	MOUNTAIN, KELLY.....	555
MOHAMEDALI, BURHAN.110, 121, 154, 599, 630, 709, 712, 1617, 2006, 2199		MOORE, PAMELA.....	228	MOUSAVI, SHAHRYAR..	354, 446, 585
MOHAMEDI, NADIA.....	1207	MOORE, PATRICK.....	521	MOUSSAVIAN, MEHRAN.154, 182, 565, 754, 760, 1105, 1106, 1376, 1557	
MOHAMMAD, AHMAD SHAH.126, 333, 1625, 1840		MOORE, SHAVON.314, 664, 2281, 2310		MOVAGHAR, MANSOOR.1663, 1683, 1771, 1858, 1898, 2049, 2357	
MOHEBBI, ATHENA.....	1723, 1947	MOORE, THOMAS.....	1658, 1757, 2011	MOYA, MARY.....	21, 84, 1031, 1534
MOHINDRA, SUCHITRA.....	43	MOORMAN, KRISTA.....	341, 657	MUDGE, BRADLEY....	214, 556, 557, 752
MOHLENBROCK, WILLIAM....	153, 325	MOOSAVI, MOHAMMAD.....	28	MUELLER, DANA.....	2076
MOHLER, LESTER.....	693	MORA, WENDY.424, 568, 569, 763, 1849, 1900, 2230		MUELLER, GEORGE.....	689, 2175
MOLDOVAN, STEFAN....	144, 199, 689	MORAL, JOHN.....	144, 1643	MUELLER, MATTHEW.290, 619, 1736, 1975	
MOLES, JEREMIAH.....	339, 340	MORALES, ALEJANDRA.....	71, 1326	MUHAMMAD, LAMA.....	2310
MOLHO, DAVID.....	272, 418, 419	MORAN, TIFFANY.....	1948	MUHONEN, LINDA.....	467
MOLINA, MYRNA.....	657	MORDEN, JACQUELINE.....	311	MUHONEN, MICHAEL.....	482
MOLINOS, NICOLE.....	1177	MOREIRA, LUCILA.....	1249	MUKHERJEE, ASHIS.....	496
MOLINSKI, ALLISON.....	359	MORELL, MICHAEL.....	150, 324	MULDOON, MICHAEL.....	693
MOLL, ANGELA.1663, 1682, 1858, 1898, 2049, 2350, 2356, 2414		MORENO MARTINEZ, ENRIQUE.145, 199, 690		MULFORD, MIM.....	450, 451
MONAHAN, CAROLYN.....	1505	MORENO, KATHERINE.....	166	MULLVAIN, JEFFRY.....	599, 630
MONARREZ, DAVID.....	49	MORENO, MANUEL.....	286	MULTANI, GURPREET.....	364
MONDRAGON, GUSTAVO....	21, 111, 121	MORENO, SYDNIE.....	105, 176	MULVEY, CAOILFHIONN.286, 607, 1723, 1948	
MONEYHON, MICHAEL.....	748	MORGAN, CRAIG.....	135	MULVIHILL, DANIEL.....	577
MONGA, MANOJ.....	2192	MORIN, RUTH.....	266	MUMTAZ, SEEMAL.....	147
MONROE, MAX.....	684	MORRIS, CHAD.....	1653	MUNAVU, LILY.....	266, 267
MONTANA, WILBUR.....	506	MORRIS, JASON.....	193, 194	MUNCADA, CAESAR.....	300, 1769
MONTANA-COLLINS, CLAUDIA...384		MORRIS, JOHN.....	486	MUNCE, DANIELLE.....	2002
MONTBLEAU, KARA.....	2090	MORRIS, RAPHAEL.....	665	MUNDI, JAGMEET..	261, 386, 466, 467
MONTEL, SEBASTIEN.....	475, 476	MORRIS, SHEILA.....	127, 1626	MUNIB, SABEEN.....	43
MONTENEGRO, CLAUDIA.....	71	MORRISON REYES, JOSHUA.2334, 2350, 2357, 2368, 2381, 2393, 2394, 2414, 2415		MUNOZ PINEDA, JORGE.....	318, 670
MONTERO, MARIA.....	230	MORRISON-REYES, JOSHUA.190, 302, 336, 337, 537, 538, 643, 644		MUNYON, THOMAS.....	500, 501, 728
MONTES, DENISE.....	2325	MORTIMER, DORI.....	1249	MURPHY, CARMEL.....	1136, 1137
MONTES, VIVIAN.....	193, 1693	MORTON, ASA.....	190, 191, 302, 644	MURPHY, JAMES.....	178, 2145
MONTEZ, REBECCA.....	2291	MOSHFEGH, AMIEL.....	164	MURPHY, KEVIN.....	672
MONTGOMERY HOUSE.....	2255	MOSHTAGHI, OMID.....	131, 340, 1842	MURPHY, PAUL.....	320, 679
MONTGOMERY, KEITH ALLEN.1887, 1888, 2220, 2221		MOSKOW, LONNIE.....	272, 415, 419	MURRAY, BREANNA.....	657
MONTGOMERY, ROBERT.....	272	MOSQUERA, DIANA.....	1064	MURRAY, CARLA.....	155
MONTOYA, JESSICA.....	2138, 2310	MOSS, JASON.....	644	MURRAY, MATTHEW.....	2090
MOODLEY, AMARAN.....	1996	MOSSON, MARK.....	80	MURRAY, STEVEN..	165, 283, 601, 602
MOOLANI, RAMESH.....	119, 1617	MOST, CAROLE.....	216, 505	MURRIETA HEALTH AND REHABILITATION CENTER.....	782
MOOLANI, UJJALA.120, 124, 172, 201, 295, 331, 565, 577, 628, 1622, 1623		MOSTOFIAN, EIMANEH.1135, 1499, 1500		MURTHY, NIKHIL...107, 324, 1607, 1825	
MOONEY, PATRICIA.166, 286, 499, 607, 710, 2196		MOTT, KRISTEN.....	311	MUTH, NATALIE.....	1013
MOOR, TRACY.....	2368, 2414			MUY, MADINETH.....	50

## E. Index of Providers

MWAURA, WAIRIMU.166, 286, 499, 607, 710	NARAYAN, HARI.1665, 1686, 1861, 2076	NEIGHBORHOOD HEALTHCARE LAKESIDE. .... 846, 847
MWESIGWA, PATRICIA. ....245, 363	NARAYANAN, MEENA.111, 121, 154, 182, 599, 630, 709, 712, 1370	NEIGHBORHOOD HEALTHCARE LAKESIDE, . .... 50, 1179, 1180
MYER, JONATHAN. .... 693	NARDI, MELISSA. ....172	NEIGHBORHOOD HEALTHCARE PAUMA VALLEY. .... 873, 874
MYERS, JESSE. ....166	NARDI, SEAN. ....115	NEIGHBORHOOD HEALTHCARE PAUMA VALLEY, . .... 64, 1246
MYREN, DONALD. ....727	NARLA, VINOD. ....280, 595	NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL.834, 835, 836, 840
<b>N</b>		
NACOSTE, LAKEISHA. ....1723	NARULA, ARVIN. .... 120, 600	NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL, .32, 1152, 1153
NADEAU, DANIEL. .... 93	NASH GOELITZ, ALYSSA. ....289	NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL. .... 836, 840
NADI, FAHIMA. .... 1100	NASSERY, KRISTEN. .... 573, 1910	NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL, ..... 32, 1153
NAFICY, K. .... 81, 702	NASSIR, BASSAM. .... 29, 1091	NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY. 836, 837, 838, 841
NAFIU, BOLAJI.232, 233, 746, 748, 777, 778	NATH, ASHOK. ....221, 436, 437	NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY, . .... 32, 1153
NAGASUNDER, ARABHI.201, 217, 221, 435, 436	NATH, DEVARSHI.82, 711, 1132, 1133, 1490, 1491, 1492, 2198	NEIGHBORHOOD HEALTHCARE, .89, 1594, 1595
NAGATA, CERAH. ....607	NATHAN, CARLY.289, 613, 1730, 1965, 1966	NEJATI, FRESHTA. ....1948
NAGEL, IRENE. ....390	NATHAN, CARLY.289, 613, 1730, 1965, 1966	NELKIN, CORY. ....172
NAGELBERG, JODI.290, 620, 1086, 1087, 1303, 1740, 1979, 1980	NAUDIN, VERONICA. ....1602	NELMS, MICHAEL. ....592, 657
NAGHI, JESSE.111, 121, 154, 160, 331, 1618	NAVA, PETER. ....148, 560, 756	NELSON, AISLYN. .... 532, 576
NAGNUR, PRITI. ....1122	NAVARRO, ROSA. .... 108	NEMATI, MARYAM. .... 413
NAHM, WALTER. .... 617	NAVARRO, VANESSA.59, 84, 1207, 1535, 1874, 2207	NEMCEFF, DENNIS. ....199
NAIDZIONAK, ULADZISLAU.119, 625, 1617, 2002	NAWAR, MAGDY. .... 457	NESTOR COMMUNITY HEALTH CENTER. .... 950, 951, 958
NAIK, RAHUL. ....505	NAWAZISH, SABA. .... 512	NESTOR COMMUNITY HEALTH CENTER, .....75, 1350
NAIK, SHILPA. .... 1123	NAYAK, KESHAV. ....600	NETZEL, JENNIFER. .... 607, 1948, 1949
NAITOH, JOHN. ....181, 327, 328	NAZARY, AREZOU. .... 39	NEUSTEIN, PAUL.147, 150, 181, 328, 346, 699
NAJAFI, DAVID. .... 337, 1419	NEAL, JAMES. .... 509, 734	NEVAREZ, IRENE. .... 1197, 1198, 1271
NAJAND, SADAF. .... 576, 1913	NEALEIGH, NATALIE. ....516	NEVILLE, MARGARET.566, 760, 2291, 2329, 2330
NAJAR, FAUZI. .... 80, 661	NEESE, SUSAN. ....322	NEWMAN, DAVID. ....526, 2381
NAKAMITSU, ABIGAIL. .... 2127	NEGRON, CAROLINE. ....183	NEYAZ, MOHAMMED. .... 188, 578
NAKAMURA, LEAH.277, 408, 409, 491, 492, 594	NEGRON, RICARDO.194, 203, 579, 739, 1162, 1163	NG, EUNICE. ....193
NAKAMURA, MELANIE. ....1147	NEIGHBORHOOD HEALTHCARE.994, 995	NG, REBECCA. ....384, 464, 591
NAKAMURA, TIFFANY. .... 2008, 2311	NEIGHBORHOOD HEALTHCARE ESCONDIDO. ....830, 831, 832, 833, 841	NGO, CATHERINE. ....363
NAKKA, SREENIVASA. .... 215, 503	NEIGHBORHOOD HEALTHCARE ESCONDIDO, ..... 32, 1152	NGO, DONALD. .... 280, 595
NAMAZY, DAVID. .... 297, 628, 635	NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER.874, 875	NGO, MAI. ....1867, 2117
NAMBIAR, MARGARET. .... 224	NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER, .64, 1247	
NAMI, NAVID. ....413, 547, 548	NEIGHBORHOOD HEALTHCARE GRAND AVE. .... 839, 840	
NANAVATI, VIMAL. .... 530, 575, 599		
NANDI, SHANKHA. .... 732, 768, 770		
NANGIA, CHAITALI. ....249		
NAPOLEAN, REBECCA. .... 686		
NAPOLI, LYNN. .... 44		
NARANJO, RODRIGO. ....1369, 1370		
NARAYAN, ARCHANA. .... 1100, 1101		

## E. Index of Providers

NGO-BIGGE, ANGELA.....607	NGUYEN, THUYTRANG..... 82	NORMAN, STACY.....555, 592
NGUYEN, ALEXIE.....172	NGUYEN, THY.....2381	NORRIS, JEFFREY.....1327
NGUYEN, AN.....366	NGUYEN, TIA.142, 235, 541, 1639, 1706, 1707, 1880	NORTH PARK FAMILY HEALTH CENTERS. ..903, 904, 905, 906, 907, 908, 909, 910, 911, 955
NGUYEN, ANDY.....172, 211, 433	NGUYEN, TONY.....415	NORTH PARK FAMILY HEALTH CENTERS, .....75, 1350, 1351
NGUYEN, ANTHONY.....625, 1993	NGUYEN, TRACY.....2338	NORTON, MARILYN.....119
NGUYEN, BACH.....56	NGUYEN, TRI.....600, 629, 630	NOSRATI, SAM.....392, 473
NGUYEN, BAO-THU.....259	NGUYEN, TRUC.....1065	NOSTE, ERIN.....1736, 1975
NGUYEN, BRUCE.....2415	NGUYEN, TUAN.....57	NOURI, LABEED.....164
NGUYEN, BRYANT.....331, 630	NGUYEN, TUYET.....449	NOURI, SARVENAZ.....232, 746, 777
NGUYEN, CARIE.....21, 1031, 1032, 1535	NGUYEN, VI.....1123	NOVAK, ERIKA.....602
NGUYEN, DANIELA..1598, 1893, 2225	NGUYEN, VIET.....251, 629, 635	NOVAK, LOREN.....90
NGUYEN, DAT.....42	NGUYEN, VINCENT.....568, 644	NOVENCIDO, ANDREW.142, 235, 542, 1639, 1640, 1707, 1881
NGUYEN, DAVID.....86	NGUYEN, VY.....54	NOVENCIDO, JOSEPH.....22, 59
NGUYEN, DENNIS.....548, 549	NI, YU-MING.....239	NOVENO, HILARIO.....1874, 1949
NGUYEN, DOUGLAS.....452	NIAKAMAL, EVAN.....193, 1694	NOVO, MEGAN.118, 158, 564, 622, 1615, 1649, 1988
NGUYEN, ETHAN.....92	NIAVARANY, PIRAYEH...237, 355, 446	NUNE, SUNITHA.....507, 508
NGUYEN, HAN. 135, 136, 342, 473, 540	NIAZI, HARRIS.....1326, 1327	NUNO, JOSE.....1458
NGUYEN, HARRY.....2162	NICHOLAS, ESTELA.....756, 2221	NUQUI, JOSIE.....1327
NGUYEN, HOA PHUONG.....2415	NICHOLS, ALPHONSO.138, 314, 315, 665, 667, 668	NUTHALL, KAITLIN.....1817, 1818, 2163
NGUYEN, HOANG.....239, 2282, 2311	NIELSEN, AMY.....101, 102, 298	NWAGWU, CHIEDOZIE.....482
NGUYEN, HUNG.148, 150, 181, 328, 346, 699	NIEMI, ANNA-KAISA.....1621, 2020	NWOSU, MICHAEL.....88
NGUYEN, HUONG.....71, 72, 77, 81, 623	NIETO, ELIZABETH.....55	NYAKUDARIKA, NATSAI.....624
NGUYEN, HUY.....239, 252, 346, 347	NIETO, MICHAEL.....272, 273	NYMAN, KATHERINE.1621, 1659, 1759, 1855, 2020
NGUYEN, JASMINE.....2415	NIGRO, JOHN.....2191	
NGUYEN, KELVIN.....2416	NIHIRA, MIKIO.....222, 235, 437, 444	
NGUYEN, KHANG.....696	NIK, ANDREW.....458	
NGUYEN, LETHUY.....94	NIKACHINA, ANNA.....226	
NGUYEN, LINH.....1031	NIKZAD, JASON.....1207, 1208, 1536	
NGUYEN, LINHKIEU.....71, 72	NILI, ALAN.....38	
NGUYEN, MARGARET.....2090	NING, GRACE.....2138, 2311	
NGUYEN, MARICEL.....358	NINH, CHRISTOPHER.....273	
NGUYEN, MYLINH.....2090	NISHANIAN, GARABED.....268, 269	
NGUYEN, NGOC.....1326	NISHIMURA, MARIN.....111, 154, 600	
NGUYEN, NGOCBICH.....80	NISKANEN, RACHEL.....2397	
NGUYEN, NICOLE.....640	NISSAN, BETI.....1570, 1571	
NGUYEN, QUOC SY.....1710, 1921	NIZHEBORSKY, OKSANA.....166	
NGUYEN, QUYEN.308, 651, 1786, 2065, 2066	NOCEDA, ANA.....608, 1272	
NGUYEN, STEVEN.....344	NOEL, NANCY.....106	
NGUYEN, THANG.....86	NOGUCHI, JONATHAN.....380, 590	
NGUYEN, THANH.....2415, 2416	NOJAN, JOSEPH.....471, 472	
NGUYEN, THERESA.2338, 2394, 2426	NOKES, BRANDON.295, 629, 1751, 2003	
NGUYEN, THO.....517	NOORIAN, NADER.....55	
NGUYEN, THU.....130, 1628	NORBASH, ALEXANDER.....321, 679	
NGUYEN, THUY.....251	NORMAN, MARC.....2139, 2312	
NGUYEN, THUY-VY.....133, 657, 658		



O C URGENT CARE MEDICAL GRP INC.....17

O HALLORAN, HENRY.2350, 2357, 2416

O TOOLE, MARY.....374

O'CONNELL, STEFANY.....1704, 1949

O'CONNOR, ERICA.....1013

O'DORAN, KAYLA.....744, 1642, 2167

O'NEIL, NICOLE.....211

O'ROURKE, COURTNEY.....80

OBEREMOK, STEVE.....214

OBOYLE, MARY.....321, 679

OBRIEN, KATHARINE.....35

OBZEJTA, NATALIA.....702, 703

OCAMPO, ELAINE.....1273, 1274

OCEGUEDA, JOSHUA.....59, 1208

OCHOA, ERLINDA.....1079, 1198

## E. Index of Providers

OCHOA, RAUL.....	1522, 1523	OPERATION SAMAHAN - NATIONAL C, .....	60, 1212	PACE, RACHELLE.....	608
OCONNOR, SHANNON. ....	18	OPERATION SAMAHAN GRANGER SCHOOL BASED. ....	861, 863	PACE, SARAH.....	46
ODA, NINOS.....	525, 526	OPERATION SAMAHAN GRANGER SCHOOL BASED, .....	60, 1212	PACHOE, MADISON.....	166
ODA, THAGHAR. ....	1080, 1274, 1275	OPERATION SAMAHAN RANCHO PENASQUITOS.893, 894, 951, 952, 953		PADE, KATHRYN. ....	2091
ODONNELL, F JANE.....	2021	OPERATION SAMAHAN RANCHO PENASQUITOS, .....	75, 1299, 1352	PADILLA, MICHELE.....	1277
OGANDO, SHEENA.....	1476	OPTUM.....	17	PADUGA, REMIA.....	102, 103, 189, 298
OH, GERALD.....	524	ORDINANZA, MYLENE.....	1521	PAGE, BIANCA. ....	1178, 1297
OH, IRENE.....	102, 188, 189, 298	OREJEL, EDITH.....	608, 1950	PAI, SARAH.....	1950
OHALLORAN, HENRY.1664, 1683, 1858, 1898, 2050		ORFF, HENRY.....	2139, 2312	PAIK, JULIANA.....	1168
OHARA, JUN ICHI. ....	247	ORIENTE HOUSE.....	2255	PAKENHAM, KATE.....	1655
OJEDA-FOURNIER, HAYDEE.321, 679, 680		ORLANDO, FRANCESCA. ....	160, 2265	PALANCA, ARIEL.....	199
OJHA, PRITI.....	719, 2263, 2312	ORPILLA, IMELDA. ....	608, 1276, 1950	PALLIA, CHRISTOPHER.150, 325, 326, 1645, 1829	
OJURI, ADEBAMBO.....	503	ORTEGA, JOSEPH.....	184	PALM TERRACE HLTHCARE AND REHAB CTR.....	782
OKADA, MICHELLE.....	311, 1801	ORTEGA, LUIS.....	84, 1536, 2208	PALMER, VIVIENNE.....	390
OKAMOTO, VINCENT.....	1710	ORTEGA-ENDAHL, DAVID. ....	134	PALOMAR FAMILY COUNSELING SERVICES, .....	32
OKINAGA, PATRICK.....	684	ORTIZ ILIZALITURRI, ANA.22, 59, 72, 84, 1537, 1538, 2208		PALOMAR HEALTH.....	13, 2236
OKONSKI, MICHELE.....	349	ORTIZ, BEVERLY.....	2291	PALOMAR HEIGHTS CARE CTR.781, 2245	
OKWUOSA, CHRIS.....	1581	ORTIZ, KENNETH.....	1328, 1537	PALOMAR MEDICAL CENTER.13, 2237	
OLENSKI, KLARI.....	126, 714, 734	ORTIZ, MARIA.....	2139, 2313	PALOMAR VISTA HEALTHCARE CTR. ....	781, 2245
OLESCO, JENNIFER.....	113, 531	ORTIZ, TINA.....	456	PALOMINO, MARY.....	22, 1032
OLIVA, CARLOS.....	91	OSHODI, GANIYU.....	495, 497	PALOMINO, VERONICA.....	1328, 1329
OLIVEIRA, THOMAS.....	49	OSORIO, JOSEPH. ....	1825, 1826, 2178	PANDHI, JAY.....	530, 533, 534, 1876
OLIVER, DEANNA.25, 80, 120, 149, 159, 186		OSORIO, SANTIAGO.....	572	PANDIT, LALITA.....	249, 254
OLSEN, MARTIN.....	1297	OSTROM, NANCY.....	595	PANDY, LIZANDER.....	82
OLSON, CHERYL.....	324	OSTRUP, RICHARD.325, 344, 345, 690		PANDYA, BHUMIKA.....	2344, 2382
OLSON, ERIK.....	687	OSWALD, JESSICA.....	1710, 1921	PANEK, KRISTI.....	237, 355, 446
OLSON, ROBERT.....	757	OTAY FAMILY HEALTH CLINIC.789, 790		PANG, GARY. ...	206, 207, 432, 433, 724
OLVERA, LUISA.....	1080, 1081	OU, JOCELYN.....	2340, 2381	PANG, JASON.....	704
OMAN, MATTHEW.....	204, 247, 248	OVIDO-LINARES, RAUL.111, 121, 530, 534		PANGANIBAN, CHRISTINE.....	203
OMIDI, SHOHREH.....	358	OWEN, LISA.....	390	PANICKER, CIBU.....	563, 1230, 1231
OMRAN, JAD.....	111, 154, 600	OWEN, MICHAEL.....	1017, 1018, 1277	PANITCH, JILL.....	42
OMURO, ARTHUR.....	102	OWYANG, ASHLEY.....	260	PANNARAJ, PIA.....	1996
ONEILL, SEAN.....	253	OZAKI, YOSHIHIRO.1631, 1689, 1843, 2091		PANSARA, MEGHA.....	2357
ONEILL, THERESE.....	184, 753	OZCAN, ALI.....	1864, 2091	PANSE, MILIND.....	234, 444
ONG, DONALD.....	90, 91	OZGUR, BURAK.....	269	PANTOJA, DANICA-ELLA.....	113
ONUOHA, NOJA.....	211, 726, 767			PAOLERCIO, NANCY.....	228
ONYEKWULUJE, ANNE.....	67			PAPA, AMY.....	142, 344, 684
OPEN ARMS ADHC.....	2258			PAPA, RHETT.....	333, 1113, 1174
OPERATION SAMAHAN - MIRA MESA.....	894, 895, 896, 953			PAPASTERGIOU, GEORGIOS.129, 337, 538, 1057, 1117, 1118	
OPERATION SAMAHAN - MIRA MESA, .....	75, 1351			PAPP, STEPHAN.....	293
OPERATION SAMAHAN - NATIONAL C.....	861, 862, 863				
		<b>P</b>			
		PAAMONI, ARIELLE.....	311		

## E. Index of Providers

PARADISE VALLEY HEALTH CARE CENTER.....	782, 2248	PASTORE, SIMONE.....	1172	PATTON, DANIEL.....	234, 235
PARADISE VALLEY HOSPITAL.13, 2237		PATANKAR, KAUSTUBH.422, 497, 507, 725, 731		PATTON, MICHAEL.....	2313
PARASHAR, ANUSHREE.....	195, 665	PATEL, AARTI.....	2117	PAUL, MEGAN.....	1993
PAREDEZ, EDWARD.....	291, 292	PATEL, ALPA.....	380	PAUL, ROBERT.....	570
PAREKH, NIRAJ.201, 208, 218, 422, 497, 507, 725		PATEL, AMAR.120, 124, 273, 402, 403, 419, 1623		PAUL, SUPRITI.....	104
PARIKH, MILIND.111, 154, 182, 600, 710, 712, 754, 760, 1101, 1370, 1371		PATEL, BAKULKUMAR.....	34	PAULHUS, PATRICIA. 211, 212, 433, 434	
PARISE, CHARLES.....	357, 368	PATEL, BINOY.....	442	PAULITSCH-BUCKINGHAM, ANDREA.....	105
PARIZO, JUSTIN.....	111, 600	PATEL, DEVIN.....	2192	PAULSON, KERRY.....	1724
PARK, BRIAN.....	1864, 2091	PATEL, GITANE.97, 161, 162, 191, 337, 538, 644, 2334, 2344, 2357, 2382, 2394, 2417		PAVLOVICH, WENDY.....	1438, 1439
PARK, DANIEL.....	1553	PATEL, HEMANSHU.....	42, 1173	PAYNE, RICHARD.....	30
PARK, ERIC.....	412	PATEL, HITESH.....	587, 588, 593	PE, MARK-RALLY.148, 150, 181, 328, 346, 581, 699	
PARK, JAMES.....	255	PATEL, JANKI.....	170, 171, 1656	PEAIRS, JAMES.....	129, 337, 538
PARK, JAY.....	290, 619, 1737, 1976	PATEL, JAY.....	255, 706, 707	PEARCE, ALEX.....	318, 670, 1810, 2143
PARK, JESSIE.....	317, 669	PATEL, JIGAR.....	282, 598, 600	PEARCE, DANIEL.....	186, 217
PARK, JOSEPH.....	415	PATEL, JITENBHAI.....	31, 753, 1147, 1148	PEDARSANI, MARJAN.....	53
PARK, NURI.....	358	PATEL, JYOTINKUMAR.....	48, 413	PEDERSEN, ERICA.....	521
PARK, RONALD.....	1244, 1905, 2092	PATEL, KRUTI.....	295	PEDERSEN, SUESAN.....	580
PARK, SAMUEL.....	486	PATEL, MILAN.....	357, 368	PEDROTTY, JOHN.....	1032, 1033
PARK, SE..242, 358, 359, 448, 449, 585		PATEL, MITA.....	374	PEDROZA, JENNIFER.....	134
PARK, SOO.....	1746	PATEL, MITESH.571, 572, 765, 2292, 2330		PEJAVAR, SUNANDA.....	140, 343, 672
PARK, SUNG.....	472	PATEL, NEHAL.....	363	PELIO, DARREN.176, 311, 658, 1668, 1801, 1802, 2128	
PARK, SUSANNA.....	640	PATEL, NIKHIL.....	518, 766	PELLE, MICHELLE.....	617
PARK, TARI.....	1438	PATEL, PAAVAN.....	22, 59	PENA ROMERO, CESAR.....	140
PARKER, SHERINE.1438, 1689, 1844, 1905, 2092		PATEL, RAKESH.....	753	PENA, JOSE.....	25
PARKS, MONICA.....	754, 760, 2227	PATEL, REENABEN.....	36, 92	PENA, NICHOLAS.....	1459
PARKSIDE HEALTH AND WELLNESS CENTER.....	780, 2243	PATEL, SAGAR.....	506, 768	PENERA, KEITH.....	473
PARKSIDE SPECIAL CARE CENTER.....	780	PATEL, SANJIV.....	239	PENG, YING.....	348
PARKWAY HILLS NURSING & REHAB.....	782, 2247	PATEL, SARJAN.97, 161, 162, 191, 337, 538, 644, 2334, 2344, 2358, 2382, 2394, 2416, 2417		PENNINGTON, JENNIFER.....	572, 766
PAROLY, WARREN.....	565, 567	PATEL, VIJAY.1665, 1685, 1860, 1902, 2066		PERDION, KAREN.....	613, 1730, 1966
PARRY, LISA.179, 323, 687, 1670, 1821, 2169, 2170		PATEMAN, CAROLYN.....	560, 756	PERENS, ELLIOT.....	2107
PARSI KANEMOTO, MARYAM.....	241	PATHAK, BHAVANA.....	551	PERERA-THANGARATNAM, D.....	237
PARSI, HOOMAN.....	220, 507, 625, 759	PATHAK, RAJIV.....	26	PERESS, LILIA.....	621, 1985
PARSONS, GENEVIEVE.....	1171	PATHAK, SAGAR.....	1691, 2102	PEREZ, ALLYSSA.....	608, 1951, 1952
PARSONS, MEKRAE.....	710, 2197	PATHRIA, MINI.....	321, 680	PEREZ, FRANCISCO.....	251
PARVARESH, KEVIN.....	273	PATIAG, DANIEL..608, 1277, 1278, 1951		PEREZ, PERLITA.....	1033, 1329
PASHMFOROUSH, MOHAMMAD. 558		PATSIAS, ALEXIS.....	131, 340	PEREZ, RONALD.....	18
PASICOLAN, MARI.....	151, 346, 449	PATTERSON, MARY.....	1867, 2100	PERKINS, KENDRA.....	258
PASIN, ERIK.....	409, 492	PATTERSON-HYATT, KIMBERLY.139, 2139, 2313		PERKINS, RACHEL.....	1244
				PERLMAN, MONICA.....	317
				PERLMAN, TAMARA.....	561, 1891
				PERREAULT, MARK.311, 658, 1802, 2128	
				PERRIZO, NATHAN.....	570
				PERRONE, AIMEE.....	684



## E. Index of Providers

---

PERRY, ANGELA.....380, 381	PIDDINGTON, CHRISTINE.....219	PONSFORD, DIANA.....63, 1232
PERRY, ARTHUR.302, 303, 337, 538, 644, 2369	PIERCE, HEATHER.....2117	POOR, PATRICK.....220
PERSAUD, PRIA..... 229, 441, 740	PIEROS, JANELLE..... 22, 1033, 1034	POP, SIMONA.....90
PERTL, URSULA.....1603	PIERSON, MICHAEL.....581	POPE, KATILYNN.....1704
PETERMAN, KYLIE.....391	PINA, RAQUEL.....1034	POPPER, STEVEN.....197
PETERS, AMY.....205, 258, 375	PINO, ALEJANDRO.....173, 177, 766	PORAT, SHAROUN.....486, 487
PETERS, JAMIE.....2382	PINSON, KELSEY.300, 640, 1767, 2042	PORTER, EILEEN.....127, 333
PETERSON, JENYFFER.....267	PINTO, ANITA.....1123	PORTER, TERRY.....723
PETERSON, SAMUEL.....347	PIRTLE, KEYSHONE.....155, 1647	PORTILLO, TANIA.....115
PETERSON, TYLER.....703	PISINGER, PATRICIA.....1034	PORTO MADURSKI, KRISTINE.719, 1576
PETITT, JOHN.....1101, 1102	PITTMAN, LILIANA.....1521	POSADA, SEAN.....1329, 1330
PETREK, MEAGAN.....286	PITZER, GEOFFREY.....340	POSADAS, EMERITO.1505, 1506, 2203
PETTIS, BETH.....608, 1952	PIZZIFRED, TIFFINY.....499	POST, LACEY.....658
PETTIS, ROBERT.....261	PLANTE, CHARLES.....1022	POSTE, ALETHEA.....88
PETTUS, JEREMY.....290, 1740	PLASCENCIA, CINDY.....2326	POSTLETHWAITE, ALEJANDRA.163, 164, 580, 2265, 2270, 2294
PEYMAN, HELYA.....34	PLECHOT, ERIQ.....385	POTOK, OLIVIA.....1751
PHAM, ALEXANDER.....398	PLOESSER, MARKUS.....665, 666	POTTER SMITH, SARAH.....658
PHAM, ALISE.126, 138, 714, 715, 734, 740	PLUCINIK, STANLEY.....2339	POUNTNEY, MARLENE.714, 1011, 1500, 1501, 1502
PHAM, CHRISTINE.....50	POAST, JENNIFER.....1553, 1554	POURADIB, AMIR.....354, 389
PHAM, JENNIFER...124, 126, 658, 1623	PODOLSKY, ANATOL.....486	POURBABAK, SAM.....39, 46, 362, 366
PHAM, LILY.....1612, 1674, 1892, 1976	POGGI, SARA.....105, 134, 658	POUSTI, SHEIVA.....2418
PHAM, MARTIN.....1607, 1826, 2179	POINT LOMA CONVALESCENT HSP. .....783	POVOLI, LAUREN.....167, 608
PHAM, QUYNH.....1041	POKALA, SATHYA.....331	POW-ANPONGKUL, PETE.....93, 364
PHAM, STEVEN.....172	POLICH, MICHELLE.....2117	POWAY ADULT DAY HEALTH CARE CENTER.....2259
PHAM, TONY.....2417	POLIKOWSKI, SAMANTHA.288, 612, 1728, 1962	POWAY HEALTHCARE CENTER.782, 2249
PHAN, CU.....557	POLIS, NICK.....142	POWELL, LEDFORD.....404, 405
PHAN, MIMI.....384	POLISKIE, MICHAEL.....392	POWELL, STEPHANIE.....1439
PHAN, RYAN.....644, 2050, 2051	POLIZZI, BRITTANY...98, 167, 585, 608	POWERS, BRET.....235
PHAN, TIFFANI.....1406	POLK, DAVID.....1989	POZUN, CARA.....296
PHILIPOSE, JAYA.....478	POLLACK, JAMES.....522	PRABHU, SUJATA.162, 191, 337, 338, 538, 645, 2335, 2358, 2383, 2395, 2418
PHILLIP, OMARI.....142, 684	POLLACK, LARRY.....689, 2176	PRASAD, AMITHA.....2270
PHILLIPS, BARRATT.....224, 512, 513	POLLEMA, TRAVIS.....1831, 1872	PRASAD, RUPA.....97, 98, 182, 575
PHILLIPS, JASON.....574	POLLEY, SHANNON....715, 1460, 2204	PRATHER, ALLYSON.....187, 2270
PHILLIPS, KATHERINE.....96	POLLINGTON, CHRISTOPHER.105, 570	PRATHIPATI, LAKSHMI.....61
PHILLIPS, LILY.....56, 88	POLLOCK, KATHLEEN.....461	PRATT, DONALD.....55
PHILLPOTTS, MARC.....744	POLLOM, JESSICA.....288, 612	PRATT, STEVEN.....303, 338, 2369
PHREANER, NICHOLAS.....1714, 1926	POMERANTZ, MICHAEL.145, 146, 694	PRENDIVILLE, PAUL.....350, 381
PHUNG, AIVI.658, 1459, 1460, 2128, 2129	PONCE, SONIA.111, 120, 121, 154, 160, 1517	PRESKILL, CATALINA.....1439
PHUNG, RICHARD N V.....2417	PONIACHIK, SAMUEL.82, 83, 712, 1010, 1498, 1499, 2198	PRESS, RAYMOND.....685
PIANSAY, MARIA CORAZON.132, 1065, 1571	PONS, MAURICIO.129, 162, 644, 1057, 1118	PRESTERA, TORY.....714, 2202, 2424
PICKERING, OANA.....658		PRICE, ERIN.....689
PICKETT, CHARLOTTE.300, 640, 1767, 2041, 2042		

## E. Index of Providers

PRICE, KERRY.....	205	QUINONES-PEREZ, BIANCA.1689,	1835, 1905, 2092	RAJAMANICKAM, ANITHA.....	558
PRIEST, VIVIAN.....	2129	QUINONEZ, JOSE.....	80	RAJPOOT, DEEPAK.....	431
PRIESTLEY, ANGELIKA.....	375, 588	QUINTANA, PAULINA.....	2070	RAJSBAUM, MARTIN.....	129, 338, 538
PRIETO, ALEJANDRA.....	2197	QUINTERO, CAROLYN.714,	1507, 2203	RAKOW-PENNER, REBECCA.321,	680
PRIJATEL, SABRINA.....	658	QUINTO, CINDY.....	1279	RALEIGH, DEBORAH.....	1724
PRINCE, RENEE.....	2140, 2313	QUIROZ, ELISA.....	119, 147, 1042	RALL, EMILY.....	658, 1461
PRITZKER, JOELY.560, 756,	1888, 2221	QUISMORIO, DEMETRIO.....	516	RAMAMOORTHY, SONIA.323,	687,
PROHASKA, THOMAS.....	600, 1926	QURESHI, ALI.....	349	1821, 2170	
PROMER, KATHERINE.85, 717,	1547,	QURESHI, TAUSEEF.....	455, 476	RAMASWAMY, DHARMARAJAN.231,	443, 744
1548, 1996, 2209					
PROPST, TOBE.....	1330	<b>R</b>			
PROVIDENCE MISSION HOSPITAL. 13		RABBAN, DIANA.....	632	RAMBACHER, THOMAS.....	473
PRUSS, ERIKA.....	1910, 2184	RACKHAM, KELLY.....	1164, 1165	RAMERS, CHRISTIAN.....	1371
PRZEKLASA AUTH, MELISSA.....	414	RAD, SHERVIN.....	703	RAMGREN, AILEEN.....	1249
PUCCINELLI, ALAYNA.....	136	RADMAN, MIRKA.....	608	RAMINENI, NEELAKANTAN.....	80
PUCHAKAYALA, NANDITA.229, 740,	741, 771, 772	RADOJEVIC, NATASHA.....	2140, 2314	RAMIREZ SANCHEZ, CLAUDIA.85,	294, 627, 1554, 1747, 1997, 2209
PUDOL, CHRISTOPHER.....	563, 758	RADWAN, MOHAMED.....	295, 318	RAMIREZ, ALFREDO.....	1831
PUGH, MATTHEW.....	109	RADY CHILDRENS CONVALESCENT		RAMIREZ, CRISTHIAN.....	1330, 1331
PUGMIRE, BRIAN.....	309, 653	HOSPITAL.....	2251	RAMIREZ, HECTOR.....	65
PUIG LLANO, MANUEL.303, 645,	1771,	RADY CHILDRENS HOSPITAL SAN		RAMIREZ, NICOLE.288, 612, 1728,	1962
2051		DIEGO.....	2237	RAMIREZ, SARA.....	461, 588
PUTRUS, RAMIZ.....	27, 1092	RADY CHILDRENS SPECIALISTS SAN		RAMONA REHAB AND POST ACUTE	
PYLE, ALEXANDRA.134, 342, 658,	2129	DIEGO MED FNDTN.2431, 2432,	2433,	CTR.....	781
PYRKO, PETER.....	273, 419	2434, 2435, 2436, 2437, 2438,	2439,	RAMOS, CARLOS.....	1760, 2021
		2440, 2441, 2442, 2443, 2444,	2445,	RAMOS, ELENA.....	570, 1908
		2446, 2447, 2448, 2449, 2450,	2451,	RAMOS, JACQUELYN.....	1652
		2452, 2453		RAMOS, JEFFREY.....	295
		RAFIZAD, AMIR.....	237	RAMSEY, KAYLA.....	66
		RAGHUWANSHI, NAISHADH.503,	723	RANA, DEBORAH.....	1220
		RAGUVEER, VISHAKA.....	1330	RANA, SHAUNAK.....	41, 42, 297
		RAHIM, ARIANNA.....	105, 312, 579	RANASURIYA, DUNISHA....	1864, 2093
		RAHIM, BASIT.....	458	RANCHES, GREGORY.....	670
		RAHIMI, MOHAMMAD.....	468	RANCHO VISTA.....	784
		RAHIMI, NASSRIN.....	2232	RANDALL, JOSH.....	492, 594
		RAHIMI, SINA.....	635	RANDLE, CARRIE.....	1952
		RAHMAN, HABIB.....	452	RANJBARAN, ZIBA.....	471
		RAHMAN, MAISARA.....	88	RAO, AMOL.....	364
		RAHMATNEJAD, KAMRAN.303,	645,	RAO, APARNA.....	1866, 2109, 2110
		1771, 2051		RAO, ROHIT.....	2076
		RAHN, DOUGLAS.....	140, 178	RAO, SOUMYA.....	581, 1916
		RAHNEMA, CYRUS.....	398, 399	RAO, USHA.....	1148
		RAI, GEORGINA.....	658	RAO, VIKAS.....	482
		RAISZADEH, RAMIN.....	180, 199, 694	RAPEPORT, KEVIN.....	283, 296
		RAJA, MANIKANDA.....	36	RAPOPORT, ZHANNA.....	372
		RAJAEI, NILOUFAR.....	608, 1952	RASCH, DAMIAN.....	165
		RAJAGOPAL, AMUTHA.....	1997	RASH, DOMINIQUE.....	140, 572
		RAJAIPOUR, NEGIN.....	84, 1538, 1539		

## Q

QADRI, FARNOOSH.....	423
QASEEM, TAHIR.....	215
QASQAS, SHADI.....	421
QAYOUMI, WALI.298, 314, 637,	666,
1762, 2031, 2282, 2313	
QUACH, PHUC.....	2383
QUAN, MARIA.....	762
QUAN, MICHELE.....	197, 1697
QUANG, TONY.....	518
QUE, HOWIE.....	136
QUENZER, FAITH.....	115, 1612, 1737
QUEROL, CYRUS.....	228, 516
QUESNELL, TARA.....	102, 189
QUEVEDO, JUAN.....	635, 2024
QUICK, ELISABETH.....	1069, 1460
QUIJANO, GLENN.....	658
QUILALANG, SUSAN....	1018, 1070, 1071
QUINATA, FLORENCE.....	509
QUINN, CATHERINE.....	625
QUINN, ERIN.....	560
QUINN, MICHAEL.....	661

## E. Index of Providers

---

RASHCOVSKY SCHIFF, KARIN. 31, 1148	REDFERN, CHARLES. .... 625, 626	RICH, RYAN. .... 424, 569, 763, 764
RASHID, AHSAN. .... 39	REDIKER, DONALD. .... 448	RICHARD, MARLA. .... 2283, 2314
RASI, ALFREDO. .... 752	REDKAR, AVANTI. .... 194	RICHARDSON, ALVIE. 1620, 1658, 1838, 1895, 2012
RASMUSSEN, DALE. .... 1461	REDWOOD TERRACE. .... 781	RICHARDSON, ANGELIQUE. .... 1746
RASTOGI, ANIL. .... 208	REED, KELLY. .... 617	RICHARDSON, DANIELLE. 1208, 1209
RASTOGI, ANISHA. .... 208, 218	REED, KRISTIE. .... 317, 1809, 2282, 2283	RICHARDSON, HENRY. 132, 192, 570, 596, 654, 1632, 1691, 1907, 2121
RATAJCZAK, CELESTE. .... 212	REED, SAVONNA. .... 442	RICHARDSON, JULIA. .... 1629
RATHOD, RAJIV. .... 381	REEG, JESSICA. .... 2322	RICHLAND, BRANDON. .... 557
RATNAYAKE, KRISTIN. .... 2093	REGEV, SHANEE. .... 609, 1081, 1082	RICHTER, ALEXANDER. .... 750
RATTNER, ZACHARY. .... 680	REGO-KEARNEY, JENNIFER. 314, 315, 316	RICKARDS, ENASS. 146, 344, 345, 690, 694
RAVIKUMAR, ASHA. .... 457	REID, CHRISTOPHER. 1671, 1830, 2189	RICKERTS, MATTHEW. .... 2163
RAVINDRANATHAN, MEERA. .... 505	REID, EMILY. .... 1082, 1199, 1280	RIEDL, MARC. .... 1919
RAY, ANNE. .... 752	REIFENBERGER, JODY. .... 1252	RIEGO, SUZANNE. .... 1952
RAY, BROOKE. .... 613	REIMERS, REBECCA. 1620, 1677, 1838, 1854, 1855, 1894, 1991, 2011, 2012	RIES, DAVID. .... 2118
RAYAN, SUNIL. .... 179	REINER, GAIL. .... 609	RIGGINS, NINA. .... 637, 2032
RAYMOND, ALAIN. .... 1846	REISMAN, BRUCE. .... 569	RILEY, JESSICA. .... 99, 169, 586, 617
RAYNOWSKA, JENELLE. .... 637	RENDLER, NATHAN. .... 1249	RING, ROBERT. .... 569, 647, 1900, 2397
RAYTA, NICOLE. .... 1888	RENFROE, ILANA. .... 286	RIOS, SIERRA. .... 2271
RAZZAQUE, SAQIB. .... 625	RENZAS, JENNIFER. 155, 156, 531, 609	RISSER, JOSEPH. .... 1468, 1469, 1985
RCH EAST COUNTY URGENT CARE. ..... 2453	REO VISTA HEALTHCARE CTR. 783, 2251	RITCHIE, DAVID. .... 321, 680, 1814, 2153
RCH MID CITY URGENT CARE. .... 2453	RESNICK, DONALD. .... 321, 680	RITTER, AARON. .... 265
RCH NORTH COUNTY URGENT CARE. .... 17, 2453	RESNIKOFF, PAMELA. .... 670	RITTER, STEVEN. .... 72, 1331, 1539
RCH OCEANSIDE URGENT CARE. ..... 2453	RESTELLI, LYNDSLEY. .... 1834	RIVA, GREGORY. .... 208, 218
READ, TRENTON. 136, 194, 579, 1635, 1695, 1916	RESTREPO, DALILAH. .... 149	RIVADENEYRA, ADAM. .... 244
REAL, MARIA. 155, 531, 608, 1081, 1198, 1199	REUSCH, KEVIN. .... 105, 570	RIVAS, RENEE. .... 1767, 1768, 2043
REARDON, JACQUELINE. .... 116, 1613	REUTHER, MARSHA. .... 175, 308	RIVERA, MARCELO. .... 65
REBELO, MARCIA. .... 173	REVELES, DIANA. .... 1069	RIVERA, MIDORI. .... 41, 90
RECALDE, FRANCISCO. 72, 77, 623, 1357	REXINGER, KENNETH. .... 67	RIVERO, JORGE. .... 44
REDA, ZACHARIA. .... 350	REY, RODOLFO. .... 423, 424	RIZKALLAH, JEAN. .... 22
REDDY, ANANTHRAM. .... 720	REYNAGA, JOSUE. .... 1546	RIZNIS, TENGIS. .... 363
REDDY, ARJUN. .... 29, 1102	REYNOLDS, RICHARD. .... 57	RIZVI, SYED. .... 222, 437, 734
REDDY, DANA. .... 142, 1074, 1476, 1477	REYNOSO, ALFONSO. .... 1022, 1023	ROADMAN, KEENE. .... 288, 612
REDDY, JAGADEESH. .... 454	REZNICK, HARRELL. .... 476	ROBERSON, ANDREA. .... 66
REDDY, JOSEPH. .... 622, 623, 1989	REZVAN, KAVEH. .... 702, 704, 707	ROBERTS, AUDREY. .... 1802, 2129
REDDY, MADHUMITHA. .... 528	RHA, JANICE. .... 230, 773	ROBERTS, BENJAMIN. .... 514
REDDY, NAVYA. .... 1674	RHEE, KYUNG. .... 2118	ROBERTS, JAMES. 148, 151, 181, 328, 346, 699
REDDY, PRIYA. .... 155, 531, 609	RHIANNON, JULIA. .... 92	ROBERTS, KENDALL. .... 1172
REDDY, REDDIWANDLA. .... 331, 1833	RHOTEN, REX LLOYD. .... 1671	ROBERTS, LISA. .... 519
REDDY, RYAN. .... 257	RIADH, MAYSAM. .... 80	ROBERTS, POMAI. .... 59, 1209, 1875
REDDY, SMITHA. 120, 142, 577, 581, 1917	RIBEIRO CALDAS DOMINGUES, ISABEL. .... 666, 2314	ROBERTS, TODD. .... 514
REDDY, SUMANA. 1015, 1075, 1516, 1517	RICE, BRITTANY. .... 661	ROBERTSON, ASHA. .... 93
	RICE, ELIZABETH. .... 98, 183, 1604	ROBERTSON, ELSIE. .... 399, 481
	RICE, KRISTEN. .... 626	ROBERTSON, RACHAEL. .... 609, 1953

## E. Index of Providers

ROBICHAUD, FAITH.....	134	ROOHIAN, ARSHIA.....	264, 415	RUDD, CHRISTOPHER.....	1818, 2163
ROBINSON, COLE.....	182, 1672	ROSA, ADAM.....	2398	RUDE, LOREN.....	260
ROBINSON, DAISY.....	202, 1169, 1703	ROSADO, IVAN.....	22, 1332, 1985	RUDOLF, FRANCES.....	1737, 1976
ROBINSON, DEAN.....	213, 1141, 1968	ROSANIO, SALVATORE.....	357	RUELAS, ROBERTO.....	1572
ROBINSON, FANE.....	568, 645	ROSCOE, SYDNEY.....	609, 1953	RUETENIK, BRAD.....	176
ROBINSON, JENELLE.....	134, 722	ROSE, BRENT.....	140, 178	RUFO, ROSAVIDA.....	609
ROBINSON, MATTHEW.....	750, 751	ROSE, PATRICIA.....	1584	RUIZ, MONICA.....	2093
ROBKER, JERRICK.....	694	ROSEN, JAY.....	106	RUIZ-FLORES, ROSE.....	424, 516
ROBLEDO, DAMIAN.....	186, 731, 2271	ROSENBAUM, HERBERT.....	1540	RULLAN, JENNIFER.....	114
ROCHE, CHELSEA.....	1724	ROSENBERG, ERIK.....	614	RULLAN, PETER.....	114
RODARTE, GABRIEL.....	195, 196, 1149, 2271, 2275	ROSENBERG, GARY.....	751	RUMMANI, BENNY.....	172
RODDICK, JASON.....	228	ROSENBLATT, EUGENE.....	1035	RUMMEL, LAURA.....	348
RODENMEYER, EVE.....	609, 1953	ROSENBLATT, SHERI.....	163, 719, 720, 1126, 1652, 2212	RUNGVIVATJARUS, TIRANUN.....	2118
RODRIGUES, DANIALD.....	452, 453	ROSENFELD, SAMUEL.....	469, 487	RUSSELL, SAMUEL.....	1905, 2093, 2094
RODRIGUEZ JEREZ, ROBERTO.....	1052, 1113, 1114, 1191, 1407, 1408, 1409, 1590, 1591	ROSENFELD, ALAN.....	146, 147, 694, 720	RUSSO, KRISTA.....	1014, 1015, 1245, 1246, 1252, 1513, 1514
RODRIGUEZ MARTINEZ, RENIL.....	1303	ROSENGARTEN, ARTHUR.....	152, 153	RUSSO, MICHAEL.....	96
RODRIGUEZ, ALDO.....	1123, 1124, 1440, 1571, 1572, 2211	ROSHDIEH, BABAK.....	501, 549	RUSSO, ROBERT.....	283
RODRIGUEZ, CASSANDRA.....	1073	ROSLING, JAMES.....	557	RUTMAN, MICHAEL.....	92
RODRIGUEZ, JAVIER.....	1439, 1440	ROSS, ANDREW.....	200, 201, 561, 562, 721, 728	RUTTEN, SONIA.....	53
RODRIGUEZ, NATALIE.....	117, 621	ROSS, BRIDGET.....	756	RYAN, DANA.....	235, 1170, 1705
RODRIGUEZ, NITZA.....	348	ROSS, COLLIN.....	1576, 1577	RYAN, KYLE.....	1691, 1868, 1908, 2121
RODRIGUEZ, SEAN.....	72, 1331	ROSS, CRYSTAL.....	113, 609, 1019, 1954	RYAN, TYLER.....	163
RODRIGUEZ-MINETTE, JESSICA.....	767	ROSS, JENNY.....	684	RYU, JULIE.....	2110
ROESKE, RICHMOND.....	191, 303, 645	ROSSARO, LORENZO.....	587	<b>S</b>	
ROGERS, MEGAN.....	116, 117	ROSSI, CATHERINE.....	286, 609, 1724, 1954	SAADAT, ARDAVAN.....	526
ROGERS, TANYA.....	1280	ROUEL, LINDA.....	27, 1102	SAADAT, FARID.....	49
ROGHANI, REZA.....	746, 751	ROUEL, WADI.....	29, 1102, 1103, 1216, 1371	SAAM, SHIDA.....	38
ROJAS, RICHARD.....	1298	ROUGH, STEVEN.....	111, 121, 122, 530, 534, 1618, 1876	SAB, SHIV.....	165, 283
ROJAS, STEVEN.....	717, 1539, 1540	ROUGHLEY, MATTHEW.....	263	SABHA, MAHMOUD.....	1737, 1977
ROKSHSHADFAR, SAGHI.....	48, 55	ROUHANI, BEHNAZ.....	381, 590	SABIN, NANCY.....	609, 1280, 1281, 1282, 1954, 1955
ROLTSCH, IAN.....	743	ROWAN, RYAN.....	739	SABIN, SCOTT.....	442, 520, 521, 743
ROMA, ANDRES.....	1793, 2070	ROWHANI, NAGHMEH.....	132, 1632	SACAMAY, TAGUMPAY.....	535, 536, 635
ROMERO, CAMILA.....	661, 662, 1469, 1470, 2133	ROWSHAN, KASRA.....	751	SACHELARIE, IRINA.....	551, 552
ROMERO, KENNETH.....	108	ROXAS, ROGER.....	116, 1613	SACHS, MELISSA.....	535, 632, 2285, 2314
RONA, KAIS.....	399	ROY, KEVIN.....	280, 595	SACKS, BRENT.....	288, 612, 1728, 1963
RONAN, KEVIN.....	148, 202, 569, 764, 1237, 1238, 1599, 1600	ROZO, JOSE.....	609, 1954	SADAT, SAYED.....	321, 680, 681, 1814, 2153
RONCAROLO DE VRIES, ROXANE.....	1888	RUBENSTEIN, KELLY.....	683	SADDA, REEM.....	164
RONQUILLO, KAREN AN.....	27, 1092, 1649	RUBENSTEIN, STUART.....	1440	SADDLEBACK MEMORIAL MED CTR.....	13
RONQUILLO, RINA.....	1177	RUBENZIK, TAMARA.....	171, 293, 626, 759, 1656, 1657, 1747, 1994, 2226	SADEGHI TARI, MAHYAR.....	46
		RUBIO GARCIA, MANOLO.....	122, 160, 186, 630, 712	SADOFF, MARK.....	102, 298
		RUBY, CHARLES.....	281	SAEED, ODAY.....	333
				SAEZ, NEIL.....	131, 340, 341, 1630, 1842
				SAFAVI, MAHSA.....	66

## E. Index of Providers

SAFER, TERRA.....	555	SALL, JEEVAN.....	48	SAN YSIDRO HEALTH CHULA VISTA, .	23, 1041
SAFFARZADEH, AREO.....	488	SALLOUM, ALEXANDER.145, 199, 690		SAN YSIDRO HEALTH COMMUNITY	
SAFI, ROOZCHEHR.63, 1133, 1492,		SALMASI, AMIRALI.148, 151, 181, 328,		HEIGHTS FAMILY MED. ....	902, 953
1493		346, 700, 1644, 1646, 1849, 2193		SAN YSIDRO HEALTH COMMUNITY	
SAH, SERENA. ....	1686, 1861, 2077	SALO, CLINT.....	265, 266	HEIGHTS FAMILY MED, .....	76, 1354
SAHAGIAN, GREGORY.....	734	SALOTTI, JOANIE.....	609, 610	SAN YSIDRO HEALTH EL CAJON.	
SAHAGIAN, MICHELLE.1660, 1680,		SAMADY, JOSEPH.....	201, 562	.....	808, 809, 810, 811, 827
1856, 1896, 2034		SAMANI, PARGOL.....	64, 558	SAN YSIDRO HEALTH EL CAJON, .28,	1095
SAHATDJIAN, EVA.....	344	SAMI, REMAN.....	1042, 1615, 2209	SAN YSIDRO HEALTH ESCONDIDO	
SAHMS, TIMOTHY.....	1572, 1573	SAMIMI, KIAN.....	523	FAMILY MEDICINE.....	833, 834, 841
SAID, ENGY.....	595, 596	SAMOORI, RAMA.....	53	SAN YSIDRO HEALTH ESCONDIDO	
SAIDIAN, AVA.....	699, 2192	SAMORA, ANTHONY.....	632	FAMILY MEDICINE, .....	32, 1153, 1154
SAIED, NAGI.....	214, 501, 728	SAMPATH, SRIHARI.....	321, 681	SAN YSIDRO HEALTH MATERNAL	
SAIKHON, TALIA.....	312, 1803	SAMPATH, SRINATH.....	321, 681	AND CHILD HEALTH CTR.970, 971,	972, 973, 974, 975, 989
SAINI, SURINDER.....	551	SAMPATH, SRIVIDYA.....	1441	SAN YSIDRO HEALTH MATERNAL	
SAINT, MEAGHAN.....	312	SAMPSON, ANDRIECE.....	1955	AND CHILD HEALTH CTR, .....	84, 1545
SAISHO, ALBERT.....	40	SAMUEL, MICHAEL.175, 303, 338, 439,		SAN YSIDRO HEALTH NATIONAL	
SAJADI, ALISA.....	242, 359	2350, 2358, 2383		CITY.....	858, 859, 863
SAJTI, ENIKO.....	1760, 2021	SAN DIEGO AMERICAN INDIAN		SAN YSIDRO HEALTH NATIONAL	
SAKO, AARON.....	464	HEALTH CENTER.....	896, 897, 955	CITY, .....	60, 1213
SALAMANCA, OMAR.....	1893	SAN DIEGO AMERICAN INDIAN		SAN YSIDRO HEALTH PARADISE	
SALAMI, ALI.....	600, 630	HEALTH CENTER, .....	75, 1352	HILLS.....	856, 857, 858, 863
SALAS, ERNESTO.....	89	SAN DIEGO FAMILY CARE.878, 879,		SAN YSIDRO HEALTH PARADISE	
SALAS, JESSICA.....	1918	880, 952		HILLS, .....	60, 1213
SALAS-AMIGON, BRENDA.....	212	SAN DIEGO FAMILY CARE, .75, 1352,		SAN YSIDRO HEALTH PRECISION	
SALAZAR, JUANITA.....	1065, 1066	1353		PARK, .....	76
SALCEDO, ALEXANDRA. 178, 322, 683		SAN DIEGO FAMILY CIRCLE ADULT		SAN YSIDRO HEALTH SAN YSIDRO	
SALCEDO, CARLA.....	683	DAY HEALTH CARE.....	2259	HEALTH CENTER.975, 976, 977, 978,	979, 980, 981, 982, 983, 984, 985, 986,
SALCIDO, CRAIG.....	461, 588	SAN DIEGO POST ACUTE CENTER.		987, 988, 989	
SALEH, ANDREW.....	72	.....	780, 2243	SAN YSIDRO HEALTH SAN YSIDRO	
SALEH, FAREED.....	2094	SAN JACINTO HEALTHCARE.....	781	HEALTH CENTER, .....	84, 1545
SALEH, HANA.....	36, 37, 206	SAN YSIDRO HEALTH 25TH ST		SAN YSIDRO HEALTH SOUTH BAY.	
SALEHI, HAMID.....	94, 458	FAMILY MEDICINE.....	935, 936, 957	.....	854, 864
SALEHI-HAD, HANI.382, 464, 590, 591		SAN YSIDRO HEALTH 25TH ST		SAN YSIDRO HEALTH SOUTH BAY	
SALEK, MUNIF.....	731	FAMILY MEDICINE, .....	75, 1353	LATINO RESEARCH CENTER, .....	23
SALEM, CAROL.148, 151, 181, 328, 346,		SAN YSIDRO HEALTH ALPINE		SAN YSIDRO HEALTH SOUTH BAY, .	
699, 700, 720		FAMILY MEDICINE.....	785, 786, 787	.....	60, 1213, 1214
SALEM, RAMSEY.....	27, 1092, 1540	SAN YSIDRO HEALTH ALPINE		SAN YSIDRO HLTH SAN DIEGO PACE	
SALEM, YASSER.....	205, 206	FAMILY MEDICINE, .....	18, 1007	SENIOR HLTH SVS.966, 967, 968,	969, 970, 988
SALERNO, MARIANA.....	85, 1554	SAN YSIDRO HEALTH CHC - OCEAN		SAN YSIDRO HLTH SAN DIEGO PACE	
SALGADO, MOSES.....	104	VIEW.....	922, 923, 924, 957	SENIOR HLTH SVS, .....	84, 1546
SALGUERO GALLAND, MARIO.594,		SAN YSIDRO HEALTH CHC - OCEAN		SANACORA, RACHEL.....	1906, 2094
666, 667		VIEW, .....	75, 1353		
SALIB, GEORGE.....	382	SAN YSIDRO HEALTH CHULA VISTA.			
SALIMI-TARI, PEYMAN.....	364	791, 792, 793, 794, 795, 796, 797, 798,			
SALINAS, NIECEL.....	287, 609	799, 800, 807			
SALL, EDWARD.....	651				

## E. Index of Providers

SANADA, VIVIANE.....	610	SATTERWHITE, MAURINE.610, 1283,	SCHORR, EMILY....174, 637, 1660, 2032
SANCHEZ, ADRIANA.566, 760, 761,		1284, 1955, 1956	SCHRIEFER, NOAH..... 574
2292, 2293, 2330, 2331		SAUER, CHARLES.1659, 1678, 1760,	SCHROEDER, JENNIFER.....2130
SANCHEZ, EMILY.....	443	1914, 2021, 2022	SCHROEDER, MARY.....561, 1891
SANCHEZ, LUIS.....	140	SAUNDERS, ANGELA.....	SCHROTER, STEPHANIE...1864, 2094
SANCHEZ, MICHAEL.....	1803	729	SCHUETZ, HESTON.....293
SANCHEZ, MYRNA.....	1522	SAUNDERS, PHILLIP.119, 216, 505,	SCHULTE, JESSICA..... 299, 637, 1762
SANCHEZ, YAHAIRA.....	212	626, 729, 759	SCHULTZ, HEATHER..... 1814, 2154
SAND CANYON URGENT CARE MED		SAUNDERS, SARA.....	SCHULTZ, JAMES.31, 88, 89, 753, 1149,
CTR.....	17	312	1150, 1595
SANDERS, JESSICA.....	96, 1003	SAVANI, AMAN.....	SCHULTZ, JEFFREY..... 694
SANDHU, AJAY.....	178, 318, 672	100, 102, 189	SCHULTZEL, MARK.....180, 695, 751
SANDHU, BASANT.....	1149	SAVAR, AARON.....	SCHULTZEL, MATTHEW..179, 323, 324
SANDLER, BRYAN.....	689, 2176	736	SCHULZ, STEFAN.....2130
SANDLER, JEFFREY.....	620	SAVAR, LOUIS.....	SCHUMAKER, EDWARD.1093, 1209,
SANDOC, EMILY.....	2418	736	1332
SANGODKAR, SANDEEP.200, 201,		SAVILLE, EDITH.....	SCHWAB, GARY..... 647, 2054
219, 423, 725		1285	SCHWARTZ, KRISTY.....2095
SANGUEDOLCE, JOHN.....	350	SAWHNEY, NAVINDER.....	SCHWARTZ, MARISSA.....554
SANICOLAS, MARIA THERESA.....	540	182, 1676	SCHWARTZEL, KEVIN..... 1803
SANTANGELO, JOANNE.610, 1282,		SAWHNEY, SAJEET.....	SCHWARTZMAN, BENJAMIN.....632
1283, 1955		255	SCHWARZ, ERNST.....497, 507
SANTIAGO, AMANDA.....	560, 1889	SAWYER, CAROLYN.....	SCHWARZ, KATHLEEN.....2102
SANTIAGO, ROXANE.....	1066	2315	SCHWEIKERT, SUZANNE.567, 1502,
SANTILLAN, CYNTHIA.....	321, 681	SAYEGH, ELI.....	1503
SANTOMAURO, MICHAEL.....	148, 700	526	SCHWENDEMANN, WADE.1839,
SANTORELLI, JARRETT.....	1823, 2176	SAZEGAR, PAYAM.....	1895, 2013
SANTOS CAVAIOLA, TRICIA.1741, 1980		27, 59, 72	SCHWERKOSKE, JOHN.119, 216, 505,
SANUCCI, SHAUN.....	64	SBIROLO, EMILY.....	626, 729, 759
SAPRA, SONIA.1053, 1114, 1191, 1409,		116	SCHWINDT, CHRISTINA.....542
1410, 1411, 1591		SCARLETT, YVONNE.....	SCLAR, CRAIG.....631
SARABI, DENNIS.....	552	754	SCOTT, EMILY.....631
SARAFIAN, FARJAD.....	250	SCHACHTER, JESSICA.....	SCOTT, JEFFREY.192, 514, 2344, 2383,
SARCON, ANNAHITA.....	355	252	2395
SARNOFF, ROBERT.....	177	SCHAEFFER, CYNTHIA....	SCOTT, KELLY..... 610
SARSAM, LUAY...112, 154, 183, 600, 710		158, 623, 651	SCOTT, LAGINA.....72, 1333, 1986
SARSAM, SINAN.....	722, 725	SCHAEPE, RHODORA.....	SCOTT, ROBERT.....654
SARWAR, NADIA.....	293	756, 1597	SCOTT, RYLEE..... 1332, 1333
SARWARI, NAWID....216, 505, 626, 759		SCHALCH LEPE, PAUL.131, 308, 341,	SCOTT, SUSAN..... 517
SASSANI, PATRICK.....	129, 338, 538	651	SCOTT-WYARD, PHOEBE...1868, 2121
SASSIC, JESSICA.....	1372	SHELLINGER, KRISTON.2140, 2141,	SCOVILL, ALEXANDRA.130, 1629,
SATEESH, BROOKE.157, 158, 532, 533,		2315, 2316	2339
576		SCHER, BARRY.....	SCRIPPS GREEN HOSPITAL... 13, 2237
SATTAR, SHIFTEH.....	638	129, 338	SCRIPPS MEMORIAL HOSPITAL.13,
SATTERFIELD, KELLIE.303, 645, 736,		SCHIEDERMAYER, BENJAMIN.322,	2237
1772, 2052		686, 1820, 2168	SCRIPPS MEMORIAL HOSPITAL
		SCHIFFMAN, GEORGE.....	ENCINITAS.....13, 2238
		455, 476	
		SCHIM, JACK.....	
		102, 103, 298	
		SCHLECHTER, JOHN.....	
		469, 487	
		SCHLOSSER, TARA.....	
		632, 2316	
		SCHMALHAUS, MONTE.....	
		474	
		SCHMIDT, BRYAN.....	
		1475	
		SCHMIDT, LILA.....	
		640	
		SCHMIEDECKE, RUDY.....	
		617	
		SCHMITT, EVA.....	
		2129	
		SCHNEEBERGER, ANDRES..314, 2283	
		SCHNEIDER, DARIUS.....	
		291, 576	
		SCHNEIDER, SARAH..1070, 1465, 1466	
		SCHNEIDER-MUNOZ, MARGARITA.	
		.....	
		1555	
		SCHNICKEL, GABRIEL.....	
		2191	
		SCHOELLER, BIANCA.....	
		658	
		SCHONBACH, ETIENNE.....303, 1772	
		SCHOONMAKER, JOHN.....	
		86	

## E. Index of Providers

SCRIPPS MERCY HOSPITAL.....13, 2238	SHAD, JAVAID.....564	SHARMA, RAKHI..... 610
SCRIPPS MERCY HOSPITAL CHULA VISTA .....13, 2238	SHAFFER, KATHERINE.158, 623, 1615, 1989	SHARMA, SURENDRA..... 232
SCUDDAY, TRAVIS..... 273	SHAFT, ALEXANDER. . 117, 149, 158, 185	SHARP CHULA VISTA MED CTR. 2238
SEAMAN, CHRISTOPHER..... 497, 731	SHAH, ABHISHEK.109, 112, 153, 154, 182, 183, 598, 600, 709, 710	SHARP CORONADO HOSP AND HEALTHCARE CTR. .... 2239
SEAMAN, MARY.....1285	SHAH, KALPIT.....695	SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS..... 2239
SEARLEMAN, ADAM.321, 681, 1814, 2154	SHAH, KETAN.....363	SHARP MEMORIAL HOSPITAL... 2239
SEARS-WILEY, ELIZABETH. . 610, 1956	SHAH, KULIN.112, 122, 154, 160, 183, 186, 600, 631, 710, 712	SHARP, LORRA.....200, 1700
SEAVEY, MICHELLE.....161, 1651	SHAH, MEERA.....1172	SHARP, SIMPSON..... 322
SEBASKY, MEGHAN.....1752, 2003	SHAH, MITA.....2024	SHARPE, NORMA.659, 1008, 1162, 1461, 1462, 1577
SEBASTIAN, TRACY.....659	SHAH, NANDI.....169, 291, 620	SHARTZER, ANNA..... 212
SEBIANE, MARIA.....1507, 1508	SHAH, NEMI.....509, 528, 1662, 2043	SHASKY, GARY.....153, 329, 597
SEBRING, JAN.....1285, 1286	SHAH, SALMA.....253	SHAUL, SHERA.....1803, 2130
SEBSO, JODI.....1441, 1442	SHAH, SHAILJA.....292, 623, 1743, 1990	SHAVER, JOHN.....269, 399, 481
SEERY, TARA.....249	SHAH, SHEENA.....134, 539	SHAW, BLAKE.....1420
SEFA-BOAKYE, KOFI.149, 150, 1053, 1565	SHAHAMIRI, SEAN.....251	SHAW, BRIAN.....364
SEIBERT, TYLER.....178	SHAHAN, FRED.....617	SHAW, SUSANNA.....1711, 1922
SEIDEN, GRANT.....573	SHAHATTO, LOBNA.....2003	SHE, WU.....358
SEIDER, TALIA.....706	SHAHBAZ, LINNAE.560, 756, 1889, 2221	SHEETS, ROBERT.....2110
SEILNACHT-BERNARD, KAREN.184, 1674	SHAHBAZ, MAJID.....42, 341	SHEETZ, TYLER.....328, 701
SEITZ, GRETCHEN.....602, 1929	SHAHBAZIAN, MICHAEL.354, 446, 585	SHEHATA, HANNAH LOUISE.....509
SEKO, KYLE.....263	SHAHIDYAZDANI, TINA.....1573	SHEIDAYI, PERRY.....38
SELBY, BLAKE.....1956	SHAHIM, ZAHRA.....413	SHEIKH MOHAMED, AMIRA.....1555
SELECT SPECIALTY HOSPITAL SAN DIEGO.....13, 2238	SHAHINIAN, GEORGE.....96, 351, 394	SHEIKH, SARAH.....212, 499
SELIGSOHN, BRUCE.....55	SHAHTAJI, ALAN.....1036, 1541	SHEIKH, ZARA.....1333, 1334
SELTZER, JUSTIN.....290, 1738	SHAIKH, ANWER.217, 220, 507, 626, 633	SHEIKH-MOHAMED, HALA..1103, 1104
SENA, TIFFANY.....1956	SHAJAN, JOSHAN.....80	SHEILS, CATHERINE.191, 303, 568, 645, 646, 736, 1683, 1772, 1898, 2052
SERAG, RANDA.....40	SHALABY, MOHSEN.....37	SHEKER-DICKSON, KIMBERLY.....621
SERAILE, KIRSTEN.....434	SHALI, REYZAN.....92	SHELTON, RAYMOND....224, 439, 736
SERGEYEVA, YELENA.....55	SHAMANI, AZAM.....72	SHEN, HONGGANG.....619
SERING, MALIA.....202, 715	SHANNON, KELLI.....2013	SHEN, MICHAEL.....372
SERIO, TAYLOR.....2316	SHAPER, EMANUEL.....324, 747	SHENOY, ASHVIN.....1442
SERNA, SANDY.....82	SHAPIRO, HILARY.....283, 1714	SHENOY, CASIE.....626, 633
SERPAS, SHAILA.....1035	SHAPIRO, MARK.....188, 189, 578, 635	SHERER, KIMBERLY.....2095
SERRATO, ANTHONY.....756	SHAPIRO, ROBERT.....574	SHEREV, DIMITRI.112, 122, 154, 160, 165, 283, 330, 530, 558, 575, 600, 631, 1619, 1651, 1833, 2007
SERRY, ROD...183, 577, 1672, 1677, 1914	SHAPIRO, STEVEN.....501	SHERIDAN, SHANE.....200, 434
SETHI, SUPREET.....635	SHARABI, ANDREW.....178, 672	SHERMAN HEIGHTS FAMILY HLTH CTRS INC.....934, 935, 957
SETIAWAN, EUGENIE.....287	SHARAF, KAREEM.....312	SHERMAN HEIGHTS FAMILY HLTH CTRS INC, .....76, 1354
SEVILLA, CLAUDIA.....118, 148	SHARF, ALBERT.....122, 160, 534	SHERMAN, MARK.....324
SEXTON, PERRY.....30	SHARIF TABRIZI, AHMAD.....299, 638	SHERMAN, MARK.....324
SEYED, KAZEM.....37, 214, 226	SHARMA, KUSUM.....107, 280, 595	SHETABI, KAMBIZ.....534, 1377
SEYFZADEH, MANOUCHEHR.....214	SHARMA, RAHUL.....399, 401	
SHABAIK, AHMED.....1793, 2071		

## E. Index of Providers

---

SHETH, HASMUKH.....1066, 1442	SILVA SEPULVEDA, JOSE.1666, 1686, 1862, 2077	SMITAMAN, EDWARD..... 321, 681
SHETH, SARIKA.....1865, 2095	SILVER, BRENT..... 126, 714, 734	SMITH, ALLISON.....659
SHI, RONG..... 80	SILVERSTEIN, KAYLI..... 98, 597	SMITH, ANTHONY..... 228
SHI, RUJING..... 1372	SILVESTRI, NICOLE..... 287	SMITH, CASEY..... 290, 1738
SHI, VERONICA.....1969, 1970	SILVEY, CHRISTOPHER..... 2285, 2317	SMITH, CHELSEY..... 1752, 2003
SHIAU, NANCY..... 1443	SIMMONS, PAMELA..... 88	SMITH, COLLIN.....136, 194, 579, 580
SHIEH, MARIE..... 626	SIMON, SCOTT.....328	SMITH, DIANNE.....230
SHIELDS, SEBASTIAN..... 123, 2263	SIMPSON, DANIEL..... 178, 318, 672	SMITH, DOUGLAS..... 719, 1577
SHIELL, RONALD.550, 582, 586, 617, 618	SIMPSON, ERIC..... 2205, 2322	SMITH, EMILY.....1770
SHIH, LU-HSUN..... 212, 722	SINCLAIR, JAMES..... 292, 712	SMITH, GREGORY..... 91
SHIH, LYNN..... 333, 334	SINGER, JACOB..... 72	SMITH, JENNIFER..... 610
SHILLITO, MATTHEW..... 695	SINGH, DEEPTOT..... 365	SMITH, KELLI..... 1703, 1851
SHIM, MICHAEL.....564	SINGH, GAURAV..... 1970	SMITH, MARK.....568, 646
SHIMIZU, KELSIE MIDORI..... 1606	SINGH, HARDEEP.....248	SMITH, PAIGE..... 726
SHIN, CHRISTOPHER..... 517	SINGH, HIMANI..... 565	SMITH, SHARON. 1082, 1083, 1181, 1182
SHIN, HEAMIN..... 571	SINGH, JOGENDRA..... 212	SMITH, SONYA..... 566, 761, 2293, 2331
SHIN, STEPHANIE..... 173, 177	SINGH, KARAN.278, 410, 492, 493, 594	SMITH, STEPHANIE.....97
SHINDO, YURI..... 293, 626	SINGH, MARVIN..... 171	SMITH, WILLIAM..... 646, 736
SHIRAKI, JEAN..... 1334	SINGH, PUJA..... 1866, 2100	SMOOT, CHARLES..... 1335
SHIRAZI, REZA..... 198, 672	SINGH, RAMENDEEP.....1173	SNODGRASS, JULIE..... 288, 613
SHIRKHANI, PARISA..... 242	SINGH, SAMARJIT.....394	SNOOK, BRIAN..... 59, 1210
SHIVELY, JEANNINE..... 659	SINGH, SIMRANJIT..... 478	SNOWDEN, KELLY..... 312
SHOAPOUR, CAMELLIA..... 53	SINGHVI, AJEET..... 215	SNYDER, AMANDA.....659
SHOJI, MARISSA..... 303, 646	SIRICHOTIRATANA, MELISSA.201, 501, 562, 618, 711, 721	SNYDER, CHRISTOPHER.31, 73, 84, 1336, 1541
SHOKOUHI, SARA..... 66	SIRLEAF, MASSANU..... 156	SNYDER, KIRSTIN..... 610
SHORES, CLORINDA..... 228	SIROTA, MICHAEL.....695	SNYDER, LINCOLN.....269
SHORT, ABIADE. 127, 1054, 1565, 1566	SISE, MICHAEL..... 689, 690	SNYDER, MICHELLE..... 1853
SHORT, RICHARD.....1178	SIU, CURTIS..... 47	SOBHANIAN, SHAHAB.263, 391, 472, 592
SHOURESHI, POONE.245, 277, 278, 363, 409, 492	SIVA, ANDREW..... 743, 744	SOCHA, TRACI.....1508
SHPANER, ALEXANDER..... 623	SIVA, TENAYA..... 31, 73	SODHI, SANDEEP..... 551
SHREIBA, MOHAMMED..... 474	SKAF, AYHAM.129, 130, 162, 338, 538, 1058, 1118, 1119, 1566, 1567	SOHN, ROGER..... 707, 708, 709
SHRIVASTAVA, VINEET..... 254, 371	SKALSKY, ANDREW..... 1869, 2121	SOLAR, SARA..... 264
SHU, I WEI..... 2316	SKAY, RICHARD..... 2424	SOLIC, DIANE..... 98
SHUCKETT, ARIEL.640, 1411, 1412, 2043	SKELTON, SEAN..... 341	SOLIS, KEVIN.....175, 2339, 2419, 2426
SHULKIN, MITCHELL..... 2419	SKINNER, ANTHONY.....224, 439	SOLOMON, AMANDA..... 287, 610
SHUM, MERRILL..... 217, 505	SKINNER, NICOLE.....1818, 2163	SOLORIO JR, ROBERTO..... 2317, 2322
SHUMILAK, KAILI..... 1334, 1335	SKULSKY, EVA..... 570	SOLTERO, RICARDO. 120, 124, 125, 718
SHUNE, HONG..... 40, 251	SKVARNA, KAREN..... 385	SOMERSET SUBACUTE AND CARE..... 780, 2243
SIAVOSHI, SARA..... 637	SLATER, JERRY.321, 681, 1814, 2154, 2155	SONG, ALEXANDER..... 295, 629
SICKELS, JENNIFER..... 499	SLEIMAN, JOSEPH..... 1194	SONG, CAROL.....754, 2215
SICKLES, MAGGIE.....113, 1019	SLOAN, ERICA.....155, 1646	SONG, DELU.303, 568, 646, 1773, 1899, 2053
SIDDIQUI, FARYAL.....289	SLOANE, CHRISTIAN.....1977	SONG, JOYCE.....1160
SIEGFRIED, TRACY..... 48	SMILDE, RENEE.....1373	SONG, RICHARD..... 654, 2022, 2118
SIEN, STEFAN.....518		
SIETSMA, ALEXANDRA..... 610		



## E. Index of Providers

---

SONG, SEUNG-YIL.....119	SREJIC, UNA.....1922	STEVENS, WHITNEY.....425
SONG, WEI.....652, 2071	SRIDHAR, SUNITA.....2104	STEVENSON, REHEIA.....1725, 1853
SONI, NISHANT.....736	SRILASAK, MICHELE.167, 287, 756,	STEWART, TYLER.....1746
SOON, SEAVER.....618	1656, 1724, 2222	STIFF, TYLER.....134, 659
SOONG, YEN-HUI.366, 394, 703, 704,	ST JULES, JESSICA.....516	STIGEN, THERESA.....202
707	ST PAULS HEALTH CARE CENTER.	STILLWELL, CARLA.....22
SOPHY, ELIZABETH.....621, 1336	.....783, 2252	STIPHO, SALLY.....623
SORENSEN, ROBERT.....224, 513, 736	ST VINCENT DE PAUL VILLAGE	STOJANOVSKA, JOVANA.....1702
SORIA LOPEZ, JOSE.126, 714, 734,	FAMILY HEALTH CENTER.899, 900,	STONE, CALVIN.....2271
1625, 2201	901, 902, 955	STONE, MICHELLE.....263, 264
SORIA, CLAIRE.....1711, 1922	ST VINCENT DE PAUL VILLAGE	STONES, RACHEL.....27, 59, 73, 1210
SORIA, JULIE.....203	FAMILY HEALTH CENTER, .....76, 1354	STOTLER, APRIL.....438, 510
SOSA, DAVID.....1085, 1086, 1298, 1299	STABEN, REBECCA.1054, 1114, 1115,	STOVER, LAURIE.....2119
SOTIS, JAMES.....56	1192, 1412, 1413, 1591	STRAHM, LISA.....620
SOTO, GILBERTO.....288	STADLER, EDWARD.....461	STRAKA, CHRISTOPHER.141, 178, 672,
SOUDER, CHRISTOPHER.1865, 2095,	STAHL, KEVIN.....142, 1640, 1641	681, 2155
2096	STAHL, STEPHANIE.....610	STRAUSS, JOANNA E.....613
SOUMEKH, MASSOUD.....2179	STAINER, GREGORY.....130	STRAZICICH, KARLA.....32, 1160
SOUTH BAY POST ACUTE CARE.780,	STALEY, MICHAELA.....84, 717, 1542	STREET, KYLE.....2271, 2295
2241	STALLINGS, ANDREA.....2130	STRINGER, JESSE.....2077
SOUTH COAST MEDICAL GROUP...17	STALLWORTH, ROXANNE.....47, 55	STRODTBECK, PAUL.....47
SOUTHBAY URGENT CARE INC.17,	STANDEL, SARAH.....555	STRUTZ, PETER.....33
2453	STANFORD COURT SKILLED	STUBBE, AMANDA.....167
SOUVOROVA, JULIA.....136	NURSING AND REHAB CENTER.783,	STUMP, CHARL.....1444
SPAETH, JOHN.....151	2253	SU, DANIEL.....279, 411, 494, 594
SPANGGORD, HOLLY.....350, 382	STANFORD, DAVID.....86	SU, DERRICK.....364
SPARKS, TODD.....142, 1640, 1707, 1881	STARICKA, MELISSA.....200	SU, VENNES.....614, 1299
SPAULDING, ENJOLI.....113, 183, 610	STARK, ERIK.....563, 574	SUAREZ, ROBERTO.....2317
SPECKART, PAUL.....80	STAUNTON, MICHELE.....55	SUBRAMANIAN, RAMA.....1444
SPEH, BRIAN.....312, 659, 1804, 2130	STEADMAN, MICHAEL.....172	SUBRAMANIAN, RUPA.....759
SPENCE, JAMIE.....1514, 1515	STEER, DYLAN.....174, 297, 636	SUDHAKAR, DEEPTHI.112, 122, 154,
SPENCER, ROBERT.....348, 474	STEFANIDIS, NICOLETTA.....591, 592	160, 183, 186, 600, 631, 710, 712, 1619,
SPENGLER, NATHAN.321, 681, 1815,	STEFFENSMEIER, CHRISTA.....610	1651, 1677, 2007, 2008, 2200
2155	STEIN, ALEXANDER..114, 184, 618, 758	SUGGS, SARAH.235, 542, 1707, 1708,
SPEZIALE, MARK.....1622, 2022	STEINBERG, LEONARD.....2077	1881
SPITZ, AARON.278, 279, 410, 411, 493,	STEINBERGER, AMANDA.....321	SUGIHARA, CORINNE.....552
594	STENSMAN, LARS.....1007, 1008	SUH, DAVID.....523
SPITZ, BRADLEY.....670	STEPHANY, HEIDI.....494	SUHIR, ERIN.....611
SPITZER, BLAKE.....144	STEPHENS, BENJAMIN.....762	SUK, DAVID.....456
SPITZER, MARSHA.....1443, 1444	STEPHENS, LAURA.....652, 2071	SUK, KEVIN.....304
SPOKOYNY, ELEONORA.....458	STEPHENSON, ROBERT.....30	SULEIMAN QAFITI, KHAWLA.....1445
SPRIGGS, MEGHAN.....281	STEPHENSON, SAMUEL.....324, 690	SULLIVAN, ELISSA.....1574
SPRING ROBINSON, CHANDRA.174,	STERN, ANNA.....313, 662	SULLIVAN, JESSICA..171, 292, 626, 712
300	STERN, MARK.....199, 767	SULLIVAN, LAUREN.....296, 629
SPRINGER, DEWAIN.....571	STERNFELD, DANIEL.....258, 375	SULLIVAN, THOMAS..695, 1829, 2184
SPRINGSTUBB, ADITI.....62	STERNS, DANIEL.....47	SUMMERS, STEPHEN.....144
SPURRELL, KATHRYN.....716	STEVENS, KENNETH.....295	

## E. Index of Providers

SUMMERS-DAY, COURTNEY.235, 621, 1337, 1705, 1986	SZU, ERIC.....429	TANG, ANDREW..... 1865, 2096
SUN CITY CONVALESCENT CENTER. .....784	SZYMANSKI, JARED.....42	TANG, ASHLEY.....764
SUN, JASON.....773	<b>T</b>	TANG, KIM.....427
SUN, JOHN.....261, 262, 386, 387	TA, MINI.....2424	TANG, MICHAEL.....294, 1747
SUN, MICHAEL.....695	TA, TRANG.....2419	TANG, TAYLOR.....488
SUN, PAUL.....262, 386, 387	TABARANZA, PHOEBE.....756	TANG-RITCHIE, LENG....165, 283, 602
SUN, YEMING.....40	TABIL-GALAPON, BERNICE...219, 435	TANKSLEY, SIMON.....64
SUNA SITTO, MOHEEN.....719, 1578	TABILA, BRIAN.....533	TANTISIRA, KELAN.....2110
SUNTAY, BERK.....567, 762	TADDONIO, MICHAEL.....1815, 2156	TANTISIRA, LALITA.620, 629, 1980, 2003, 2004
SUOZZO, JOSEPH.....197, 1696, 2272	TADROS, ANTHONY.....1815, 2157	TANTOD, KULIN.....1150, 1151
SUPAT, BENJAMIN.....290, 1738	TADROS, EMAD.....667	TANUS, DEBORAH.....758
SUPERNAW, AMY.....659	TADROS, JESSICA.....226	TARLE, STEPHANIE.317, 669, 1809, 2141, 2283, 2317
SURI, RAJAT.....518, 772, 1870, 2235	TAECHARVONGPHAIROJ, VEERAVAT.....37, 217, 218	TARVER, LESLIE.....315, 2284
SUSAN PARHAM HOUSING CORPORATION.....2255	TAGDIRI, KEVEN.....30	TASTO, JAMES.....695
SUTTLE, CAROLYN.....632	TAGHIZADEH, BEHZAD. 331, 332, 1837	TAUB, PAM.....1755
SUTTNER, DENISE.654, 1678, 2023, 2119	TAGHVA, ALEXANDER.....482, 483	TAUNTON, PHILIP.....192, 304, 647
SUTTON, BRIAN.....1668	TAHAEI, SEYED..104, 132, 192, 579, 655	TAYAG, DYLAN.....160
SUYAMA, JULIE.....1768, 2043	TAHERI, DANIEL.....501	TAYANI, RAMIN.....259, 382, 464
SUYDAM, STEVEN. 280, 596, 1711, 1922	TAHERI, NIMA.....251	TAYLOR, CHRISTOPHER.1702, 1889, 1890, 2222
SWADENER, NINA.....55	TAHRIRI, BAHAREH.....1515, 1516	TAYLOR, DAVID.....1752, 2004
SWARTZ, ERIN.....1957	TAI, AUDREY.....464	TAYLOR, INGE.....613
SWARTZ, JOHN.....22, 1036, 1337	TAI, KUANGKAI.....1249	TAYLOR, ISHA.....516
SWEAT, MARIE.....2032	TAING, JENNIFER.....1957	TAYLOR, KAYLA.....1286
SWEENEY, NATHALY.....1679, 2023	TAJРАН, DEENA.....161, 640	TAYLOR, MARIO.326, 695, 1829, 1830, 2184, 2185
SWEENEY, ZSA ZSA.....531, 611	TAKESITA, KEN.....279, 528	TAYLOR, MISTY.....160
SWEET, JASON.....681, 2155	TAKHAR, JASMINE.....703	TAYLOR, RYAN.....134, 342, 659
SWEET, PATRICK.....118, 1542	TALANKI, VARUN.437, 508, 528, 529, 734, 752	TAYLOR, TASHA.....718, 1574, 2211
SWEIGERT, JAMIE.....2317	TALavera, GREGORY.22, 84, 1036, 1037, 1543	TAYYAB, NEIL.....147, 345, 695
SWENSON, FRANK.....326	TALBOT, ADRIANNE.....1957	TCHAKMAKJIAN, LEVON.....29, 1104
SWORDS, KELLY.....2193	TALEBZADEH, NOJAN.....144	TEACHER, THEODORE.....457, 458
SY, JOAN.....44	TAM, EMILY.424, 569, 764, 1850, 1900, 2231	TEBYANI, NEYSSAN.279, 411, 412, 494, 495, 594
SY, RAMON.....85, 1556, 2210	TAM, MAY.....2420	TEE, ALEXANDRA.....1037
SY, THEODORE.....363, 364	TAMAS, VANESSA.....2096	TEETER-WITT, ALYSSA.....1696, 2272
SYAL, GAURAV.....292, 623	TAMAYO, MAITHE.....1445, 1446	TEGUH, COLLIN.....73
SYCHANGCO, PAUL.....251	TAMAYO, SYDNIIE.....107, 179, 573, 766	TEJADA BRAS, SANDY.....611
SYED, SAMEENA.....62	TAMAYO-MURILLO, DORATHY.321, 681, 682	TEJEDA, FRANCISCO.....1546, 1547
SYED-UDDIN, SUMIYAH.....1865	TAMMELIN, BRUCE.....476, 477	TELLECHEA-SANCHEZ, SELMIRA. .....1160, 1161
SYMANSKI, ELIZABETH.....98, 167	TAN, CONNIE.....175	TEMECULA HEALTHCARE CENTER. .....784
SYN, GENE.....397	TANAKA, HIDEAKI.....1977	TENG, WANG.....399, 401, 405
SZABO, HAYLIE.....152, 312	TANAKA, MARY.....1013	TERADA, SEIJU.....385, 592
SZCZESIK, KRYSYIAN.....228	TANAKA, SCOTT.....695	
SZMIDT, MARIA.....73, 80	TANAMAI, VAYA.....258, 375	
SZPUNAR, MERCEDES.....266		

## E. Index of Providers

---

TERRERI, NATALIE.....	472	THOMPSON, DANIELLE.....	322, 686	TONG, ALEXANDER.....	293, 626
TERRY, AMANDA.....	1137	THOMPSON, JOHN.....	333	TONG, ELAIN.....	38
TESFAI, HELEN.....	1804, 2131	THOMPSON, RUSSELL.....	585	TONG, GARRICK.....	2323
TESSIER, ADLA.....	81	THOMPSON, SANDRA.....	108, 596	TONJES, ERIKA.....	1958
TEW, JOHN.....	2362	THOMSON, EMILY.....	509	TONNU, ANH.192, 339, 648, 2345,	
TEYMOORIAN, ARIAN.....	503, 729	THOMSON, SAMANTHA.300, 640,		2369, 2384, 2421	
TEYMOORIAN, SAVAK.....	382, 591	1768, 1769, 2044		TOOMA, GHASSAN.....	526
THACH, TERILYN.....	2358	THUNDER, RICHARD.....	153, 326	TOPIK, AMANDA.....	611
THAI, AMANDA.....	2424	THYGERSEN, ALAYSA.....	1705	TOPILOW, NICOLE.....	304, 1773
THAI, JUSTIN.....	1338	TIAN, QING.....	104, 514	TOPPEN, LAURA.....	1725, 1958
THAKKAR, SANDEEP.....	256	TIANGCO, IRINEO.....	61	TOPPEN, WILLIAM.....	295, 629
THANGARAJAH, HARIHARAN.1871,		TIEN, AUDRIS.....	265	TORCHINSKY, CYRUS.....	651
2187		TILLEY, MONICA.....	611	TORIOLA, ABIODUN.....	164, 449
THAPER, MOHINDERPAL.....	577, 1914	TILLMAN, SYLVIA.....	2384, 2420	TOROSIAN, KARO.....	295, 297
THE BRADLEY COURT.....	2243	TILTON, PETER.....	2318	TORRES, HECTOR.....	2206, 2323
THE COVE AT LA JOLLA.....	781, 2246	TIMBERMAN, SARAH.....	1957	TORRES, JOANN.....	1580, 2212
THE DORTHY AND JOSEPH		TIMBOE, JENNA.....	347	TORRES, RANDALL.....	97
GOLGBERG HEALTHCARE CENTER.		TING, JAMES.....	273	TORRES, REBECCA.....	48, 49
.....	2244	TINT, DERRICK.....	738	TORREY PINES SENIOR LIVING... 783	
THE PAVILION AT OCEAN POINT.		TIONGSON, JAY.....	447	TOTH, JESSICA.....	1182
.....	2252	TITH, JENNY.....	684	TOUBIA, ELIAS.....	2339, 2395, 2427
THE SHORES POST ACUTE.....	783	TITOVA, ANASTASIA.....	632	TOUMA, ELIE.....	136, 194, 661
THE SPRINGS AT PACIFIC REGENT.		TIU, BRIAN.232, 233, 747, 748, 777, 778,		TOVAR PADUA, LEIDY.....	1997
.....	783, 2252	779		TOVAR, JUAN.....	116
THE VILLAGE HEALTHCARE		TIZNADO, ERNESTO.....	132	TOWERY, BOBBY.....	391
CENTER.....	781	TIZNADO, MONICA.....	187, 2272, 2273	TOWNE, BROOKE.....	558
THE VILLAS AT POWAY.....	782, 2249	TO, BRITTANY.....	440	TOWNS, ARTA.....	611
THEPVONGSA, MELISSA.....	764	TO, TUAN.....	2141, 2318	TOWNSEND, LAURIE.....	1339
THIBAUT, WILLIAM.....	489	TOCCI, STEPHEN.....	420, 487	TRADONSKY, STEVEN.....	696
THIELE, JENS.....	501, 562, 721	TODD, CHRISTINE.....	509	TRAINER, JASON.....	168, 574, 711
THIessen, KAREN.....	2318	TODD, MIKAYLA.1003, 1004, 1141, 1287		TRAN, ALEXANDER.....	2359, 2421
THIRUNAGARI, HARRSHA.....	1161	TODD, RACHEL.....	134	TRAN, AMY.....	172
THODE, LAURA.....	741	TODD, SARAH.....	1690, 1906, 2096	TRAN, BRYAN.....	461
THOLCKE, LOREN.....	751	TOLBA, KAMEI.....	1138	TRAN, CECILIA.....	47
THOMAS, CARLTON.....	118, 159, 623	TOLEDO-NADER, CAROLL.24, 1037,		TRAN, DAO.....	90, 758
THOMAS, CHERYL.....	53, 54	1038		TRAN, DAPHNE.....	183, 575, 611
THOMAS, KAITLIN.....	142, 344	TOLENTINO, ARTURO.....	2199	TRAN, HENRY.....	2384
THOMAS, PAULA.....	187, 731, 2272	TOLIVER, KEVIN.....	596	TRAN, JESSICA.764, 1629, 1901, 2231,	
THOMAS, ROBERT.....	2004	TOMAN, JEFFREY.....	687	2232	
THOMAS, ROGER.....	570	TOMASZEWSKI, DEBRA.....	1462	TRAN, KELLY.....	1287
THOMAS, SEAN.....	18	TOMICICH, STEPHANIE.113, 149, 167,		TRAN, LILIAN.....	66
THOMAS, STEPHEN.....	727, 768	287, 330, 611		TRAN, MICHAEL.....	523, 2425
THOMAS, THEODORE.....	636, 2025	TOMLIN, JEFFREY.....	2179	TRAN, NEIL.....	362, 451
THOMAS, ZACHARY.....	1338, 1339	TOMPKINS, BRETT.....	382, 383	TRAN, PHI.....	295
THOMPSON, CHERYL.....	1151	TOMPKINS, STACY.....	114, 169, 618	TRAN, RICHARD.....	287
THOMPSON, CHRISTOPHER.262, 467		TON-NU, MY LINH.2335, 2345, 2350,		TRAN, SHERI.....	172, 173, 177
THOMPSON, COLE.321, 682, 1815, 2157		2359, 2369, 2384, 2395, 2421		TRAN, STEPHANIE.....	260, 425

## E. Index of Providers

TRAN, STEVE.....	457	TSE, YARDY.....	562, 618, 721	UPPAL, GURVINDER.....	751, 752
TRAN, THAO.....	2428	TSI, SY.....	529	URBAND, LINDSEY.....	696
TRAN, THERESA.....	509, 1866, 2096	TSIMPAS, ASTERIOS.....	483	URBANIC, JAMES.....	572
TRAN, TIFFANY.....	461	TSUCHIYA, KIMIKO.....	1340	URIAS, DANIEL.....	752
TRAN, TONNIA.....	1339	TSUDA, PAIGE.....	1712, 1923	URIBE-BRUCE, LILIANA.....	1373
TRAN, TRAN.....	287	TSUI, NANCY.....	2385	URSO, MARY JO.....	222, 437, 438
TRAN, TU-UYEN.....	1593	TU, BEVERLY.....	2385	USMANI, AMENA.....	652
TRAN, TUAN.....	748, 749	TU, CHARLES.....	2422	UTZ, JACK.....	1543, 1544
TRANG, CHAU.....	2422	TUASON, NORBERTO.....	637, 667	UWEDJOJEVWE, LETICIA.....	25, 1044
TRANSFIGURACION SHIN, CHRISTIANNE.....	517	TUEROS, VICTORIA.....	1287, 1288	UY, ASHLEY.....	1086
TRAUT, JOEL.....	2097	TULLY, JEFFREY.....	280, 596, 1712, 1923	UY, CARMELITA.....	1220
TREJO, RAUL.....	23, 1038, 1543	TUN, TIN.....	217		
TRESENITTER, MEGAN.....	116	TUNG, SHAWNDEEP.....	399	<b>V</b>	
TRI CITY MEDICAL CTR.....	13, 2239	TUNG, VIVIAN.....	1172	VADAPARAMPIL, JANET.....	424
TRIMLETT, COLLEEN.....	659	TUREK, PAUL.....	203	VAHABZADEH-HAGH, ANDREW.....	308, 652, 1787, 2066, 2067
TRIMM, CASSIDY.....	1819	TURIY, YULIYA.....	368	VAHDAT, VALERIE.....	711, 2197
TRING, ELEANOR.....	173	TURNER, ELIZABETH.....	1958	VAHDOT, NOUSHIN.....	322, 682, 1816, 2158
TRINGALE, KATHRYN.....	318	TURNER, SHEREENA.....	1126, 1463	VAIDYA, KAMALA.....	1632, 1690, 1906, 2097
TRINH, MIMI.....	82	TYAGI, ABHILASHA.....	158, 533, 576	VAIDYA, NADEEM.....	259, 260
TRIVEDI, JANKI.....	443, 744	TYE, KAREN.....	178, 318, 672	VAKILIAN, SIAVOSH.....	198, 672, 673, 682, 1698, 2158
TRIVEDI, MEHUL.....	295, 629	TYNER, JOHN.....	326, 327	VALADEZ, JESUS.....	34
TRIVEDI, NAYANA MOHAN.....	295	TZENG, ERIC.....	280, 596, 1712, 1923	VALDEVERONA, KATHY.....	212
TRIVEDI, RADHIKA.....	550, 551			VALDEZ, KELLY.....	683
TRIVEDI, SURAJ.....	1711, 1923	<b>U</b>		VALDEZ, KRYSTAL.....	533, 1373, 1374, 1980, 1981
TROYER, CORY.....	322	U, HOI.....	1826, 2179	VALDEZ-HERNANDEZ, ISRAEL.....	219, 220, 731, 732
TROYER, EMILY.....	138, 2263, 2319	UCSD LA JOLLA JOHN SALLY THORNTON.....	14, 2240	VALENCIA, JESUS.....	659
TRUCCARE.....	787, 788, 828, 829, 830, 864, 865, 867, 868, 869, 870, 872, 875, 958, 959, 960, 961, 962, 963, 964, 965	UCSD MEDICAL CTR.....	14, 2240	VALENCIA, MARILES.....	1067, 1220
TRUCCARE.....	18, 30, 63, 65, 82, 1009, 1010, 1134, 1234, 1250, 1251, 1495, 1496	UDANI, VIKRAM.....	690	VALENTA, CAYLIE.....	516
TRUJILLO, DALE.....	287, 1725	UDDIN, MOHAMMAD.....	201, 202, 507, 508	VALENZUELA, TRICIA.....	1340, 1341
TRUJILLO, JENNIFER.....	640, 1054, 1055, 1413, 1414, 2044	UDOH, EKAETE.....	539, 1463	VALLE VISTA POST ACUTE.....	781, 2245
TRUJILLO, MIGUEL.....	719, 1578	UDOWENKO, MARINA.....	621	VALLEZ-BARLAM, ANDREA.....	197, 580, 581, 1696, 1916, 2273, 2295
TRUONG, ANDREW.....	55	UEBELHOER, NATHAN.....	158, 533, 576	VALLONE, ROBERT.....	661
TRUONG, MICHAEL.....	451	UHL, BARRY.....	141	VAN DEN HEUVEL, KELLY.....	640
TRUONG, NHA.....	1340	ULANER, GARY.....	267	VAN DER REIS, WILLIAM.....	593
TSAI, CHIAHONG.....	425, 773	ULIBARRI, MATTHEW.....	226, 440, 738	VAN DYKE, JASON.....	1475, 1476
TSAI, CINDY.....	684	ULRICH, STACEY.....	2097	VAN HOLLEBEKE, RACHEL.....	96, 1006, 1544
TSAI, GRACE.....	136, 342, 343, 540	UMANSKY, JEFFREY.....	326	VAN HOOSE, MARC.....	2422
TSAI, JAMES.....	217	UNDERWOOD JOLLY, AMY.....	67	VAN NOORD, BRANDON.....	596, 597
TSAI, MATTHEW.....	1744, 1990	UNGER, ARLENE.....	151	VAN PRATT LEVIN, AISHA.....	717, 2208
TSAI, MON TA.....	56	UNGER, LINDSEY.....	1820, 2168	VAN PRATT LEVIN, BENJAMIN.....	1986
TSANG, JOYCE.....	281, 597	UNIVERSITY CARE CENTER.....	783, 2252		
TSANG, WALTER.....	217, 505	UNSDORFER, KYLE.....	321, 682, 1815, 2157, 2158		
		UNTERBERG, STEPHEN.....	701, 2193, 2194		
		UPASANI, VIDYADHAR.....	1871, 1910, 2185		

## E. Index of Providers

---

VAN VRANKEN, BRUCE.....	48	VENKAT, GEETA.....	236, 446	VINCENT, BERLIN.....	613, 1963
VAN WOY, LAUREN.....	2098	VENKATESH, VIJAY.343, 720, 1848,		VINCENT, EBONIE.....	265
VAN, HO HAI.....	357, 368, 587	2213		VINCENT, LAUREN.....	117, 1024
VANDEWIELE, EMILY.....	684, 2163	VENNAM, VAMSI.....	2273	VINCENT, WILLIAM.....	88
VANE, JACKSON.....	2098	VENTRO, GEORGE.....	323, 687	VINH, JOHN.339, 539, 648, 2345, 2351,	
VANETSKY, GARY.....	176, 1669	VENTURA, ALEXIS.....	212	2370, 2385, 2396	
VANFOSSSEN, BRIAN.....	669, 2141, 2319	VERDOLIN, MICHAEL.....	108, 329	VISEROI, MARIUS.....	572
VANICHSARN, CHRISTOPHER.186,		VERDUZCO GONZALEZ, AURORA.		VISTA COMMUNITY CLINIC.842, 843,	
577		.....1083, 1199, 1200		844, 866, 867, 870, 871, 872, 996, 997,	
VANOCKER, KARI.....	659	VERGARA RODRIGUEZ, DIANA....	683	998, 999, 1000, 1001, 1002	
VAPNEK, EVAN.148, 151, 181, 328, 346,		VERRET, ERIC.....	2359	VISTA COMMUNITY CLINIC	
701, 702		VETTICADEN, SANTOSH.....	1155	GRAPEVINE.....	995, 996, 1002
VAQUERO, JUANA.....	1696, 2273	VIA RIO HOUSE.....	2245	VISTA COMMUNITY CLINIC	
VARGAS TRUJILLO, MARCELA.1867,		VIBAL-POASTER, MARIA.....	1958	GRAPEVINE,.....	91, 1599
2101		VICENS-VILLAFANA, JOSE.....	375	VISTA COMMUNITY CLINIC HORNE	
VARGAS, CHRISTOPHER.134, 1633,		VICK, ALINA.....	711	STREET.....	865, 866, 872
1634		VICTORIA POST ACUTE CARE.780,		VISTA COMMUNITY CLINIC HORNE	
VARGAS, JACLYN.1844, 1906, 2098,		2243		STREET,.....	63, 1235, 1236
2099		VICTORIA SPECIAL CARE CTR.....	780	VISTA COMMUNITY CLINIC PIER	
VASQUEZ, BENJAMIN. 685, 1819, 2164		VIDAL, ALYSSA.....	213	VIEW WAY.....	866, 873
VAUGHN, DOUGLAS.....	280, 596	VIDAL, MONICA.63, 91, 422, 563, 758,		VISTA COMMUNITY CLINIC PIER	
VAUGHN, GABRIELLE.....	2077	1232, 1233, 1893, 1894, 2226		VIEW WAY,.....	63, 1236, 1237
VAVINSKAYA, VERA.....	1793, 2071	VIDAURRAZAGA, MONICA.....	1374	VISTA COMMUNITY CLINIC, .33, 63,	
VAWTER, ERIN.....	1846	VIDEEN, JOHN.....	125, 1623, 1624	1167, 1168, 1234, 1235	
VAYNGORTIN, TATYANA.....	2099	VIDOR, IRA.....	224, 513	VISTA HEALTHCARE CENTER.784,	
VAZQUEZ-BOJORQUEZ,		VIECHNICKI, TARA.....	175	2255	
ALEJANDRA.....	23, 41, 73	VIERA, LIANA.....	434, 499	VISTA HOUSE.....	2255
VAZQUEZ-ERLBECK, MARTHA.716,		VIERLING, SABRINA.....	2142, 2319	VISTA KNOLL SPECIALIZED CARE	
1522		VIERNES, MATTHEW.....	564, 565	FACILITY.....	784, 2256
VCC DURIAN.....	995, 1002	VIERRA, ERIN.....	287	VIVIRITO, MARY.2335, 2351, 2359,	
VCC DURIAN, .	91, 1599	VIJAYASARATHI, KRISHNA.....	152	2370, 2385, 2386, 2396, 2422	
VEGA, FRANCISCO.....	523	VILCHIS, CAROLINE.....	574	VIZCARRA, DAVID.....	744
VEGA, RICARDO.....	518, 731, 741, 742	VILLA CORONADO CONVALESCENT.		VO, ANDREW.....	1774, 2055
VEGA, SARAH.....	2119	.....	2241	VO, ANDREW MINH.....	2370, 2423
VEGA, TERESA.....	1020, 1288	VILLA LAS PALMAS HEALTHCARE		VO, BRYAN.....	394
VELASQUEZ, FERNANDO. .1288, 1289		CTR.....	780, 2244	VO, PHU LUONG.....	73, 1986
VELASQUEZ, SHARON.59, 1038, 1039,		VILLA MONTE VISTA.....	782	VO, QUANG.....	526
1211, 1544, 1545, 1614		VILLA RANCHO BERNARDO CARE		VOLLER, STEPHANNIE.....	2023, 2024
VELAZQUEZ CAMARENA, MARIA.		CENTER.....	783, 2252	VOLPP, HEATHER.....	753
.....	1045, 1556	VILLA, ANGELICA.....	2339	VOLPP, PAUL.141, 198, 343, 673, 1636,	
VELLORE GOVARDHAN, SHILPA.		VILLA, MARIA.....	73, 81, 1341	1697, 1847, 2145	
.....	2078	VILLAGOMEZ, JOSHUA.....	632	VORA, RONAK.....	458
VEMULAPALLI, SREENIVAS.....	529	VILLALOBOS, REBECA. 611, 1290, 1959		VOURLITIS, MELISSA.18, 23, 27, 31, 73,	
VENEZIANO, CHRISTOPHER.273, 415,		VILLANUEVA DE GUTIE, BERENICE.		85	
420		.....	531, 611, 1084, 1200	VOVAN, THOMAS.....	366, 394, 395
VENKAT, ARUN.185, 201, 501, 562, 618,		VILLANUEVA, GIOVANNI.235, 1641,		VU HILL, ERICA.....	614
711, 721		1708, 1882		VU, BAO-KHOI.....	205

## E. Index of Providers

VU, COLLIN.....	350, 365, 371	WANG, SHIN-CHERN.....	523	WELLS, MARY.....	429
VU, LAC.....	640	WANG, STEVEN.....	243, 260	WELLS, PHILLIP.....	592
VU, PETER.....	1746, 1994	WANG, WEI.....	40	WELLS, TODD.....	581, 1918
VU, STEVE.....	747, 752	WANG, WENG-LIH.....	768, 770, 771	WELSH, BRITT.....	160
VU, WENDY.....	1169	WANG, WILLIAM.....	273, 327, 487	WEN, AKI YEN CHANG.....	1045, 1557
<b>W</b>					
WACHHOLZ, PAMELA.....	213	WANG, XIUJIE.....	232, 233, 747, 748, 778, 779	WENDEL, TREVOR.....	114
WACHNER, KRISTELYN.....	200, 725	WANG, YE.....	383, 591	WEON, SUK KYENG.....	425
WADELL, CHAD.....	56	WANG, YVETTE.....	2099	WERHO, DAVID.....	2078
WADHWA, MANISH.....	598	WARD, KATHERINE.....	1173, 1178	WERNER, KRISTINE.....	741
WAGNER, EDWARD.....	413	WARD, MICHAEL.....	287	WERNER, R AARON.....	2346
WAGNER, PAUL.....	81	WARD, NICHOLAS.....	728	WERNER, REX.....	2345
WAGNER, TASIA.....	560, 756, 757	WARLEN, MARK.....	646	WERTMAN, BRETT.....	240, 252, 346, 347
WAHLIN, TAMARA.....	312, 659, 1804, 1805, 2131	WARNER, MICHAEL.....	224, 737	WEST, JULIE.....	1855, 1915, 2024
WAINESS, REID.....	538	WARRIER, NIKHIL.....	238, 239	WESTEREN, ALAN.....	304
WAINWRIGHT, MITCHELL.....	42, 347	WASHBURN, NEAL.....	471	WESTERMANN, MELISSA.....	1620, 1895, 2013, 2014
WAKILY, HUSSNA.....	573	WASSON, MINA.....	1446	WESTERN ADHC.....	2258
WALDRUP, LA'RHONDA.....	1673, 1959	WASTILA, LISA.....	1374, 1375	WETTERSTEN, NICHOLAS.....	1755, 1854
WALKER, BRADLEY.....	758, 765	WATANABE, BRIAN.....	400	WHEATLEY, BENJAMIN.....	326, 696
WALKER, JULIE.....	2164	WATERS, ELIZABETH.....	1446	WHEELER, KIM.....	1653, 2266
WALLA, MEGAN.....	167	WATSON, DEBORAH.....	308, 652, 1787, 1788, 2067	WHITE, ALAN.....	365
WALLACE, PATRICIA.....	429, 453	WATTANAMANO, PORNTHEP.....	1375	WHITE, DANIEL.....	145
WALLACE, STEPHANIE.....	570, 764, 2232	WATTS, ELI.....	81, 1376	WHITE, EVAN.....	141, 178, 673
WALLACE, WILLIAM.....	399, 400, 401	WAYNE, DIANE.....	519	WHITE, JON.....	273, 274
WALLACH, SABINA.....	293	WAYNE, EDGAR.....	454	WHITE, KATHERINE.....	1341, 1342
WALSH, ERIN.....	686	WEATHERLY, JACOB.....	1447	WHITE, KERI.....	576, 1913
WALSH, HEATHER.....	659	WEAVER, AMANDA.....	2265	WHITE, KYLE.....	134, 342, 1846
WALSH, JOHN.....	1694	WEAVER, APRIL.....	764, 1603	WHITE, XUANHA.....	730
WALTER, ROME.....	56	WEAVER, MARINEL.....	632	WHITEHURST, UNIQUE.....	1959
WALTERS, DANIEL.....	368, 369	WEBB, SHANNON.....	579, 659, 2131	WHITLEY, NICHOLAS.....	23, 116, 1039
WANG, ALICE.....	592	WEBSTER, LUKE.....	2005	WHITMAN, GREGORY.....	256
WANG, AMY.....	505, 506	WEDDLE, DIRK.....	243	WHITWAM, WAYNE.....	164, 173, 282, 296
WANG, ANCHI.....	103, 189, 299, 578	WEICKERT, MARIA.....	1290	WIAN, DEBORAH.....	281
WANG, ANGELA.....	1753, 2004, 2005	WEIDNER, ANNE.....	287	WICKWARE, TRACY.....	193, 753
WANG, CHUNYANG.....	103, 189, 299, 578	WEINER, KEITH.....	468	WIEGAND, SARAH.....	299, 637
WANG, DEHUA.....	2071	WEINERT, CARL.....	469, 487	WIENER, GREGORY.....	118, 1615
WANG, EMILY.....	1690, 1844, 1907, 2099, 2100	WEINSTEIN, GEOFFREY.....	141, 198, 343, 673, 1636, 1698, 1847, 2145	WIETZKE, MATTHEW.....	611
WANG, JAMES.....	583	WEIR, JACQUELINE.....	312, 660, 1805, 2132	WIJAYARATNE, IMANIE.....	139, 1636, 2263
WANG, LILLIAN.....	391	WEISS, KATHERINE.....	654, 1855, 2024, 2120	WILAND, WINONA.....	134, 660, 1606
WANG, LUKE.....	328, 702, 1833, 2194	WEISSBROD, PHILIP.....	308, 309, 652, 1788, 1789, 2067, 2068	WILCOX, WENONAH.....	112, 1608
WANG, MATTHEW.....	151, 260	WEISSMAN, CORY.....	667, 2319	WILE, KIMBERLY.....	193, 1694
WANG, MICHELLE.....	280, 1712	WELLS, JOSEPH.....	517	WILLEY, MARTI.....	167, 287, 499, 611, 711
WANG, NAN.....	747			WILLGING, STEFAN.....	81
WANG, REGINA.....	1341			WILLIAM, PHEBEE.....	213
				WILLIAMS, ALICIA.....	281, 597
				WILLIAMS, ALISA.....	624, 641

## E. Index of Providers

WILLIAMS, BRANDON.....293	WONG, CALVIN.....73	YAGUDAYEVA, RAISA.....667, 2320
WILLIAMS, BREAHA.156, 531, 611, 612, 1084, 1200, 1201, 1290, 1291	WONG, DARRYL.....201, 562	YALDO, ATHMAR.....114, 156
WILLIAMS, HOWARD.....81	WONG, FELIX.....682	YALVAC, ETHAN.....240, 252
WILLIAMS, JEFFREY.....600	WONG, JASON.....400	YAMADA, KENTARO.....646, 2053
WILLIAMS, JESSICA.....1477	WONG, JEFFREY.....274, 420, 421	YAMANAKA, MARK.....572
WILLIAMS, JINA.....757, 1598	WONG, JENNIFER.....240	YAN, CAROL.309, 652, 1789, 1790, 2068, 2069
WILLIAMS, KRISTIN.1839, 1895, 2014, 2015	WONG, KRYSTLE.....93, 585	YAN, ERIC.....221, 437, 733
WILLIAMS, MARK.....383, 705	WONG, MAYBELLE.....612	YANG, ANDREW.....265
WILLIAMS, MATTHEW.....1862, 2078	WONG, POLLYANNA.....264	YANG, BENJAMIN.....293, 627
WILLIAMS, SHANTRICE..156, 575, 1647	WONG, RANDALL.....464, 465	YANG, CHARLES.....510
WILLIAMS, STACY.....1819, 2164	WONG, SHARON.....2386	YANG, DAVID.....265
WILLIAMS, TAKISHA.1020, 1084, 1085, 1183, 1291, 1582	WONG, STEVEN.....670	YANG, JENNIFER.....2033
WILLIE, KADEN.30, 82, 1133, 1134, 1493, 1494	WONG, VICTOR.....2105	YANG, JENNY.....295, 629, 1753, 2005
WILLNER, AYAL.....554	WONG, YOLANDA.....1447, 1448	YANG, PHILIP.....255
WILSON, CARLENE.566, 761, 2293, 2294, 2331	WOO, ANDY.....612, 1959	YANG, TAE.....240
WILSON, JENNIFER.....573, 766	WOO, LINDA.....132, 309	YANG, YIFAN.....144, 145
WILSON, MATTHEW.....661	WOOD, YELENA.....67	YANNI, ELIZABETH.....94
WINDHAM, SUZONNE.560, 757, 1890, 2222, 2223	WOODALL, GARY.....81	YAO, CATHERINE.....1067
WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL.....783, 2252	WOODRUFF, WHITNEY.....167	YAO, GRACE.....258
WINDSOR GARDENS CONV CTR OF SAN DIEGO.....782, 2248	WOODWARD, STEPHANIE.....689	YAP, KONG PENG.....248
WINE, DAVID.....65, 1247	WOODWORTH, JENNIFER.197, 741, 1697, 2214, 2274	YAP, MICHAEL.....251
WINESBURG, JENNIFER.1055, 1115, 1192, 1414, 1415, 1416, 1592, 1878	WOOLEY, LAURA.....517	YAPHOCKUN, KAREN.....2100
WINKLER, GARRET.....1738	WORSEY, MICHAEL.....323	YARTSEVA, YULIYA.....612
WINSHIP, KATHERINE.....717	WRIGHT, BRENTON.....103	YASHAR, CATHERYN.....178
WINTER, MARC.....375	WRIGHT, DEREK.134, 193, 570, 660, 1634, 1694, 1909, 2132	YASSIN, HAZEM.....293, 627
WIRTH, LAURA.....745, 773	WRIGHT, KIMBERLY.....575, 1912	YAU, STEPHEN.....112, 116, 154, 155, 158
WISE, DOUGLAS.....88	WRIGHT, STEPHANIE.....535, 632	YAZDANSHENAS, MARYAM.....54
WISHNEK, HANNAH.....296, 2284	WRITER, NICOLE.....312	YAZDI, JANET.....56
WISNIEWSKI, MORRIS.....85	WU, ARMANDO.....41	YCASAS, EMILY.....757, 2223
WITCZAK, IZABELA.....83, 1497, 1498	WU, DARRELL.....574	YEAM, INCHEL.....707
WOELKERS, DOUGLAS.....1658, 1757	WU, EVA.....2396	YEANG, CALVIN.....1926
WOLF, CELIA.....1292	WU, JENNIFER.....1342	YELLEN, LAURENCE.....332, 1837
WOLF, ELI.....330	WU, JENNY.....242	YEO, ALEXANDRIA.167, 287, 612, 1656, 1726, 1960
WOLF, RICHARD.....1658, 1757, 2015	WU, MELANIE.....714, 734	YETTER, MARCUS.....350, 392
WOLF, RONALD.....269	WU, MICHELLE.....2320	YIAN, CHRISTOPHER.....262, 388
WOLFE, AMANDA.....1912	WU, VANNA.....205, 264	YIDI, DIANA.....2320
WON, EUGENE.....489	WYLIE, BLAKE.....1006, 1007	YIM, EUGENE.....557
WONG, ANDREW.....235	WYSOCZANSKI, MARIUSZ.112, 122, 530, 535	YODER, ANDREA.....1713, 1924
		YOO, HEATHER.....165
	<b>X</b>	YOON, RYAN.....1039
		YORK, JOHN.....141, 318, 673, 682
	XU, DIXON.....136, 137, 343, 540	YORK, VINCENT.....322, 682, 1816, 2159
		YOSHII, DENIS.....203
	<b>Y</b>	YOSHII-CONTRERAS, JUNE.103, 1605
		YOU, ALAN.....1739, 1977
	YACOOB, MARLENE.....38, 39, 44	
	YADLAPATI, RENA.....1753	







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**Japanese** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-452-4413 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Hmong** Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm peb li kev noj qab haus huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau peb ntawm 1-800-452-4413. Muaj cov paub lus Hmoob tuaj yeem pab tau koj. Qhov no yog pab dawb.

**Ukrainian** Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-452-4413. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

**Navajo** D77 ats'77s baa lhly3 47 doodago azee' bee aa lhly3 b7na'7d7[kidgo 47 n1 ata' hodoonih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-452-4413 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo]. D77 t'11 j77k'eh bee an1'1wo.

**Punjabi** ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਨਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਸੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਬਾਸੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-452-4413 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

**Khmer** យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរស័ព្ទទមកយើងខ្ញុំតាមលេខ 1-800-452-4413។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

**Mien** Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-452-4413. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

**Lao** ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສະຖະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-452-4413. ມີຜູ້ຮູ້ ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ມີແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

**Armenian** Մեզ մոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպության հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ լինելու համար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեզ կօգնի հարցերն իմացող թարգմանիչը: Ծառայությունն անվճար է:

**Farsi** ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کفایت با ما به شماره 1-800-452-4413 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

**Thai** ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-452-4413 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี

**Multi-Language Insert**  
**Multi-Language Interpreter Services**

**English** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-776-4466. Someone who speaks English can help you. This is a free service.

**Spanish** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-776-4466. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-776-4466。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-776-4466。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-776-4466. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-776-4466. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-776-4466 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-776-4466. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-776-4466 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-776-4466. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول ليس عليك سوى الاتصال بنا على 1-800-776-4466. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية على مترجم فوري،

**Hindi** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-776-4466 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian** E disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-776-4466. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-776-4466. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-776-4466. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-776-4466. Ta usługa jest bezpłatna.

**Japanese** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-776-4466 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Hmong** Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm peb li kev noj qab haus huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau peb ntawm 1-800-776-4466. Muaj cov paub lus Hmoob tuaj yeem pab tau koj. Qhov no yog pab dawb.

**Ukrainian** Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-776-4466. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

**Navajo** D77 ats'77s baa 1hly3 47 doodago azeé' bee aa 1hly3 b7na'7d7[kidgo 47 n1 ata' hodoolnih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-776-4466 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo[. D77 t'11 j77k'eh bee an1'1wo.

**Punjabi** ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਨਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਰੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਬਾਰੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-776-4466 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

**Khmer** យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខ 1-800-776-4466។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

**Mien** Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-776-4466. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

**Lao** ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ບີ 1-800-776-4466. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

**Armenian** Մեզ քոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպիչի հետ կապված Ձեր ցանկացած հարցի և պատասխանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-776-4466 հեռախոսահամարով: Ձեզ կօգնի հարցերն իմացող թարգմանիչը: Ծառայությունն անվճար է:

**Farsi** ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیت با ما به شماره 1-800-776-4466 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

**Thai** ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-776-4466 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี



## LANGUAGE ASSISTANCE NOTICE

**English ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.

**中文 Chinese** 请注意: 如果您说中文, 可以免费获得语言协助服务。请拨打 1-800-452-4413 (听障和语障专线: 711), 每周七天办公, 早上 8:00 至晚上 8:00。此电话为免付费专线。

**한국어 Korean** 주: 귀하가 한국어를 사용하시는 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다. 1-800-452-4413 (TTY: 711) 번으로 주 7 일, 오전 8 시부터 오후 8 시까지 전화하실 수 있습니다. 이 전화는 무료입니다.

**Русский Russian** ОБРАТИТЕ ВНИМАНИЕ! Если Вы говорите по-русски, мы можем предложить Вам бесплатные услуги языковой поддержки. Звоните по телефону 1-800-452-4413 (TTY: 711) с 8:00 до 20:00 без выходных. Звонок бесплатный.

### فارسی Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی بدون اخذ هزینه در اختیار شما می باشد. با شماره 1-800-452-4413- 4413 (TTY: 711)، از ساعت 8:00 صبح تا 8:00 شب در هفت روز هفته تماس بگیرید. این تماس رایگان است.

**भाषा Hindi** ध्यान: यदि आप भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। फ़ोन करना 1-800-452-4413 (TTY: 711), सुबह 8:00 बजे से शाम 8:00 बजे तक, सप्ताह के सातों दिन। फ़ोन करना फ़्री है।

**Lus Hmoob Hmong** LUS CEEV: Yog koj hais Lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-452-4413 (TTY: 711), 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj, xya hnuv hauv ib lub as thiv. Qhov hu xov tooj no yog hu dawb xwb.

**Español Spanish** ATENCIÓN: Si usted habla español, hay a su disposición servicios de asistencia de idiomas sin costo. Llame al 1-800-452-4413 (TTY: 711), de 8:00 a.m. a 8:00 p.m., los siete días de la semana. La llamada es gratuita.

**Tiếng Việt Vietnamese** LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẽ cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ cho quý vị. Gọi số 1-800-452-4413 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày trong tuần. Cuộc gọi này miễn phí.

**Tagalog** PAUNAWA: Kung nagsasalita kayo ng Tagalog, may mga available na lib्रेng serbisyo ng tulong sa wika para sa inyo. Tumawag sa 1-800-452-4413 (TTY: 711), 8:00 a.m. hanggang 8:00 p.m., pitong araw sa isang linggo. Libre ang tawag.

## العربية Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، يتوفر لك خدمات المساعدة اللغوية المجانية. اتصل على الرقم 1-800-452-4413 (TTY: 711)، من الساعة 8:00 صباحًا إلى 8:00 مساءً طوال أيام الأسبوع. علمًا بأن هذه المكالمات مجانية.

**ພາສາລາວ Laotian** ສິ່ງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທຫາເບີ 1-800-452-4413 (TTY: 711), 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ, ເຈັດວັນຕໍ່ອາທິດ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.

**日本語 Japanese** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-452-4413 (TTY: 711) まで、お電話にてご連絡ください。毎日午前 8 時から午後 8 時まで受け付けています。通話は無料です。

## ภาษาไทย Thai

เรียน หากคุณพูดภาษา ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยไม่มีค่าใช้จ่าย โทร 1-800-452-4413 (TTY: 711) 8:00 น. ถึง 20:00 น. ได้ตลอดเจ็ดวันต่อสัปดาห์ โทรฟรี ไม่มีค่าใช้จ่าย

**ਪੰਜਾਬੀ Punjabi** ਸਾਵਧਾਨ : ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711), ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ. ਕਾਲ ਫ੍ਰੀ ਹੈ |

**ខ្មែរ Khmer** ចាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសា គឺមានសំរាប់អ្នក ដោយឥតគិតថ្លៃ។ ហៅ 1-800-452-4413 (TTY: 711) ម៉ោង 8:00 ព្រឹក ដល់ 8:00 យប់ ប្រាំពីរថ្ងៃមួយអាទិត្យ។ គឺឥតគិតថ្លៃទេ។

**Հայերեն Armenian** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, Ձեզ տրամադրվելի են անվճար լեզվաբան օգնություն ծառայություններ: Ձանգահարեք 1-800-452-4413 (TTY՝ 711) համարով, 8:00-ից 20:00, շաբաթը յոթ օր: Հեռախոսազանգն անվճար է:

**Українська Ukrainian** ЗВЕРНІТЬ УВАГУ! Якщо Ви розмовляєте українською, ми можемо запропонувати Вам безкоштовні послуги мовної підтримки. Телефонуйте 1-800-452-4413 (TTY: 711) з 8:00 до 20:00 без вихідних. Дзвінок безкоштовний.

**Mienh Mien** TOV JANGX LONGX OC: Beiv taix meih gorngv Mienh waac nor, ninh mbuo gorn zangc duqv mbenc nzoih wang-henh nzie weih faan waac bun meih muangx maiv zuqc feix liuc cuotv zinh nyaanh. Douc waac lorx taux 1-800-452-4413 (TTY: 711), 8:00 diemv ziangh hoc lungnh ndorm mingh taux 8:00 ziangh hoc lungnh muonz, yietc norm liv baaiz se koi nzoih siec hnoi. Naaiv norm douc waac gorn se wang-henh longc maiv zuqc feix liuc cuotv zinh nyaanh.





# Notes





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